Comparative effectiveness of minimally invasive therapies for plantar fasciitis: A systematic review and network meta-analysis

Appendix

Table of Contents

Appendix 1. Search strategy

SEARCH STRATEGY FOR PROLOTHERAPY (DEXTROSE) INJECTION	
PUBMED	((("Prolotherapy"[Mesh]) OR ((prolotherapy or phototherapies or proliferation therapy or proliferation therapies or therapies, Proliferation or Therapy, Proliferation))) OR (("Glucose"[Mesh]) OR ((Glucose or D-Glucose or D Glucose or Dextrose or Glucose, alpha-D-Isomer or Glucose, beta-D-Isomer or Glucose, DL-Isomer or Glucose Monohydrate or Monohydrate, Glucose or Anhydrous Dextrose or Dextrose, Anhydrous)))) AND (("Fasciitis, Plantar"[Mesh]) OR ((Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic)))
EMBASE	#1:'plantar fasciitis'/exp OR 'calcaneal spur syndrome' OR 'fasciitis, plantar' OR 'heel spur syndrome' OR 'plantar fascia inflammation' OR 'plantar fascial inflammation' OR 'plantar fasciculitis' OR 'plantar fascitis' OR 'plantar fasciitis' #2:'glucose'/exp OR 'ardeanutrisol g' OR 'cartose' OR 'corn sugar' OR 'd glucose' OR 'dextro glucose' OR 'dextropur' OR 'dextrose' OR 'dextrose 10%' OR 'dextrose 2.5%' OR 'dextrose 20%' OR 'dextrose 25%' OR 'dextrose 30%' OR 'dextrose 38.5%' OR 'dextrose 40%' OR 'dextrose 5%' OR 'dextrose 50%' OR 'dextrose 60%' OR 'dextrose 7.7%' OR 'dextrose 70%' OR 'dextrosol' OR 'glucocemin' OR 'glucodin' OR 'glucola' OR 'glucolin' OR 'glucose hypotonic solution' OR 'glucose influx' OR 'glucose medium' OR 'glucose solution' OR 'glucose solution, hypertonic' OR 'glucosteril' OR 'glutol' OR 'glycose' OR 'glycovarin' OR 'grape sugar' OR 'hypertonic dextrose solution' OR 'hypertonic glucose solution' OR 'hypotonic glucose' OR 'hypotonic glucose solution' OR 'koladex' OR 'saccharum amylaceum' OR 'starch sugar' OR 'vamin glucose' OR

	'glucose' #3:'prolotherapy'/exp OR 'proliferation therapy' OR 'regenerative injection therapy' OR 'prolotherapy' #4:#2 AND #3 #5:#1 AND #4
COHRANE	#1MeSH descriptor: [Fasciitis, Plantar] explode all trees #2(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic):ti,ab,kw #3: #1 or #2 #4 MeSH descriptor: [Prolotherapy] explode all trees #5 (Prolotherapy or Prolotherapies or Proliferation Therapy or Proliferation Therapies or Therapies, Proliferation or Therapy, Proliferation):ti,ab,kw #6: #4 or #5 #7 MeSH descriptor: [Glucose] explode all trees #8 (Glucose or D-Glucose or D Glucose or Dextrose or Glucose, alpha-D-Isomer or Glucose, beta-D-Isomer or Glucose, DL-Isomer or Glucose Monohydrate or Monohydrate, Glucose or Anhydrous Dextrose or Dextrose, Anhydrous) #9 :#7 or #8 #10 :#9 or #6 #11 :#3 and #10
WEB OF SCIENCE	#1:(TS=(Fasciitis, Plantar) OR AB=(Policeman's Heel OR Heel, Policeman's OR Heels, Policeman's OR Policeman Heel OR Policemans Heel OR Policeman's Heels OR Plantar Fasciitis OR Heel Spur Syndrome OR Fasciitis, Plantar, Chronic OR Chronic Plantar Fasciitis OR Fasciitis, Chronic Plantar OR Plantar Fasciitis, Chronic OR Fasciitis, Plantar)) #2:(TS=(Prolotherapy) OR AB=(Prolotherapy OR Prolotherapies OR Proliferation Therapy OR Proliferation

	Therapies OR Therapies, Proliferation OR Therapy, Proliferation)) #3:(TS=(Glucose) OR AB=(Dextrose OR D-Glucose OR Glucose OR D Glucose OR Dextrose OR Glucose, alpha-D-Isomer OR Glucose, beta-D-Isomer OR Glucose, DL-Isomer OR Glucose Monohydrate OR Monohydrate, Glucose OR Anhydrous Dextrose OR Dextrose, Anhydrous)) #4:#3 OR #2 #5:#4 AND #1
MEDLINE	#1:Fasciitis, Plantar/ #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic).ti,ab,kw. #3:Prolotherapy/ #4:(Prolotherapy or Prolotherapies or Proliferation Therapy or Proliferation Therapies or Therapies, Proliferation or Therapy, Proliferation).ti,ab,kw. #5:Glucose/ #6:(Glucose or D-Glucose or D Glucose or Dextrose or Glucose, alpha-D-Isomer or Glucose, beta-D-Isomer or Glucose, DL-Isomer or Glucose Monohydrate or Monohydrate, Glucose or Anhydrous Dextrose or Dextrose, Anhydrous).ti,ab,kw. #7:#1 or #2 #8:#3 or #4 #9:#5 or #6 #10:#8 or #9 #11:#7 and #10
CINAHL	(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar

	Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic) AND (Prolotherapy or Prolotherapies or Proliferation Therapy or Proliferation Therapies or Therapies, Proliferation or Therapy, Proliferation) AND (Glucose or D-Glucose or D Glucose or Dextrose or Glucose, alpha-D-Isomer or Glucose, beta-D-Isomer or Glucose, DL-Isomer or Glucose Monohydrate or Monohydrate, Glucose or Anhydrous Dextrose or Dextrose, Anhydrous)
SEARCH STRATEGY FOR ESWT	
PUBMED	(("Fasciitis, Plantar"[Mesh]) OR ((Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic))) AND (("Extracorporeal Shockwave Therapy"[Mesh]) OR ((Extracorporeal Shockwave Therapies, or Shockwave Therapies, Extracorporeal, or Shockwave Therapy, Extracorporeal, or Therapy, Extracorporeal Shockwave, or Extracorporeal Shock Wave Therapy, or Shock Wave Therapy, or Shock Wave Therapies, or Therapy, Shock Wave, or Extracorporeal High-Intensity Focused Ultrasound Therapy, or Extracorporeal High Intensity Focused Ultrasound Therapy, or High-Intensity Focused Ultrasound Therapy, or High Intensity Focused Ultrasound Therapy, or HIFU Therapy, or HIFU Therapies, or Therapy, HIFU)))
EMBASE	#1:'plantar fasciitis'/exp OR 'calcaneal spur syndrome' OR 'fasciitis, plantar' OR 'heel spur syndrome' OR 'plantar fascia inflammation' OR 'plantar fascial inflammation' OR 'plantar fasciculitis' OR 'plantar fascitis' OR 'plantar fasciitis' #2:'extracorporeal shock wave therapy' OR 'extracorporeal shockwave therapy' OR 'shock wave treatment' OR 'shockwave therapy' OR 'shockwave treatment' OR 'shock wave therapy' #3:#1 AND #2

COCHRANE	#1:MeSH descriptor: [Fasciitis, Plantar] explode all trees #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic):ti,ab,kw #3:#1 or #2 #4:MeSH descriptor: [Extracorporeal Shockwave Therapy] explode all trees 309 #5:(Extracorporeal Shockwave Therapies, or Shockwave Therapies, Extracorporeal, or Shockwave Therapy, Extracorporeal, or Therapy, Extracorporeal Shockwave, or Extracorporeal Shock Wave Therapy, or Shock Wave Therapy, or Shock Wave Therapies, or Therapy, Shock Wave, or Extracorporeal High-Intensity Focused Ultrasound Therapy, or Extracorporeal High Intensity Focused Ultrasound Therapy, or High-Intensity Focused Ultrasound Therapy, or High Intensity Focused Ultrasound Therapy, or HIFU Therapy, or HIFU Therapies, or Therapy, HIFU):ti,ab,kw #6:#4 or #5 #7:#3 and #6
WEB OF SCIENCE	#1:(TS=(Fasciitis, Plantar) OR AB=(Policeman's Heel OR Heel, Policeman's OR Heels, Policeman's OR Policeman Heel OR Policemans Heel OR Policeman's Heels OR Plantar Fasciitis OR Heel Spur Syndrome OR Fasciitis, Plantar, Chronic OR Chronic Plantar Fasciitis OR Fasciitis, Chronic Plantar OR Plantar Fasciitis, Chronic OR Fasciitis, Plantar)) #2:(TS=(Extracorporeal Shockwave Therapies) or AB=(Shockwave Therapies, Extracorporeal, or Shockwave Therapy, Extracorporeal, or Therapy, Extracorporeal Shockwave, or Extracorporeal Shock Wave Therapy, or Shock Wave Therapy, or Shock Wave Therapies, or Therapy, Shock Wave, or Extracorporeal High-Intensity Focused Ultrasound Therapy, or Extracorporeal High

	Intensity Focused Ultrasound Therapy, or High-Intensity Focused Ultrasound Therapy, or High Intensity Focused Ultrasound Therapy, or HIFU Therapy, or HIFU Therapies, or Therapy, HIFU)) #3: #1 AND #2
MEDLINE	#1:Fasciitis, Plantar/ #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic).ti,ab,kw. #3:Extracorporeal Shockwave Therapy/ #4:(Extracorporeal Shockwave Therapies, or Shockwave Therapies, Extracorporeal, or Shockwave Therapy, Extracorporeal, or Therapy, Extracorporeal Shockwave, or Extracorporeal Shock Wave Therapy, or Shock Wave Therapy, or Shock Wave Therapies, or Therapy, Shock Wave, or Extracorporeal High-Intensity Focused Ultrasound Therapy, or Extracorporeal High Intensity Focused Ultrasound Therapy, or High-Intensity Focused Ultrasound Therapy, or High Intensity Focused Ultrasound Therapy, or HIFU Therapy, or HIFU Therapies, or Therapy, HIFU).ti,ab,kw. #5:#1 or #2 #6:#3 or #4 #7:#5 and #6
CINAHL	(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic) AND (Extracorporeal Shockwave Therapies, or Shockwave Therapies, Extracorporeal, or Shockwave Therapy, Extracorporeal, or Therapy, Extracorporeal Shockwave, or Extracorporeal Shock Wave Therapy, or Shock Wave Therapy, or Shock Wave Therapies, or

