

**Study and General Information**

Review title or ID	<b><u>Effectiveness and optimal dosage of resistance training for chronic nonspecific neck pain</u></b>
<u>Study</u> ID ( <i>surname of first author and publication date of FIRST report of study e.g. Smith 2001</i> )	
Report ID of other all reports of this study including errata or retractions  (File number. First Author DATE) (e.g 162. Ahlgren 2001)	
Date form completed ( <i>dd/mm/yyyy</i> )	
Name/ID of person extracting data	
Study author contact details	
Below box will auto populate from box in bottom table upon saving, closing and reopening file OR CTRL+A/Right Click/update field	
<b>Notes:</b>	

## Characteristics of included studies

### Study Design

	Descriptions as stated in report/paper		Location in text or source (pg & ¶/fig/table /other)
<b>Design</b> (e.g. parallel, crossover, non-RCT)	<input type="checkbox"/> - Parallel <input type="checkbox"/> - Crossover <input type="checkbox"/> - Factorial <input type="checkbox"/> - Cluster <input type="checkbox"/> - Non-Randomised <input type="checkbox"/> - Other – please state		
<b>Blinding</b>	<input type="checkbox"/> - Single <input type="checkbox"/> - Double <input type="checkbox"/> - Triple <input type="checkbox"/> - None <input type="checkbox"/> - Other – please state		
<b>Setting</b> (e.g office, NHS, private practice, industry, warehouse etc)			
<b>Country</b>			
<b>Notes:</b>			

## Participants

	Description <i>Include comparative information for each intervention or comparison group if available</i>		Location in text or source (pg & ¶/fig/table/other)	
<b>Population description</b> <i>(gross characteristics of sample population i.e working females, office based workers, sedentary older people, pain levels, disability etc)</i>				
<b>Age</b>	<b>Mean</b>			
	<b>SD</b>			
	<b>Range</b>			
<b>Gender (n)</b>	<b>Females</b>			
	<b>Males</b>			
<b>Total Randomized</b>				
<b>Inclusion criteria</b> <i>(use bullet points)</i>	<ul style="list-style-type: none"> <li></li> </ul>			
<b>Exclusion criteria</b> <i>(use bullet points)</i>	<ul style="list-style-type: none"> <li></li> </ul>			
<b>Baseline Imbalances</b>	None			
<b>CONSORT Flow Diagram</b>	<input type="checkbox"/> - Yes <input type="checkbox"/> - No			
<b>Were Drop outs and loss to follow up adequately reported</b>	<input type="checkbox"/> - Yes <input type="checkbox"/> - No (Provide Details) <input type="checkbox"/> - Unclear (Provide Details)			
<b>Drop out/loss to follow up brief details</b>	<u>Drop outs</u>			
	<u>Loss to follow up</u>			

	<b>Description</b> <i>Include comparative information for each intervention or comparison group if available</i>					<b>Location in text or source</b> (pg & ¶/fig/table/other)
Participants in each group	<b>Tot al</b>	<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>	<b>Intervention 4</b>	
<b>Allocation</b>						

		Intervention 1	Intervention 2	Intervention 3	Intervention 4	Location in text or source (pg & ¶/fig/table/other)
1	Group name					
2	Theoretical basis/Mechanism by which intervention works reported or discussed in text	<div><input type="checkbox"/> - Yes</div> <div><input type="checkbox"/> - No</div> <div><input type="checkbox"/> - Unclear</div>	<div><input type="checkbox"/> - Yes</div> <div><input type="checkbox"/> - No</div> <div><input type="checkbox"/> - Unclear</div>	<div><input type="checkbox"/> - Yes</div> <div><input type="checkbox"/> - No</div> <div><input type="checkbox"/> - Unclear</div>	<div><input type="checkbox"/> - Yes</div> <div><input type="checkbox"/> - No</div> <div><input type="checkbox"/> - Unclear</div>	
3	<div>What Materials</div> <div>NAME: XXXXX</div> <div>MAKE: XXXXXX</div> <div>MODEL: XXXXX</div> <div>(Include a description of any informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers)</div>					
4	<div>What Procedures</div> <div>(describe each of the procedures, activities, and/or processes used in the intervention, including and enabling or support activities)</div>	Structure of Session				
		Description of Other Intervention				
		Description of Exercise Interventions from text				
		HEP				
		Other				
	Exercise Description (Check all that apply)	<div><input type="checkbox"/> - Upper Limb Resistance Training</div> <div><input type="checkbox"/> - Motor Control</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning - Functional</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning – Non Functional</div> <div><input type="checkbox"/> - Work Capacity – Pillar Conditioning - Functional</div>	<div><input type="checkbox"/> - Upper Limb Resistance Training</div> <div><input type="checkbox"/> - Motor Control</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning - Functional</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning – Non Functional</div> <div><input type="checkbox"/> - Work Capacity – Pillar Conditioning - Functional</div>	<div><input type="checkbox"/> - Upper Limb Resistance Training</div> <div><input type="checkbox"/> - Motor Control</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning - Functional</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning – Non Functional</div> <div><input type="checkbox"/> - Work Capacity – Pillar Conditioning - Functional</div>	<div><input type="checkbox"/> - Upper Limb Resistance Training</div> <div><input type="checkbox"/> - Motor Control</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning - Functional</div> <div><input type="checkbox"/> - Work Capacity – Segmental Conditioning – Non Functional</div> <div><input type="checkbox"/> - Work Capacity – Pillar Conditioning - Functional</div>	