	Therapy, Shock Wave, or Extracorporeal High-Intensity Focused Ultrasound Therapy, or Extracorporeal High Intensity Focused Ultrasound Therapy, or High-Intensity Focused Ultrasound Therapy, or High Intensity Focused Ultrasound Therapy, or HIFU Therapy, or HIFU Therapies, or Therapy, HIFU)
SEARCH STRATEGY FOR CORTICOSTEROID	
PUBMED	(("Fasciitis, Plantar"[Mesh]) OR ((Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic))) AND (("Adrenal Cortex Hormones"[Mesh]) OR ((Hormones, Adrenal Cortex, or Corticoid, or Adrenal Cortex Hormone, or Cortex Hormone, Adrenal, or Hormone, Adrenal Cortex, or Corticosteroid, or Corticoids, or Corticosteroids)))
EMBASE	#1:'plantar fasciitis'/exp OR 'calcaneal spur syndrome' OR 'fasciitis, plantar' OR 'heel spur syndrome' OR 'plantar fascia inflammation' OR 'plantar fascial inflammation' OR 'plantar fasciculitis' OR 'plantar fascitis' OR 'plantar fasciitis' #2: 'corticosteroid'/exp #3: 'adrenal cortex hormone' OR 'adrenal cortex hormones' OR 'adrenal cortical hormone' OR 'adrenal cortical hormones' OR 'adrenal cortical steroid' OR 'adrenal steroid' OR 'adrenal steroid hormone' OR 'adreno cortical steroid' OR 'adreno corticosteroid' OR 'adrenocortical hormone' OR 'adrenocortical steroid' OR 'adrenocorticosteroid' OR 'cortical steroid' OR 'cortico steroid' OR 'corticoid' OR 'corticosteroid agent' OR 'corticosteroid calcium' OR 'corticosteroid hormone' OR 'corticosteroids' OR 'corticosteroids, inhalation' OR 'corticosteroids, ophthalmic' OR 'corticosteroids, otic' OR 'corticosteroids, systemic' OR 'corticosteroids, topical' OR 'dermocorticosteroid' OR 'fluorinated corticosteroid' OR 'corticosteroid' #4: #2 OR #3 #5: #1 AND #4

COCHRANE	#1:MeSH descriptor: [Fasciitis, Plantar] explode all trees #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic):ti,ab,kw #3:#1 or #2 #4:MeSH descriptor: [Adrenal Cortex Hormones] explode all trees #5:(Hormones, Adrenal Cortex, or Corticoid, or Adrenal Cortex Hormone, or Cortex Hormone, Adrenal, or Hormone, Adrenal Cortex, or Corticosteroid, or Corticoids, or Corticosteroids):ti,ab,kw #6:#4 or #5 #7: #3 and #6
WEB OF SCIENCE	#1:(TS=(Fasciitis, Plantar) OR AB=(Policeman's Heel OR Heel, Policeman's OR Heels, Policeman's OR Policeman Heel OR Policemans Heel OR Policeman's Heels OR Plantar Fasciitis OR Heel Spur Syndrome OR Fasciitis, Plantar, Chronic OR Chronic Plantar Fasciitis OR Fasciitis, Chronic Plantar OR Plantar Fasciitis, Chronic OR Fasciitis, Plantar)) #2:(TS=(Hormones, Adrenal Cortex) or AB=(Corticoid, or Adrenal Cortex Hormone, or Cortex Hormone, Adrenal, or Hormone, Adrenal Cortex, or Corticosteroid, or Corticoids, or Corticosteroids)) #3: #1 AND #2
MEDLINE	#1:Fasciitis, Plantar/ #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic).ti,ab,kw. #3:Adrenal Cortex Hormones/ #4:(Hormones, Adrenal Cortex, or Corticoid, or Adrenal Cortex Hormone, or Cortex Hormone, Adrenal, or

	Hormone, Adrenal Cortex, or Corticosteroid, or Corticoids, or Corticosteroids).ti,ab,kw. #5:#1 or #2 #6:#3 or #4 #7:#5 and #6
CINAHL	(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic) AND (Hormones, Adrenal Cortex, or Corticoid, or Adrenal Cortex Hormone, or Cortex Hormone, Adrenal, or Hormone, Adrenal Cortex, or Corticosteroid, or Corticoids, or Corticosteroids)
SEARCH STRATEGY FOR BOTULINUM	
PUBMED	(("Fasciitis, Plantar"[Mesh]) OR ((Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic))) AND (("Botulinum Toxins"[Mesh]) OR ((Toxins, Botulinum, or Botulinum Neurotoxin, or Neurotoxin, Botulinum, or Botulin, or Botulinum Toxin, or Toxin, Botulinum, or Clostridium botulinum Toxins, or Toxins, Clostridium botulinum, or Botulinum Neurotoxins, or Neurotoxins, Botulinum)))
EMBASE	#1:'plantar fasciitis'/exp OR 'calcaneal spur syndrome' OR 'fasciitis, plantar' OR 'heel spur syndrome' OR 'plantar fascia inflammation' OR 'plantar fascial inflammation' OR 'plantar fasciculitis' OR 'plantar fascitis' OR 'plantar fasciitis' #2:'botulinum toxin'/exp #3:'botulinal toxin test' OR 'botulinium toxin' OR 'botulinum neurotoxin' OR 'botulinum toxins' OR 'botulinus toxin' OR 'botulism toxin' OR 'clostridium botulinum exotoxin' OR 'clostridium botulinum toxin' OR 'botulinum toxin' #4: #2 OR #3

	#5: #1 AND #4
COCHRANE	#1:MeSH descriptor: [Fasciitis, Plantar] explode all trees #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic):ti,ab,kw #3:#1 or #2 #4: MeSH descriptor: [Botulinum Toxins] explode all trees #5: (Toxins, Botulinum, or Botulinum Neurotoxin, or Neurotoxin, Botulinum, or Botulin, or Botulinum Toxin, or Toxin, Botulinum, or Clostridium botulinum Toxins, or Toxins, Clostridium botulinum, or Botulinum Neurotoxins, or Neurotoxins, Botulinum):ti,ab,kw #6: #4 or #5 #7: #3 and #6
WEB OF SCIENCE	#1:(TS=(Fasciitis, Plantar) OR AB=(Policeman's Heel OR Heel, Policeman's OR Heels, Policeman's OR Policeman Heel OR Policemans Heel OR Policeman's Heels OR Plantar Fasciitis OR Heel Spur Syndrome OR Fasciitis, Plantar, Chronic OR Chronic Plantar Fasciitis OR Fasciitis, Chronic Plantar OR Plantar Fasciitis, Chronic OR Fasciitis, Plantar)) #2: (TS=(Toxins, Botulinum) or AB=(Botulinum Neurotoxin, or Neurotoxin, Botulinum, or Botulin, or Botulinum Toxin, or Toxin, Botulinum, or Clostridium botulinum Toxins, or Toxins, Clostridium botulinum, or Botulinum Neurotoxins, or Neurotoxins, Botulinum)) #3: #1 AND #2
MEDLINE	#1:Fasciitis, Plantar/ #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic).ti,ab,kw. #3:(Toxins, Botulinum, or Botulinum Neurotoxin, or

	Neurotoxin, Botulinum, or Botulin, or Botulinum Toxin, or Toxin, Botulinum, or Clostridium botulinum Toxins, or Toxins, Clostridium botulinum, or Botulinum Neurotoxins, or Neurotoxins, Botulinum):ti,ab,kw #4:#1 or #2 #5:#4 and #3
CINAHL	(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic) AND (Toxins, Botulinum, or Botulinum Neurotoxin, or Neurotoxin, Botulinum, or Botulin, or Botulinum Toxin, or Toxin, Botulinum, or Clostridium botulinum Toxins, or Toxins, Clostridium botulinum, or Botulinum Neurotoxins, or Neurotoxins, Botulinum)
SEARCH STRATEGY FOR WHOLE BLOOD	
PUBMED	("Fasciitis, Plantar"[Mesh]) OR ((Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic))) AND (whole blood)
EMBASE	#1:'plantar fasciitis'/exp OR 'calcaneal spur syndrome' OR 'fasciitis, plantar' OR 'heel spur syndrome' OR 'plantar fascia inflammation' OR 'plantar fascial inflammation' OR 'plantar fasciculitis' OR 'plantar fascitis' OR 'plantar fasciitis' #2: whole AND blood #3: #2 AND #1
COCHRANE	#1:MeSH descriptor: [Fasciitis, Plantar] explode all trees #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic):ti,ab,kw #3:#1 or #2

	#4: whole blood injections #5: #3 and #4
WEB OF SCIENCE	#1:(TS=(Fasciitis, Plantar) OR AB=(Policeman's Heel OR Heel, Policeman's OR Heels, Policeman's OR Policeman Heel OR Policemans Heel OR Policeman's Heels OR Plantar Fasciitis OR Heel Spur Syndrome OR Fasciitis, Plantar, Chronic OR Chronic Plantar Fasciitis OR Fasciitis, Chronic Plantar OR Plantar Fasciitis, Chronic OR Fasciitis, Plantar)) #2: TS=(whole blood) #3: #1 AND #2
MEDLINE	#1:Fasciitis, Plantar/ #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic).ti,ab,kw. #3: #1 or #2 #4:whole blood.mp. #5: #3 and #4
CINAHL	(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic) AND (whole blood)
SEARCH STRATEGY FOR PLATELET-RICH PLASMA	
PUBMED	(("Fasciitis, Plantar"[Mesh]) OR ((Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic))) AND ("Platelet-Rich Plasma"[Mesh])
EMBASE	#1:'plantar fasciitis'/exp OR 'calcaneal spur syndrome' OR 'fasciitis, plantar' OR 'heel spur syndrome' OR 'plantar fascia inflammation' OR 'plantar fascial inflammation' OR 'plantar

	fasciculitis' OR 'plantar fascitis' OR 'plantar fasciitis' #2: 'platelet-rich plasma cell'/exp #3:'platelet rich plasma cell' OR 'prp' OR 'platelet-rich plasma cell' #4: #2 or #3 #5: #1 and #4
COCHRANE	#1:MeSH descriptor: [Fasciitis, Plantar] explode all trees #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic):ti,ab,kw #3:#1 or #2 #4: platelet-rich plasma #5: #3 and #4
WEB OF SCIENCE	#1:(TS=(Fasciitis, Plantar) OR AB=(Policeman's Heel OR Heel, Policeman's OR Heels, Policeman's OR Policeman Heel OR Policemans Heel OR Policeman's Heels OR Plantar Fasciitis OR Heel Spur Syndrome OR Fasciitis, Plantar, Chronic OR Chronic Plantar Fasciitis OR Fasciitis, Chronic Plantar OR Plantar Fasciitis, Chronic OR Fasciitis, Plantar)) #2: TS=(platelet-rich plasma) #3: #1 AND #2
MEDLINE	#1:Fasciitis, Plantar/ #2:(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic).ti,ab,kw. #3: #1 or #2 #4: Platelet-Rich Plasma/ #5: #3 and #4
CINAHL	(Fasciitis, Plantar or Policeman's Heel or Heel, Policeman's or Heels, Policeman's or Policeman Heel or Policemans Heel or Policeman's Heels or Plantar Fasciitis or Heel Spur

	Syndrome or Fasciitis, Plantar, Chronic or Chronic Plantar Fasciitis or Fasciitis, Chronic Plantar or Plantar Fasciitis, Chronic) AND (platelet-rich plasma)

Appendix 2. Characteristics of the included studies

First Author, Yr	Study	Country	Participants source	Inclusion criteria	Sample size	mean age Intervention/Control arm ± SD	Duration of follow up (Months)	Intervention	Control	Outcome measurement
									(anesthetic only) received a single application of 5 mL of ropivacaine	
Elizondo-Rodriguez, 2021	RCT	Mexico	outpatient clinics and hospitals	heel pain at the origin of the plantar fascia (anteromedial calcaneal tuberosity), an age of 18-60 years old, at least 2 months of persisting pain, failure to respond to conventional treatment	60	44.0±12.5 46.4±11.0 49.3±10.6	6	single application 200 U of BTA in a total volume of 2 mL	(corticosteroid) received a single application of 1 mL betamethasone sodium phosphate equivalent to 3 mg of betamethasone and betamethasone acetate equivalent to 2.71 mg of betamethasone injectable suspension	1.VAS, 2.Maryland Foot Score 3.thickness of plantar fascia
Dı´az-Llopis, 2012	RCT	Spain	referrals from general practitioners and orthopedic surgeons	Presence of heel pain during first steps after rest or pain exacerbated by walking/standing Failure of conventional treatments (NSAIDs, heel pads, insoles, night splints) for at least 6 months No injection treatment for plantar fasciitis in the previous 6 months	56	51.50 ±14.79 56.36 ± 14.71	1	Botulinum toxin type A injection: 70 units injection	corticosteroid injection: 2 mL of betamethasone	1.FHSQ1 (pain) 2.FSHQ2
Babcock, 2005	RCT	USA	outpatient clinic	Adult patients (age 18 or older) Diagnosed with plantar fasciitis Symptoms for more than 6 months Failure of conventional treatment strategies	43	44± 11.17	8 weeks	70 units of botulinum toxin A (BTX-A), divided into two doses of 40 units in the tender region of the heel near the plantar fascia insertion and 30 units in the most tender point of the arch of the foot.	The Control group received placebo (saline) injections	1. VAS 2. Maryland Foot Score
Huang, 2010	RCT	Taiwan	outpatient clinic	1) At least 18 years old 2) Had unilateral heel pain for at least 3 months 3) Diagnosed with plantar fasciitis by physical exam and ultrasonography, with criteria of: - Plantar fascia rupture or thickness > 4 mm - Decreased echogenicity on ultrasound	50	54.4 ± 9.6 51.5 ± 5.5	3	The intervention was a single injection of 50 units of botulinum toxin type A (BoNT-A, Botox) reconstituted in 1 ml of normal saline, administered into the plantar fascia	The Control group received an injection of normal saline into the plantar fascia	1. VAS 2. Thickness of the plantar fascia
Ahmad, 2017	RCT	USA	outpatient clinic	1) Patients with acute or chronic plantar fasciitis 2) No prior botulinum toxin injections to the plantar fascia 3) No improvement in symptoms after a minimum of 6 weeks of non-operative treatment	50	48.6± 7.11 51.3± 9.62	12	The intervention in this study was a single 1-mL injection of either 100 U of IncobotulinumtoxinA (IBTA)	received saline (placebo) injections	1. FAAM 2. VAS
Abbasian, 2020	RCT	Iran	outpatient clinic	Patients with persistent plantar fasciitis diagnosed clinically and radiologically by MRI, who had undergone at least 9 months of conservative treatment.	28	47.3 ± 6.1 45.6 ± 9.7	6 weeks	The intervention was a single injection of 70 IU of botulinum toxin A (BTA) into the medial head of the gastrocnemius muscle.	The Control group in this study received a placebo injection of normal saline	1. VAS 2. AOFAS
Ruiz-Hernandez, 2024	RCT	Spain	outpatient clinic	1) Clinical diagnosis of plantar fasciitis with heel pain, tenderness on the plantar side of the medial calcaneal tuberosity, and pain lasting for at least 3 months. 2) Plantar fascia thickness of at least 4 mm on ultrasound.	49	50 ± 2 51 ± 2 56 ± 2	12	A single ultrasound-guided injection of 2.5-3 mL of platelet-rich plasma (PRP)	A single injection of 100 units of botulinum toxin type A (BTX-A) 50 units into the perifascial region around the plantar fascia. The Control group in this study received conservative treatment, specifically gastrocnemius stretching, without any injections.	1.VAS 2.AOFAS, FAAM 3.plantar fascia thickness
Lee, 2007	RCT	Malaysia	outpatient clinic	chronic proximal plantar fasciitis, characterized by a presenting complaint of plantar heel pain that worsens on rising in the morning or after periods of sitting or lying, and has been present for more than 6 weeks.	61	48.3 ± 10.5 49.2 ± 11.1	6	autologous blood group received 1.5 ml of their own blood	received a 20 mg Triamcinolone Acetonide	1.VAS
Kalaci, 2009	RCT	Turkey	outpatient clinic	be free from associated conditions involving the lower limb, such as ankle injuries, tarsal tunnel syndrome, calcaneal fractures, bone tumors, or previous surgeries for plantar fasciitis within the last 6 months	100	52.88 ± 11.11 49.92 ± 10.8 49.87 ± 9.36 52.22 ± 8.49	6	Group A received 2 mL of autologous blood alone,	Group B received 2 mL of lidocaine Group C received 2 mL of triamcinolone alone, and	1.VAS 2. modified Roles and Maudsley scores
Ryan, 2014	RCT	Canada	outpatient clinic	Participants were required to have a history of inferior heel pain for at least 12 months. They needed to report a minimum heel pain of 20 mm on a 100-mm visual analog scale (VAS) and exhibit pain upon direct palpation of the medial calcaneal tubercle or proximal plantar fascia.	56	52.4± 7.5 46.2±8.5	3	1 mL of dexamethasone	PHYSIO group included the following 7 exercises performed on both right and left sides daily over a 12-week period	1.VAS 2.FADI 3.Plantar fascia thickness
Riel, 2023	RCT	Denmark	outpatient clinic	Inferior heel pain over 3 months, pain on palpation of the medial calcaneal tubercle or proximal plantar fascia. PF thickness pver 4.0 mm by ultrasound.	180	50.4±10.2 48.8±11.3 42.6±11.2	12	patient device+heel cup+"heavy –slow resistance training"+The injection consisted of 1 mL triamcinolone, 20 mg/mL	patient device+heel cup	1.FHSQ
McMillan, 2012	RCT	Australia	outpatient clinic	Participants needed to have a history of inferior heel pain for at least eight weeks and report a minimum heel pain of 20 mm on a 100 mm visual analogue scale. Additionally, a plantar fascia thickness of 4.0 mm or greater was required for diagnosis.	82	51.7± 11.9 53.6± 9	12 weeks	injection was 1 mL of 4 mg/mL dexamethasone sodium phosphate	1 mL normal saline	1.FHSQ 2.plantar fascia thickness
Crawford, 1999	RCT	UK	outpatient clinic	heel pain, specifically characterized by pain and tenderness centered on the medial tubercle of the calcaneum during weight-bearing activities, which resolved either partially or fully after rest and was exacerbated by activity Exclude Steroid injection within previous 6 months	106	59.41±11.84 53.69±14.28 56.88±13.02 58.81±12.48	6	1ml Steroid injection (25 mg/ml prednisolone acetate)	2 ml of 1% lignocaine hydrochloride;	1.VAS
Karakılıç, 2023	RCT	Turkey	outpatient clinic	18 to 65 years old, heel pain of more than 3 months, worsening of plantar fascia tenderness by manual compression of medial border of the calcaneus, proximal PFT greater than 4 mm and areas of hypoechogenicity, history of unsuccessful conservative treatments including nonSteroidal anti-inflammatory therapy, stretching exercises, heel cups, shoe modifications, arch support, orthotics, and extracorporeal shock wave therapy (ESWT).	146	no mentioned	3	Prolotherapy consisted of dextrose injections administered once every two weeks for a month	40mg/1 ml local corticosteroid The phonophoresis group received 10 sessions of treatment	1.VAS 2.FFI
Raissi, 2023	RCT	Iran	outpatient clinic	The diagnosis of chronic plantar fasciitis (PF) was based on clinical symptoms, specifically a Numeric Rating Scale (NRS) score of 4 or more for more than 8 weeks, along with signs and ultrasound findings indicating proximal plantar fascia thickness greater than 4 mm and areas of hypo-echogenicity.	40	42.15 ± 9.42 50.3 ± 11.64	3	injections of 40 mg methylprednisolone (corticosteroid)	20% dextrose in patients with chronic plantar fasciitis	1.VAS 2.FAAM
Omar, 2012	RCT	Egypt	outpatient clinic	PF: having inferior heel pain that is usually worse with their first steps in the morning or after a period of inactivity, with maximal tenderness over the anteromedial aspect of the inferior heel). None of our patients received local Steroid injections, nonSteroidal anti-inflammatory at least 4 weeks prior to the study.	30	42.5 ± 17.5 44.5 ± 15.5	6week	PRP injection	Steroid injection	1.VAS 2.FHSQ
Monto, 2014	RCT	USA	outpatient clinic	chronic unilateral plantar fasciitis who had failed extensive traditional nonoperative management	40	51 ±12.32 59 ±13.4	12	injection of autologous PRP	40 mg DepoMedrol cortisone	1.AOFAS
Jain, 2015	RCT	UK	outpatient clinic	patients had symptoms for at least 12 months.	60	55.6	12	PRP injection	Triamcinolone (Kenalog) 40 mg	1.VAS 2.AOFAS

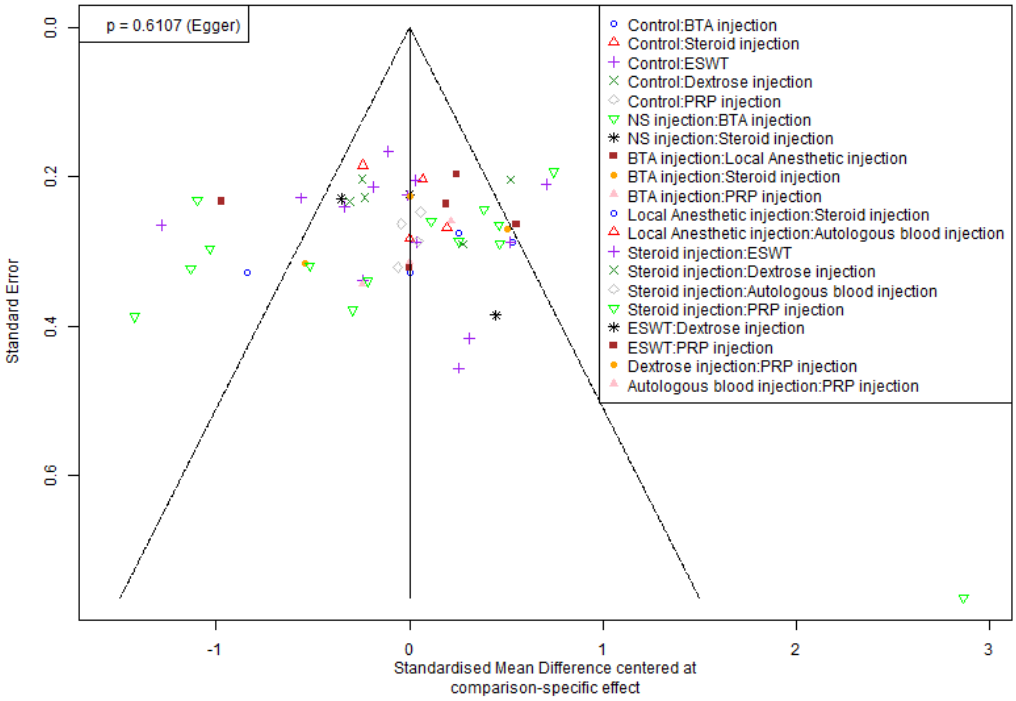
Sherpy, 2016	RCT	Egypt	outpatient clinic	Patients were included in the study if they were >18 years old and had chronic PF (>3 months). Clinical diagnosis of the patients was considered in those having inferior heel pain that usually worsens with their first steps in the morning or after a period of inactivity, with maximal tenderness over the anteromedial aspect of the inferior heel. The diagnosis was also confirmed by ultrasonography based on having plantar fascia thickness greater than 4 mm.	50	37.48 ± 8.75 38.52 ± 6.2		3	3 ml PRP	2 ml triamcinolone acetonide (40 mg/ml)	1.VAS 2.Plantra fascia thickness
Vahdatpour,2016	RCT	Iran	outpatient clinic	age >18 years, chronic plantar fasciitis (duration more than 3 months), and lack of effect of conservative treatment.	32	45.44±7.74 47.12±10.70		6	PRP injection	methylprednisolone 1 ml	1.VAS
Acosta-Olivo, 2017	RCT	Mexico	outpatient clinic	patients with heel pain at the insertion of the plantar fascia (anterior-medial calcaneal tuberosity), failure of conservative treatment for 3 months (orthotics and nonSteroidal anti-inflammatory drugs, without stretching exercise), and no previous infiltrations.	28		44.8	16 week	3 mL of PRP activated with 0.45 mL of 10% calcium gluconate	8 mg of dexamethasone	1.VAS 2.AOFAS
Jain, 2018	RCT	India	outpatient clinic	patients diagnosed with plantar fasciitis. Failure of conservative treatment (stretching exercises, nonSteroidal anti-inflammatory drugs, and heel pads) for at least 3 months	40	37.7 ± 10.3 38.9 ± 9.5		6	3 mL PRP	2 mL (40 mg) methyl prednisolone	1.VAS 2.AOFAS 3.plantar fascia thickness
Uğurlar, 2018	RCT	Turkey	outpatient clinic	All patients first underwent conservative treatment such as plantar fascia and gastrocnemius–soleus muscle stretching, NSAIDs, heel cups, and night splints for 6 months.	158	39.2± 6.86 37.5± 8.54 38.4± 9.55 40.1± 8.08		36 months	ESWT group received the same dose of ESWT per protocol (6 Hz, 2000 pulse, 4.0 bar energy density) PRP injection	1 mL of betamethasone 40 mg/mL 3 mL of 5% dextrose	1.VAS 2.FFI
Soraganvi, 2019	RCT	India	outpatient clinic	diagnosis of plantar fasciitis (heel pain lasting more than six weeks) with sonographic evidence (plantar fascia thickness of more than 4mm).	57	40.27± 8.03 39.35± 12.5		6	received PRP (3ml) injection	received a Steroid injection (Depomedrol 80mg (2ml)).	1.AOFAS 2.plantar fascia thickness
Tabrizi, 2020	RCT	Iran	outpatient clinic	pain with walking or standing > 15 minutes, pain severity of > 4 on a visual analog scale (VAS) , and pain on deep palpation of the medial plantar tubercle of the calcaneus	31	33.6 ± 8.5 31.7 ± 7.5		24week	3 separate injections of PRP, with each injection administered 1 week apart	40 mg of dimethylprednisolone was injected once	1.VAS 2.FFI
Khurana, 2021	RCT	India	outpatient clinic	heel pain at plantar fascia insertion, failure of conservative treatment for 4 weeks, and no previous injections.	118	32.57 ± 4.98 34.70 ± 5.46		24week	injection of 2 ml of autologous PRP.	2 ml of DepoMedrol (40 mg methyl-prednisolone acetate)	1.VAS 2.AOFAS
Kumar, 2021	RCT	India	outpatient clinic	diagnosed with plantar fasciitis, treated for minimum of 3 months duration and showed no benefit from conservative treatment	50	40±5.1 41±5.7		6	3ml PRP preparation was injected	2ml (40mg) of methylprednisolone	1.VAS 2.AOFAS
Gautam, 2023	RCT	India	outpatient clinic	Patients of either gender of age between 18 to 65 years of age with diagnosis of plantar fasciitis of duration greater than 6 months with persistent symptoms even after 1 month of conservative therapy were included in the study.	70	group instead of number		6	PRP group received a local autologous platelet-rich plasma injection.	1 millilitre of methylprednisolone (40 mg/ml) under local anaesthesia	1.VAS 2.AOFAS 3.plantar fascia thickness
Hafez, 2023	RCT	Egypt	outpatient clinic	diagnosed as idiopathic PF based on the history and physical examination according to the clinical consensus statement of the American College of Foot and Ankle Surgeons	98	44.88 ± 5.64 45.23 ± 6.72		12 week	3 mL PRP	2 ml (40 mg) MP	1.VAS 2.plantra fascia thickness
Sathyendra, 2023	RCT	India	outpatient clinic	MRI/USG confirmed patients of plantar fasciitis patients aged 20e60 years with failure of conservative treatment with physiotherapy and analgesics for 3 months	70	no mention		6	3 cc of freshly prepared PRP injection	1 cc (40 mg) of methylprednisolone acetate	1.VAS 2.AOFAS
Sawan, 2023	RCT	Egypt	outpatient clinic	diagnosed with chronic plantar fasciitis and were monitored for at least 3 months. injection was considered for those patients who failed to respond to conservative treatment and stretching exercises.	60	46.67 ± 6.33 44.4 ± 7.36		6	2.5 ml of PRP mixed with 2.5% calcium chloride (CaCl2) (50 µl of CaCl2/ml of PRP) was injected.	1 ml of 40 mg/ml of methylprednisolone	1.VAS 2.AOFAS 3.plantar fascia thickness
Sharma, 2023	RCT	Nepal	outpatient clinic	history of heel pain of more than six weeks with tenderness on palpation over medial calcaneum tuberosity and diagnosed as PF, those patients with failure of conservative treatment with physiotherapy, splints, and NSAIDs	87	42.9 ± 10.3 44.7 ± 11.6		6	PRP was injected into medial calcaneal tuberosity at the most tender point.	2ml of injection Depo-Medrol 80 mg (Methylprednisolone)	1.VAS 2.AOFAS 3.plantar fascia thickness
Eswara Reddy, 2024	RCT	India	outpatient clinic	Age more than 20 years, diagnosed for the first time, patient giving written informed consent to participate in the trial, one month of conservative management.	60	41.6± 9.25 38.8± 9.05		3	PRP injection	2 ml (1 mL of 40 mg of Triamcinolone acetonide)	1.VAS 2.AOFAS
Kumar, 2024	RCT	India	outpatient clinic	Patients diagnosed with plantar fasciitis, patients faced with failure of conservative treatment for at least three months,	70	40.46 ± 8.5		6	3 ml PRP injection	1 mL (40 mg) injection of methylprednisolone	1.VAS 2.AOFAS
Sharma, 2024	RCT	India	outpatient clinic	heel pain at first steps in the morning or after a period of rest and sharp pain with the palpation of the medial plantar calcaneal region, aggravated with ankle and great toe dorsiflexion were diagnosed to have PF. Those patients between 18 and 60 years of age who did not respond to a minimum of 3 months of conservative treatment	50	42.31 ± 7.6 42.29 ± 8.0		6	PRP injection	CS solution was made using 1 millilitre of 2% and 40 mg of methylprednisolone	1.VAS 2.FFI
Ersen, 2018	RCT	Turkey	outpatient clinic	Diagnosis was based on the identification of symptoms and physical examination findings. A lateral radiograph of the ankle was taken to exclude epin calcanei. Patients with tarsal tunnel syndrome and epin calcanei were excluded from the study.	50	45.1±6.7 46.3±7.6		12	3.6 mL dextrose [15% solution]	Control group performed plantar fascia and Achilles tendon stretching exercises three times a week for three months	1.VAS 2.FFI
Mansiz-Kaplan, 2020	RCT	Turkey	outpatient clinic	(1) being 18 years of age or older, (2) having unilateral resistant hell pain for at least six months, (3) having undergone non-Steroidal anti-inflammatory therapy at least one month, xercise therapy and arch support among conservative treatments but with no desired outcome, (4) morning pain measured by the visual analog scale (VAS) being above 5, (5) the plantar fascia thickness measured by ultrasonography being >4 mm	60	46.7 ± 9.3 46.2 ± 9.6		15 week	10 cc solution (15% dextrose solution) consisting of 5 cc 30% dextrose, 4 cc saline (0.9% NaCl)	10 cc solution containing the combination of 9 cc saline (0.9% NaCl) and 1 cc 2% lidocaine for the Control group	1.VAS 2.FFI
Kim, 2014	RCT	Korea	outpatient clinic	previously failed therapy using conservative measures such as nonSteroidal anti-inflammatory drugs, stretching and physical therapy, a night splint, arch supports, corticosteroid injections, and extracorporeal shock wave therapy.	20	37.8± 10 36.2± 12.46		28	2 mL of autologous PRP	1.5 mL of 20% dextrose	1.FFI
Rompe, 2003	RCT	Germany	outpatient clinic	chronic heel pain was defined as symptoms of moderate-to-severe heel pain in the involved foot at the origin of the proximal plantar fascia on the medial calcaneal tuberosity. The pain must have persisted for at least 12 months	35	43± 7.64 40± 8.4		12	ESWT started at the lowest energy level, 1, for 50 impulses and was then increased to energy level 2 for another 50 impulses. Then 2000 impulses of energy level 3 (energy flux density of 0.16 mJ/mm2) were applied.	sham a soundreflecting pad was interposed between the coupling membrane of the treatment head and the heel to absorb the shock waves through the presence of multiple air cavities. No coupling gel was used.	1.VAS 2.AOFAS
Speed,2003	RCT	UK	outpatient clinic	adults over the age of 18 years with unilateral plantar heel pain for at least 3 months. All subjects had point tenderness at or near the medial calcaneal insertion of the plantar fascia.	88	5 1 .7 ± 11.78 52.5 ± 9.93		6	local ESWT (1500 pulses at 0.12 mJ/mm2	sham treatment	1.VAS

Theodore, 2004	RCT	USA	outpatient clinic	Unilateral single-site plantar medial heel pain Symptoms greater than 6 months Participation in a prescribed stretching program within the last 6 months Pain with local pressure over the medial calcaneal tuberosity with passive dorsiflexion of the foot Visual analog scale (VAS) score >5 (0- to 10-cm scale) for pain during the first few minutes of walking in the morning Roles and Maudsley Score of 3 or 4 (fair, poor) History of 6 months of unsuccessful therapy to include NSAIDs and at least two other therapies (physical therapy, orthotics, stretching exercises, cortisone injection, and casting)	146	50± 9 53± 8.6	3	The Active Group received 3800 shocks (3500 at 0.36 mJ/mm2) for a total of 1300 mJ/mm2.	The Control Group went through the identical process but had a thin air cushion placed on the therapy head to prevent shock wave penetration into the foot.	1.VAS
Kudo, 2006	RCT	canada	outpatient clinic	compliance stretching program > 6 months sigle site tenderness and pain over medial calcaneal tuberosity on passive dorsiflexion of the foot VAS>5 history if 6 months of unsuccessful conservative therapy	106	51.1± 10.6 48.8±9.8	3	performed using the energy levels indicated in Table 1. The energy parameter was 0.36 mJ/mm2 (EDp), which is equivalent to 0.64 mJ/mm2 (ED). Shock wave frequency began at 60 shocks/min, and was increased in increments of 30 shocks/min.	identical treatment procedure; however, shock waves were prevented from entering the subject's foot by a thin foam cushion placed on the therapy head with an application of ultrasound gel.	VAS
Vahdatpour, 2012	RCT	Iran	outpatient clinic	atients with plantar heel pain for at least three months and point tenderness at or near the medial calcaneal insertion of the plantar fascia, who had no satisfactory response to common treatments such as NSAIDs and physiotherapy were included.	40	50.6 ± 10.0 48.1 ± 8.9	12 week	2000 focused shock waves and 2000 radial pulses in three sessions (4000 shock waves/session of 0.2 mJ/mm2) at weekly intervals.	sham treatment was done where standard contact of radial and focus probe with the skin was provided. The machine makes a noise with every shock wave delivered and, in order to enhance the sham design, minimal energy pulses (0.04 mJ/ mm2) were generated	1.plantra fascia thickness
Hawamdeh, 2016	RCT	Jordan	outpatient clinic	Willingness not to receive or implement any form of physical therapy for the duration of the trial Willingness to discontinue taking pain relieving medications (analgesics and non-Steroidal anti-inflammatory medications) for at least 14 days prior to the baseline until the end of follow up	24	no mean data	3 week	ESWT treatment group consisted of ice application for 10 minutes prior to ESWT, the ESWT application, and ice application for 10 minutes post ESWT, followed by plantar stretching exercises 3 times, each time for 30 seconds post treatment.	placebo Control group treatment was performed identically to the ESWT group but with a clasp on the heel that prevented transmission of the impulses from the applicator to the skin at the treatment site.	1.VAS
Caner, 2022	RCT	Turkey	outpatient clinic	Patients of both genders, between 18 and 65 years old, who had been diagnosed with axSpA according to the ASAS criteria by a rheumatologist Patients with chronic heel pain (lasting > 3 months) with severity of at least 5 out of 10 according to the visual analog scale (VAS) Failure of at least two conservative treatments: Plantar fascia and gastrocnemius stretching exercises, viscoelastic heel cup No history of conservative treatment at least 4 weeks prior to enrollment of the study Patients who have not received physical therapy for the last 6 months Patients who are tolerating and accepting not to start a new NSAID after initiation of treatment and throughout follow-up	20	43.8 ± 8.2 48.5 ± 7.6	8 week	The ESWT group received shockwaves once a week for 3 weeks (a total of 3 sessions)	Sham-ESWT group, the device was switched off immediately after it was switched on and the probe was kept in equal time with the active treatment. Thus, the shamESWT was applied without any energy emission.	1.VAS 2.FFI
Hammer, 2002	RCT	Germany	outpatient clinic	unsuccessful treatment of at least six months consisting of nonSteroidal antiinflammatory drugs (NSAID), heel cup, orthoses and/or shoe modifications, local Steroid injections and electrotherapy (iontophoresis with diclofenac).	48	average 51 48	12 week	three sessions of ESWT (3,000 shockwaves/session of 0.2 mJ/mm") at weekly intervals	conservative treatment was continued with iontophoresis with diclofemac and an oral NSAID.	1.VAS
Porter, 2005	RCT	Australia	outpatient clinic	Presenting complaint was plantar heel pain, worse on rising in the morning and/or after periods of sitting or lying, and present for at least 6 weeks.	125	39.9± 12.74 38.6± 13.6	12 months	received 3 applications of 1000 pulses of an energy flux density of 0.08/mm2. One thousand impulses were applied 3 times at weekly intervals.	One milliliter betamethasone (5.7 mg)	1.VAS
Yucel, 2010	RCT	Turkey	outpatient clinic	duration of symptoms longer than 6 months, a single site of tenderness and pain with local pressure over the medial calcaneal tuberosity, and a history of 6 months of unsuccessful conservative therapy, including nonSteroidal anti-inflammatory drugs and at least two of the following: rest, heat, ice, ultrasound, massage, heel cups, casting, and shoe modifications.	60	42.9 ± 7.08 44.7 ± 9.20	3 months	a single application of 3,000 shockwaves using an electrohydraulic shockwave generator. Common ultrasound gel was used as a contact medium.	2-mL syringe filled with 0.5 mL of combined betamethasone dipropionate (6.43 mg/mL) and betamethasone sodium phosphate (2.63 mg/mL)	1.VAS
Mardani-Kivi, 2015	RCT	Iran	outpatient clinic	morning heel pain that was relieved after a short walk, localized tenderness at the tuberosity of calcaneus in dorsiflexion, a symptomatic duration of <6 weeks, and a heel pain score of 5 of the visual analog scale (VAS) present at the first steps taken in the morning.	68	30.21± 3.85 29.10± 4.22	12 week	intermediate shock wave therapy with an electrohydraulic shock wave system to apply an energy level of 0.15 mJ/mm2. Two thousand shock wave impulses were applied for 3 times at weekly intervals.	1 mL of methyl prednisolone acetate (40 mg) was injected into the site of maximal tenderness at the inframedial calcaneal tuberosity	1.VAS
Lai, 2018	RCT	Taiwan	outpatient clinic	chronic plantar fasciitis more than two months without injection history in the study between 2013 and 2014.	97	54.53±8.62 54.58 ±8.63	12 week	The stable energy (0.29 mJ/mm2) was kept for 25 minutes to achieve total 1500 shock in each treatment. The operation time of each session of ESWT was about 30 minutes. The patients came to receive 2nd section of ESWT 2 weeks after first ESWT. Two sessions of ESWT at an interval of 2 weeks was to avoid treatment induced heel pain or plantar fascia rupture due to median energy shock wave.	20 mg triamcinolone acetonite	1.VAS 2.plantra fascia thickness
Xu, 2020	RCT	China	outpatient clinic	(1) patients were older than 18 years of age, (2) patients were diagnosed with plantar fasciitis more than 3 months prior, (3) the average pain of the patients in the last week was >3 on the visual analog scale (VAS), and (4) the plantar fascia thickness (PFT) was measured as >4 mm on ultrasound.	96	48.5 ± 7.5 47.2 ± 8.7	6 months	treated with 3 ESWT sessions once per week for 3 consecutive weeks. gave 2000 shocks, with a repetition frequency of 6 times per second and energy intensity level at a suitable range from 0.2 to 0.3 mJ/mm2. Every session was 30 minutes.	40 mg of methylprednisolone	1.VAS 2.FFI
Moneim, 2023	RCT	China	outpatient clinic	pain in the plantar medial heel region on palpation; pain most noticeably with initial steps after a period of inactivity but also worse following prolonged weight-bearing; and pain often precipitated by a recent increase in weightbearing activity. All had a history of more than 3 months of unsuccessful conservative medical treatment, including exercises, insoles, and orthoses.	50	45.36 ± 10.79 40.04 ± 7.30	3 months	US coupling gel was applied to smoothen the wave transmission between the ESWT head and the skin. Shock waves (2.5 bar pressure, 10.0 Hz frequency, 2000 shocks) were transmitted to the areas of the painful heel, calcaneal insertion of the plantar fascia, and myofascial junction at the heel dorsum	1 mL (40 mg) of triamcinolone acetonide	1.VAS 2.plantra fascia thickness
Kesikburun, 2022	RCT	Turkey	outpatient clinic	(1) heel pain with more than 3 months of symptoms, (2) localized pain and tenderness on palpation of medial aspect of the calcaneal tuberosity with an ankle in full dorsiflexion, (3) Visual Analog Scale (VAS) score of ≥50 mm during the first steps of walking, (4) lesion imaged by ultrasound (thickening in proximal plantar fascia greater than 4 mm with hypoechogenic areas and modifications in normal fibrillary pattern), (5) history of unsuccessful conservative treatments including any NSAIDs and at least 2 of the followings (stretching, heel cushion, shoe modifications, heel cups, orthotics, cold, heat, ultrasound, corticosteroid injection, taping, massage)	27	51.2 ±7.4 57.4± 8.3	12 week	1800 to 2000 shock waves (session of 0.20-0.30 mJ/mm2 with a 4-6 Hz frequency). A dose of 1000 mJ/mm2 at least was delivered. ESWT was given in 3 sessions by 2 weeks apart.	dextrose prolotherapy was a mix of 1.5 ml of 30% dextrose with a sum of 3 ml 15% dextrose arrangement.	1.VAS

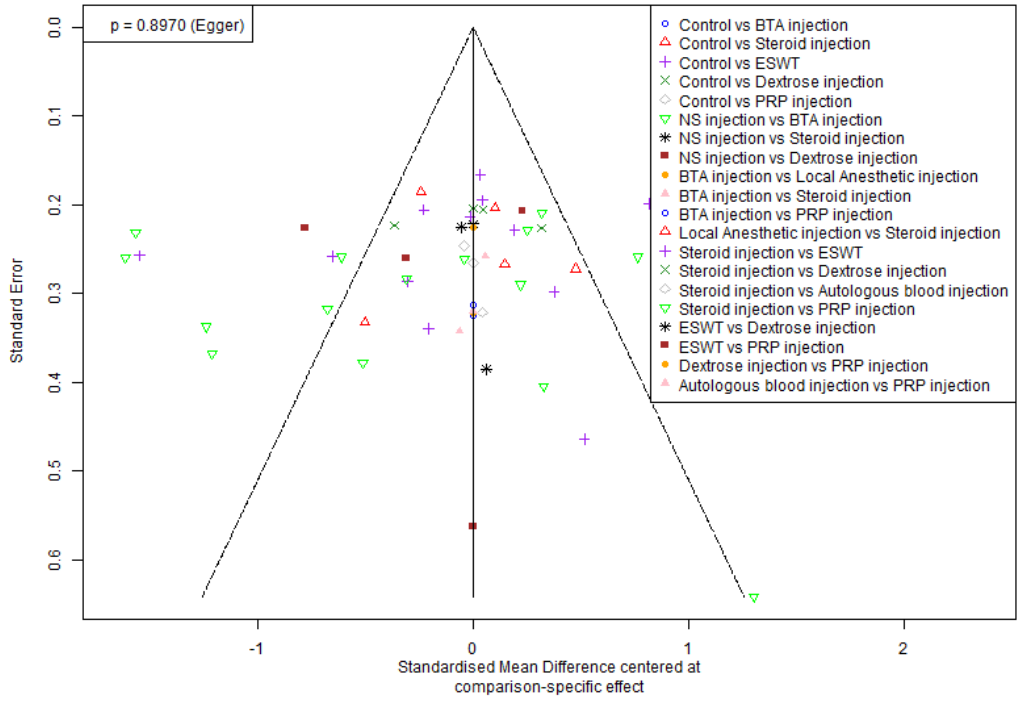
Chew, 2013	RCT	Singapore	outpatient clinic	unilateral chronic plantar fasciitis defined as the following: at least 4 months of plantar heel pain, point of maximal tenderness on clinical examination over the medial tubercle of the calcaneus, and sonographic features of plantar fasciitis.	54	46 ± 3.52 45 ± 4.33 47.5 ± 3.39	6 months	ESWT involved 2000 shockwaves with energy levels progressing gradually from 0.02 mJ/mm3 to 0.42 mJ/mm3. The total treatment duration was 10 minutes	conventional treatment included stretching exercises and orthotics if indicated.	1.VAS 2.plantra fascia thickness 3.AOFAS
Goel, 2021	RCT	India	outpatient clinic	diagnosis was purely clinical, one of the most consistent features being tenderness at the attachment of plantar fascia at tuberosity of calcaneum. No imaging modality such as radiograph, ultrasonography or magnetic resonance imaging was used to diagnose plantar fasciitis. Patients who failed to respond after minimum 3 months of conservative treatment were included.	60	38.70 ± 10.60 35.83 ± 7.94	6 months	Two thousand impulses with a frequency of 8 Hz and application pressure of 4 bar was delivered received 3 sessions of ESWT with 1month interval.	3 ml PRP was injected	1.VAS 2.AOFAS
Haddad, 2021	RCT	Iran	outpatient clinic	1. Patients older than 18 years. 2. Presence of pain in anteriormedial calcaneal tuberosity. 3. Normal bone anatomy. 4. Presence of pain less than 18 months. 5. Unresponsive to conservative therapies for at least 3 months (including the use of non-Steroidal anti-inflammatory drugs (NSAID) and use of Ice Pack).	104	44.58 ± 4.3 44.23 ± 5.8	24 week	The energy was applied vertically with a depth of 15 mm, the pressure of 1500 bar, the resistance of 4 Hz and energy of 0.089 MJ/ml until pain threshold. This procedure was performed once a week for 3 weeks	3 ml of PRP was injected	1.VAS
Pandey, 2023	RCT	India	outpatient clinic	Consenting patients with chronic plantar fasciitis, aged between 18 and 65 years, and with pain intensity greater than ≥5 on the VAS were included in the study.	72	39.61±8.83 38.03±9.96	12 week	a succession of 2000 shock wave pulses fired at a repetition frequency of two pulses per second was used to treat the affected tissue region. The energy level or intensity was set to an acceptable level (0.2 mJ/mm2)	3 ml of PRP was injected	1.VAS 2.AOFAS 3.plantar fascia thickness
Ordahan, 2017	RCT	Turkey	outpatient clinic	(i) was reported with palpation of the plantar fascia, (ii) was localized and sharp but not radiating, (iii) was worse with the initial step after an extended period of rest, and (iv) decreased initially after the first few steps but exacerbated with increased activity.	70	47.8±12.4 47.7±9.8	5 week	ESWT was performed once a week for five weeks, on the 12-15 Hz frequency setting; 2500 pulses at two-three bar pressure were applied.	target KT site was marked, starting from the posterior margin of the calcaneus bone and ending at the metatarsal joints. The KT procedure was repeated every five days for five weeks.	1.VAS
Tezel, 2020	RCT	Turkey	outpatient clinic	ain on palpation of the medial tuberosity of the calcaneus pain during the first steps that decreases after several steps but is exacerbated by increased activity.	78	46.20±12.12 46.78±9.17	6 week	2000 shots at a frequency of six times per second, and an energy intensity level of 0.2 mJ/mm2 focused shockwaves was applied once a week for 6 weeks by a physiotherapist	KT was applied to the plantar fascia and the application remained on the patient for 5 days. It was applied once a week, for 6 weeks.	1.VAS 2.FFI
Zhao, 2023	RCT	China	outpatient clinic	disease course is > 3 months; their age is 40–60 years; their pain could not be relieved after rest, taking oral non-Steroidal drugs or undergoing physical therapy and other conservative treatment; and they have not received ESWT or KT treatment in the last month.	46	52.3 ± 4.6 51.9 ± 4.2	4 week	a single treatment were as follows: frequency of 11 Hz, pressure of 2–3 bars and the number of shocks of approximately 2000. The treatment was conducted two times a week, eight times in total.	KT treatment was performed twice a week, eight times in total. Moreover, the maintenance time of single sticking was 24 h.	1.VAS 2.AOFAS 3.plantar fascia thickness
Khobragade, 2024	RCT	India	outpatient clinic	patients with pain in the heel region for more than one month, aged more than 18 years, patients who have not got relief with pharmacotherapy, and VAS score in the morning >5.	66	no mention	12 week	PRP injection	exercises such as wall leaning, ball rolling, and towel curls exercises. plantar-specific calf stretching exercises.	1.VAS
Vahdatpour, 2016	RCT	Iran	outpatient clinic	age of ≥ 18 years, diagnosis of PF by a physiatrist based on current guidelines, duration of symptoms for at least 3 months before the study, and lack of response to conservative treatments such as nonSteroidal anti-inflammatory drugs (NSAIDs) and physiotherapy.	34	45.52±7.50 47.47±10.63	3 months	injection of 3 cc PRP	injection of 3 cc blood	1.VAS 2.plantar fascia thickness
Bildik, 2022	RCT	Turkey	outpatient clinic	adult diagnosed with PF, having symptoms that were present for longer than 6 weeks and did not respond to conservative treatment (nonSteroidal antiinflammatory drugs, silicone sole, and stretch exercises).	60	52.23±6.32 52.67±6.47	6 months	3 mL of PRP	3 mL Autologous Blood	1.VAS 2.FADI

Appendix 3. Funnel plots

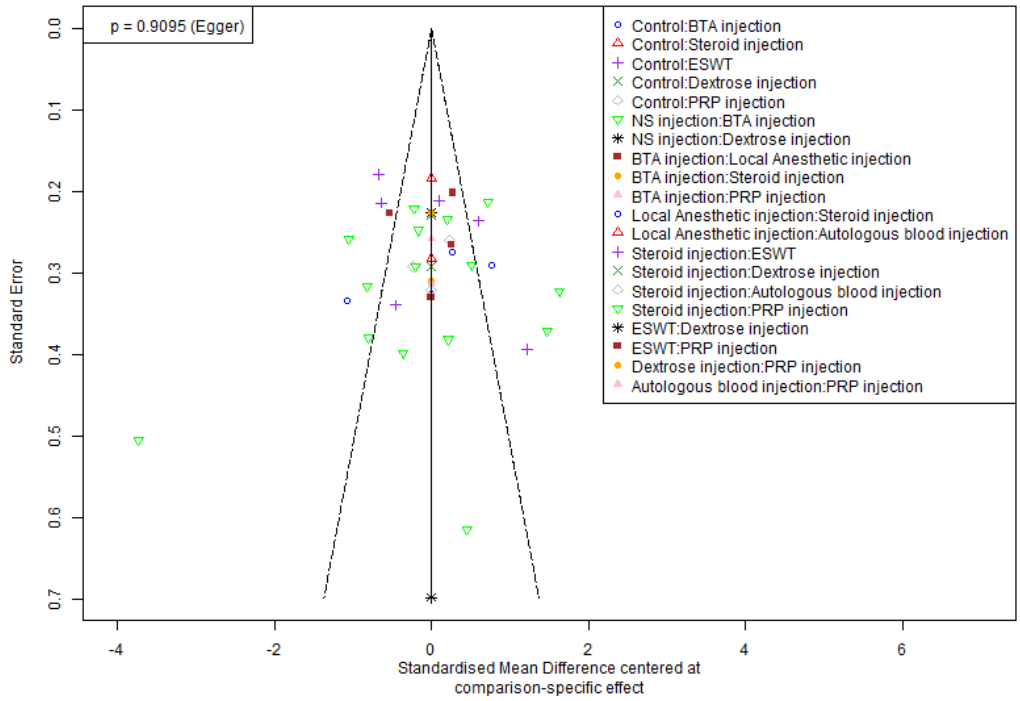
1. Funnel plot of pain relief in short-term



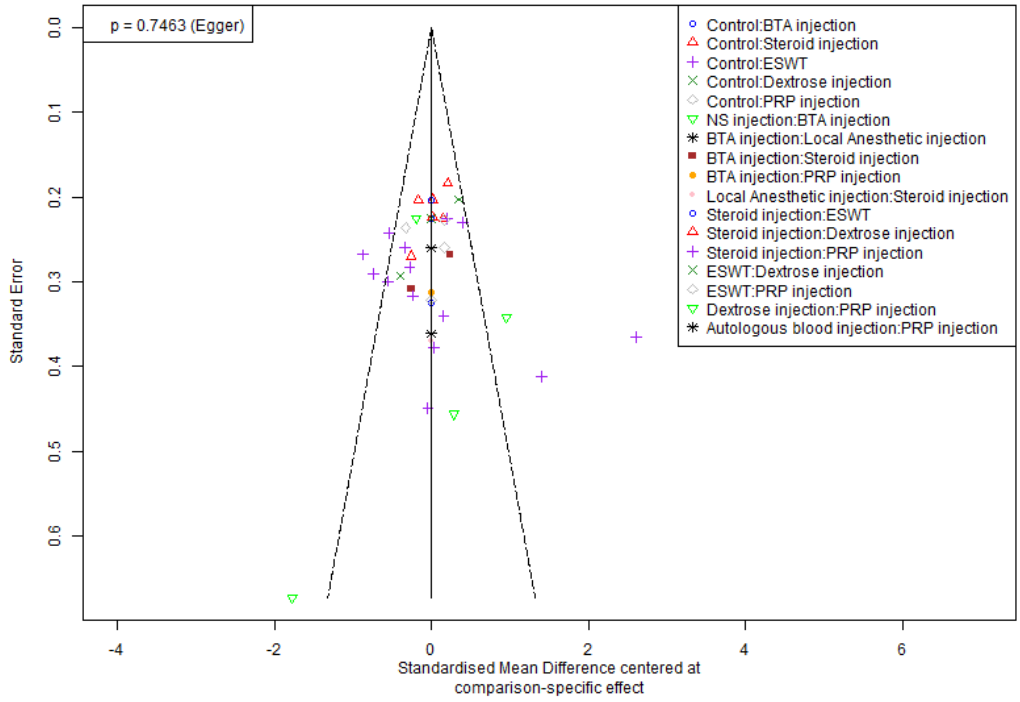
2. Funnel plot of pain relief in medium-term



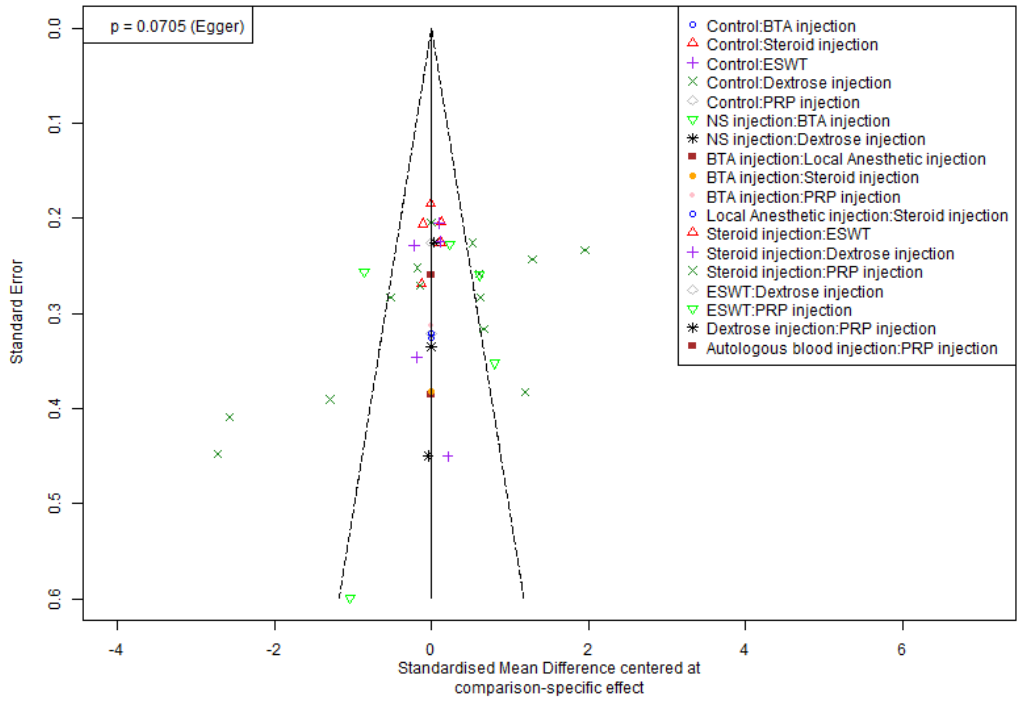
3. Funnel plot bias of pain relief in long-term



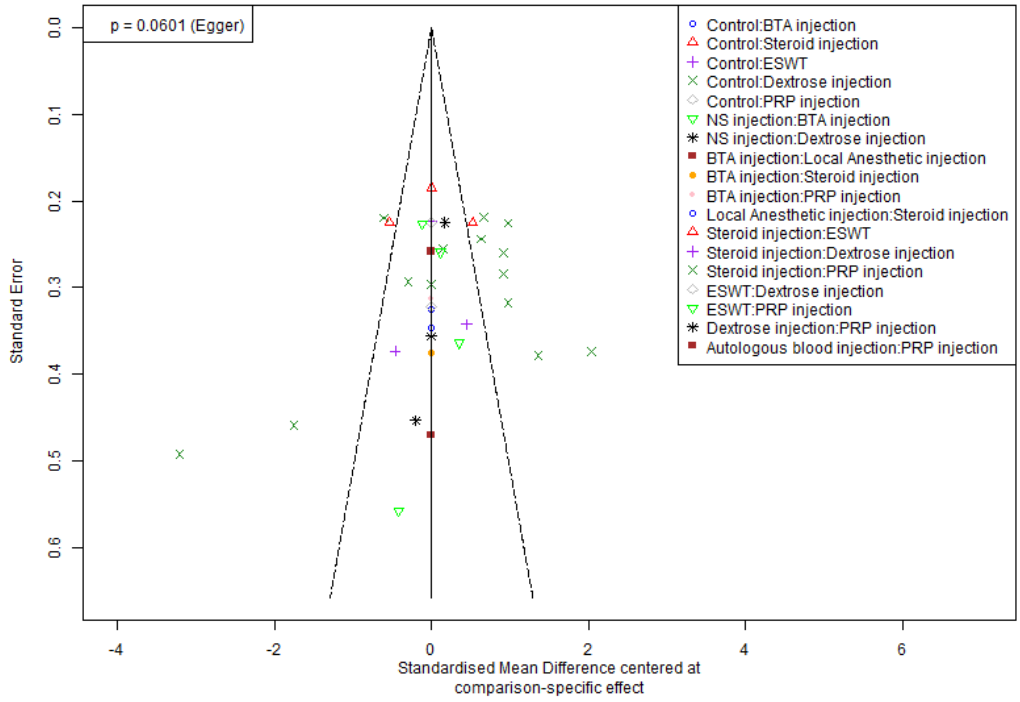
4. Funnel plot of foot function in short-term



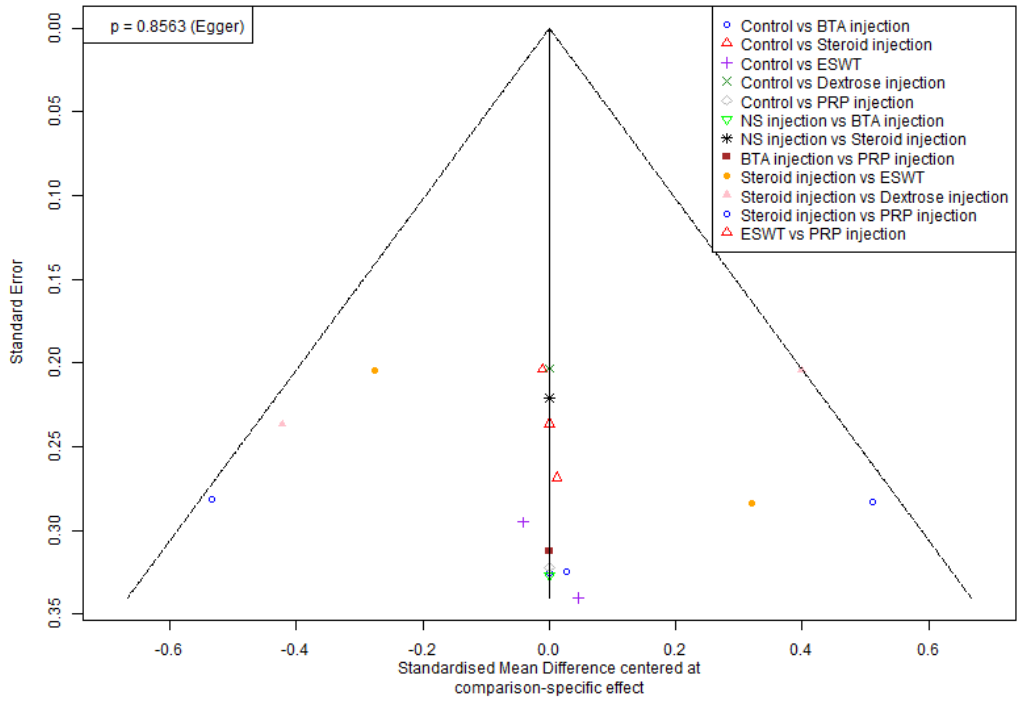
5. Funnel plot of foot function in medium-term



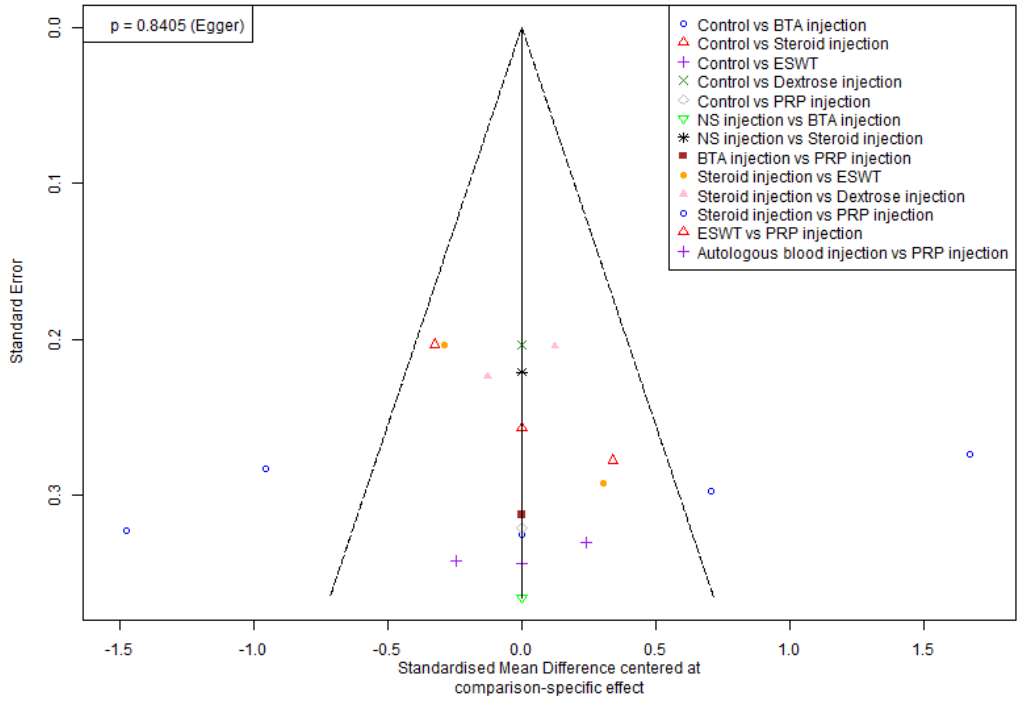
6. Funnel plot of foot function in long-term



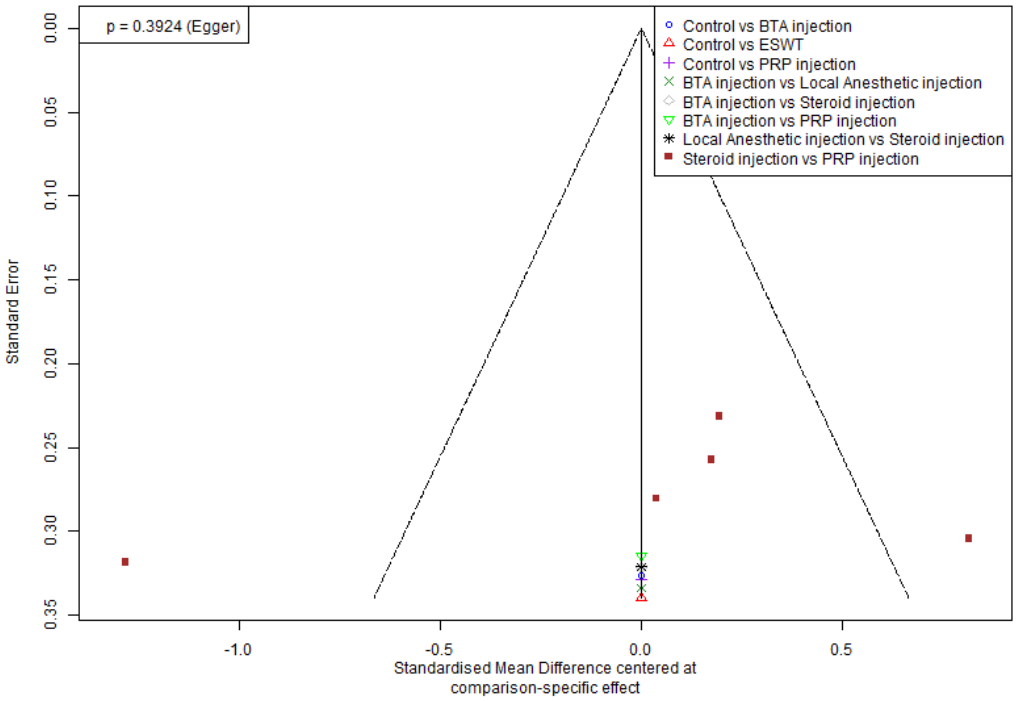
7. Funnel plot of plantar fascia thickness in short-term



8. Funnel plot of plantar fascia thickness in medium-term



9. Funnel plot of plantar fascia thickness in long-term



Appendix 4. Grading the evidence of the network meta-analysis using CINeMA

In the following tables, AB= autologous blood, LA= local anesthetic, CS= corticosteroid, BTA= Botulin toxin A, PRP = Platelet-rich plasma, De= dextrose, ESWT= extracorporeal shockwave therapy, NS=normal saline

Table 5.1 CINeMA for pain score of short-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:LA	1	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
AB:PRP	2	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:CS	2	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:Control	1	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]
BTA:LA	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:NS	3	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Low	["Incoherence"]
BTA:PRP	1	No	Low risk	No concerns	Some	Some	No concerns	Low	["Imprecision","Heterogeneity"]

		concerns			concerns	concerns			
BTA:CS	2	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
Control:De	2	Some concerns	Some concerns	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]
Control:ESWT	9	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]
Control:PRP	2	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
Control:CS	3	Some concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Within-study bias","Heterogeneity"]
De:ESWT	2	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
De:PRP	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
De:CS	3	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
ESWT:PRP	4	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]
ESWT:CS	5	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]

LA:CS	3	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
NS:CS	1	No concerns	Low risk	No concerns	No concerns	Some concerns	Major concerns	Low	["Heterogeneity","Incoherence"]
PRP:CS	13	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
AB:BTA	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:Control	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
AB:De	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
AB:ESWT	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
AB:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:De	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:LA	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]

Control:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
De:LA	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	High	
De:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
ESWT:LA	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
ESWT:NS	0	Some concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Low	["Within-study bias","Heterogeneity"]
LA:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
LA:PRP	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]

Table 5.2 CINeMA for pain score of medium-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:PRP	2	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:CS	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:Control	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:LA	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:NS	3	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
BTA:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:CS	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
Control:De	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:ESWT	6	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias", "Imprecision", "Heterogeneity"]

Control:PRP	2	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Reporting bias","Imprecision", "Heterogeneity"]
Control:CS	3	No concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Reporting bias" ,"Imprecision", "Heterogeneity"]
De:ESWT	2	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision", "Heterogeneity"]
De:NS	1	No concerns	Low risk	No concerns	No concerns	No concerns	Some concerns	Moderate	["Incoherence"]
De:PRP	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision", "Heterogeneity"]
De:CS	3	Some concerns	Some concerns	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Heterogeneity"]
ESWT:PRP	4	Some concerns	High risk	No concerns	Some concerns	Some concerns	Major concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision", "Heterogeneity","Incoherence"]

ESWT:CS	7	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision", "Heterogeneity"]
LA:CS	2	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
NS:CS	1	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Low	["Incoherence"]
PRP:CS	16	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
AB:BTA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]
AB:Control	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]
AB:De	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	Some concerns	Very low	["Within-study bias","Imprecision", "Heterogeneity","Incoherence"]
AB:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	Some concerns	Very low	["Within-study bias","Reporting bias", "Imprecision", "Incoherence"]
AB:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]

AB:NS	0	No concerns	Low risk	No concerns	No concerns	Some concerns	Some concerns	Low	["Heterogeneity","Incoherence"]
BTA:De	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	Some concerns	Very low	["Within-study bias","Reporting bias","Imprecision", "Incoherence"]
Control:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]
Control:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	Some concerns	Moderate	["Incoherence"]
De:LA	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	Some concerns	Very low	["Within-study bias","Imprecision","Incoherence"]
ESWT:LA	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	Some concerns	Very low	["Within-study bias","Reporting bias","Imprecision", "Incoherence"]
ESWT:NS	0	Some concerns	Some concerns	No concerns	No concerns	No concerns	Some concerns	Very low	["Within-study bias","Reporting bias" ,"Incoherence"]
LA:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	Some concerns	Moderate	["Incoherence"]
LA:PRP	0	No	Low risk	No concerns	Major	No concerns	Some	Low	["Imprecision","Incoherence"]

		concerns			concerns		concerns		
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	No concerns	Some concerns	Moderate	["Incoherence"]

Table 5.3 CINeMA for pain score of long-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:LA	1	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Reporting bias" ,"Imprecision"]
AB:PRP	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:CS	2	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:Control	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:LA	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:NS	2	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	

BTA:PRP	1	No concerns	Low risk	No concerns	No concerns	Major concerns	Some concerns	Low	["Heterogeneity","Incoherence"]
BTA:CS	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:De	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:ESWT	3	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:PRP	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:CS	1	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
De:ESWT	1	Major concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
De:NS	1	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:PRP	1	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
De:CS	1	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]

ESWT:PRP	3	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
ESWT:CS	3	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
LA:CS	3	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
PRP:CS	14	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
AB:BTA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:Control	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
AB:De	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
AB:ESWT	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Imprecision","Heterogeneity"]
AB:NS	0	No concerns	Some concerns	No concerns	No concerns	No concerns	No concerns	Moderate	["Reporting bias"]
BTA:De	0	Some concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Heterogeneity"]
BTA:ESWT	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]

Control:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:LA	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
ESWT:LA	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
ESWT:NS	0	Some concerns	Low risk	No concerns	No concerns	No concerns	No concerns	Moderate	["Within-study bias"]
LA:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
LA:PRP	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
NS:CS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	

Table 5.4 CINeMA for foot function of short-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:Control	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	High	
BTA:LA	1	No concerns	Some concerns	No concerns	No concerns	No concerns	No concerns	Moderate	["Reporting bias"]
BTA:NS	2	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
BTA:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:CS	2	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:De	2	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
Control:ESWT	4	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
Control:PRP	1	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]

Control:CS	3	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
De:ESWT	1	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
De:PRP	2	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
De:CS	3	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
ESWT:PRP	3	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
ESWT:CS	2	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
LA:CS	1	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
PRP:CS	10	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:BTA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:Control	0	No concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Reporting bias","Imprecision"]

AB:De	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
AB:ESWT	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Within-study bias","Imprecision"]
AB:LA	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:NS	0	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]
AB:CS	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:De	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
Control:LA	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
Control:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:LA	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	

De:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
ESWT:LA	0	Some concerns	Some concerns	No concerns	No concerns	No concerns	No concerns	Low	["Within-study bias","Reporting bias"]
ESWT:NS	0	Some concerns	Some concerns	No concerns	No concerns	No concerns	No concerns	Low	["Within-study bias","Reporting bias"]
LA:NS	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
LA:PRP	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
NS:CS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	

Table 5.5 CINeMA for foot function of medium-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]

BTA:Control	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:LA	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	Major concerns	Very low	["Imprecision","Heterogeneity","Incoherence"]
BTA:NS	2	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
BTA:PRP	1	No concerns	Low risk	No concerns	No concerns	Major concerns	Major concerns	Very low	["Heterogeneity","Incoherence"]
BTA:CS	1	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Very low	["Imprecision","Incoherence"]
Control:De	1	No concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Low	["Reporting bias","Imprecision"]
Control:ESWT	2	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
Control:PRP	1	No concerns	Some concerns	No concerns	No concerns	Major concerns	No concerns	Low	["Reporting bias","Heterogeneity"]
Control:CS	3	No concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Low	["Reporting bias","Imprecision"]
De:ESWT	1	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]

De:NS	1	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:PRP	2	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
De:CS	3	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
ESWT:PRP	3	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
ESWT:CS	2	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
LA:CS	1	No concerns	Low risk	Some concerns	Major concerns	No concerns	Major concerns	Very low	["Indirectness","Imprecision","Incoherence"]
PRP:CS	14	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
AB:BTA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:Control	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:De	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision"]

AB:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
AB:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
AB:CS	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:De	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
Control:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
ESWT:LA	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]

ESWT:NS	0	Some concerns	Some concerns	No concerns	No concerns	No concerns	No concerns	Low	["Within-study bias","Reporting bias"]
LA:NS	0	No concerns	Low risk	Some concerns	No concerns	No concerns	No concerns	Moderate	["Indirectness"]
LA:PRP	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
NS:CS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	

Table 5.6 CINeMA for foot function of long-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:Control	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:LA	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:NS	2	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
BTA:PRP	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]

BTA:CS	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:De	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision", "Heterogeneity"]
Control:ESWT	2	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Heterogeneity"]
Control:PRP	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision", "Heterogeneity"]
Control:CS	1	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision"]
De:ESWT	1	Major concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision"]
De:NS	1	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:PRP	2	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision"]
De:CS	1	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
ESWT:PRP	2	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision"]
ESWT:CS	2	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]

LA:CS	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
PRP:CS	15	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
AB:BTA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:Control	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:De	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
AB:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
AB:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
AB:CS	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:De	0	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Imprecision","Heterogeneity"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias" ,"Imprecision", "Heterogeneity"]
Control:LA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
De:LA	0	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
ESWT:LA	0	Some	Some	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting

		concerns	concerns						bias","Imprecision"]
ESWT:NS	0	Some concerns	Some concerns	No concerns	No concerns	No concerns	No concerns	Low	["Within-study bias","Reporting bias"]
LA:NS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
LA:PRP	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	
NS:CS	0	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	

Table 5.7 CINeMA for plantar fascia thickness of short-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
BTA:Control	1	No concerns	Low risk	No concerns	Some concerns	No concerns	No concerns	Moderate	["Imprecision"]
BTA:NS	1	No concerns	Low risk	No concerns	No concerns	Some concerns	Some concerns	Low	["Heterogeneity"]
BTA:PRP	1	No concerns	Low risk	No concerns	Some concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]
Control:De	1	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
Control:ESWT	2	Some	High risk	No concerns	No concerns	Major	No concerns	Very low	["Within-study bias","Reporting

		concerns				concerns			bias","Heterogeneity"]
Control:PRP	1	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
Control:CS	2	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]
De:CS	2	No concerns	Low risk	No concerns	Some concerns	No concerns	No concerns	Moderate	["Imprecision"]
ESWT:PRP	1	Some concerns	High risk	No concerns	No concerns	Major concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]
ESWT:CS	2	Some concerns	High risk	No concerns	No concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Heterogeneity"]
NS:CS	1	No concerns	Low risk	No concerns	Some concerns	No concerns	No concerns	Moderate	["Imprecision"]
PRP:CS	3	No concerns	Low risk	No concerns	No concerns	Some concerns	Major concerns	Low	["Heterogeneity"]
BTA:De	0	No concerns	Low risk	No concerns	Some concerns	No concerns	Some concerns	Low	["Imprecision","Incoherence"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Some concerns	No concerns	Some concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Incoherence"]
BTA:CS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	Some concerns	Low	["Imprecision","Heterogeneity","Incoherence"]
Control:NS	0	No concerns	Low risk	No concerns	Some	Some	Some	Low	["Imprecision","Heterogeneity","Incoherence"]

					concerns	concerns	concerns		
De:ESWT	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	Some concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity", "Incoherence"]
De:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	Some concerns	Low	["Imprecision","Heterogeneity","Incoherence"]
De:PRP	0	No concerns	Low risk	No concerns	No concerns	Major concerns	Some concerns	Low	["Heterogeneity","Incoherence"]
ESWT:NS	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	Some concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity", "Incoherence"]
NS:PRP	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	Some concerns	Low	["Imprecision","Heterogeneity","Incoherence"]

Table 5.8 CINeMA for plantar fascia thickness of medium-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
AB:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
BTA:Control	1	No	Low risk	No	Some	Some concerns	Some concerns	Low	["Imprecision","Heterogeneity","Incoherence"]

		concerns		concerns	concerns				
BTA:NS	1	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]
BTA:PRP	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:De	1	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
Control:ESWT	2	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:PRP	1	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
Control:CS	2	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
De:CS	2	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
ESWT:PRP	1	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
ESWT:CS	2	Some concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
NS:CS	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
PRP:CS	4	No	Low risk	No	No concerns	Major	No concerns	Low	["Heterogeneity"]

		concerns		concerns		concerns			
AB:BTA	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:Control	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:De	0	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	["Imprecision"]
AB:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
AB:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
AB:CS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:De	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
BTA:CS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
Control:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
De:ESWT	0	Some	Some	No	Major	No concerns	No concerns	Very low	["Within-study bias","Reporting

		concerns	concerns	concerns	concerns				bias","Imprecision"]
De:NS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
De:PRP	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
ESWT:NS	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
NS:PRP	0	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]

Table 5.9 CINeMA for plantar fascia thickness of long-term - general classification of treatment

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
BTA:Control	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
BTA:LA	1	No concerns	Low risk	Some concerns	Some concerns	Some concerns	No concerns	Low	["Indirectness","Imprecision","Heterogeneity"]
BTA:PRP	1	No concerns	Low risk	No concerns	No concerns	Major concerns	No concerns	Low	["Heterogeneity"]
BTA:CS	1	No	Low risk	No	Some	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]

		concerns		concerns	concerns				
Control:ESWT	1	Major concerns	High risk	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
Control:PRP	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
LA:CS	1	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
PRP:CS	5	No concerns	Low risk	No concerns	No concerns	Some concerns	No concerns	Moderate	["Heterogeneity"]
BTA:ESWT	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
Control:LA	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
Control:CS	0	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]
ESWT:LA	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
ESWT:PRP	0	Some concerns	Some concerns	No concerns	Some concerns	Some concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision","Heterogeneity"]
ESWT:CS	0	Some concerns	Some concerns	No concerns	Major concerns	No concerns	No concerns	Very low	["Within-study bias","Reporting bias","Imprecision"]
LA:PRP	0	No	Low risk	No	Some	Some concerns	No concerns	Low	["Imprecision","Heterogeneity"]

		concerns		concerns	concerns				

Appendix 5. Evaluation of heterogeneity and inconsistency

	Between-study heterogeneity (I^2)	Heterogeneity	Local inconsistency	Global inconsistency		
				Q	df	p
Short-term						
Pain relief	82.1%	High	2/20	21.55	18	0.25
Foot function	79.2%	High	0/15	1.79	12	0.99
Plantar fascia thickness	74%	Moderate	0/12	11.05	6	0.09
Mid-term						
Pain relief	90.5%	High	2/20	22.69	15	0.09
Foot function	90.1%	High	3/17	5.13	11	0.92
Plantar fascia thickness	90.2%	High	0/12	2.3	6	0.89
Long-term						
Pain relief	89.4%	High	2/20	9.23	12	0.68
Foot function	91.1%	High	3/17	6.72	9	0.67
Plantar fascia thickness	80.3%	High	0/7	0.21	1	0.65