			<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>	<b>Intervention 4</b>	<b>Location in text or source</b> <i>(pg &amp; ¶/fig/table/other)</i>
			<input type="checkbox"/> - Work Capacity – Pillar Conditioning – Non Functional  <input type="checkbox"/> - Strength – Pillar Strength Development  <input type="checkbox"/> - Strength – Stiffness Development  <input type="checkbox"/> - Strength – Power Development  <input type="checkbox"/> - Other – Please state  <input type="checkbox"/> - NA	<input type="checkbox"/> - Work Capacity – Pillar Conditioning – Non Functional  <input type="checkbox"/> - Strength – Pillar Strength Development  <input type="checkbox"/> - Strength – Stiffness Development  <input type="checkbox"/> - Strength – Power Development  <input type="checkbox"/> - Other – Please state  <input type="checkbox"/> - NA	<input type="checkbox"/> - Work Capacity – Pillar Conditioning – Non Functional  <input type="checkbox"/> - Strength – Pillar Strength Development  <input type="checkbox"/> - Strength – Stiffness Development  <input type="checkbox"/> - Strength – Power Development  <input type="checkbox"/> - Other – Please state  <input type="checkbox"/> - NA	<input type="checkbox"/> - Work Capacity – Pillar Conditioning – Non Functional  <input type="checkbox"/> - Strength – Pillar Strength Development  <input type="checkbox"/> - Strength – Stiffness Development  <input type="checkbox"/> - Strength – Power Development  <input type="checkbox"/> - Other – Please state  <input type="checkbox"/> - NA	
	<b>Comments/Space for “Other”</b>						
5	<b>Who Provided</b> <i>(for each category of intervention provider (such as psychologist, nursing assistant) describe their expertise, background, and any specific training given)</i>	<b>Professional (N)</b>					
		<b>Expertise/Years’ Experience</b>					
		<b>Interventional Training</b>					
		<b>Other/Comments</b>					
6	<b>How</b> <i>(Describe the modes of delivery such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group)</i>	<b>Face to Face or Other</b>	<input type="checkbox"/> - Face to Face  <input type="checkbox"/> - Other – Please state	<input type="checkbox"/> - Face to Face  <input type="checkbox"/> - Other – Please state	<input type="checkbox"/> - Face to Face  <input type="checkbox"/> - Other – Please state	<input type="checkbox"/> - Face to Face  <input type="checkbox"/> - Other – Please state	
		<b>Individual or Group</b>	<input type="checkbox"/> - Individual  <input type="checkbox"/> - Group  <input type="checkbox"/> - Not Clear – See comments	<input type="checkbox"/> - Individual  <input type="checkbox"/> - Group  <input type="checkbox"/> - Not Clear – See comments	<input type="checkbox"/> - Individual  <input type="checkbox"/> - Group  <input type="checkbox"/> - Not Clear – See comments	<input type="checkbox"/> - Individual  <input type="checkbox"/> - Group  <input type="checkbox"/> - Not Clear – See comments	
		<b>HEP</b>	<input type="checkbox"/> - Yes  <input type="checkbox"/> - No  <input type="checkbox"/> - Not Clear – See Comments	<input type="checkbox"/> - Yes  <input type="checkbox"/> - No  <input type="checkbox"/> - Not Clear – See Comments	<input type="checkbox"/> - Yes  <input type="checkbox"/> - No  <input type="checkbox"/> - Not Clear – See Comments	<input type="checkbox"/> - Yes  <input type="checkbox"/> - No  <input type="checkbox"/> - Not Clear – See Comments	
		<b>Comments</b>					
7	<b>Where</b> <i>(Describe the type(s) of locations(s) where the intervention occurred, including any necessary infrastructure or relevant features)</i>						

			Intervention 1	Intervention 2	Intervention 3	Intervention 4	Location in text or source (pg & ¶/fig/table/other)
8	<b>When and How Much</b> (Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, and dose)  <b>N.B Use Exercise Dosage table for specific sets, reps, load etc for intervention of interest</b>	<b>Frequency, duration, number of sessions</b>					
		<b>Brief description of dosage for each intervention</b>	•	•			
9	<b>Tailoring</b> (If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when and how)	<b>Treatment tailored to neuromuscular deficits</b>	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	
		<b>Individualisation of Treatment Dosage</b>	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Unclear (Provide Details) <input type="checkbox"/> - NA	

		Intervention 1	Intervention 2	Intervention 3	Intervention 4	Location in text or source (pg & ¶/fig/table/other)
10	<b>Modifications</b> <i>(If the intervention was modified during the study, describe the changes (what, why, when, and how))</i>					
11	<b>How Well Planned</b> <i>(If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them)</i>	<b>Participant adherence to treatment</b>				
		<b>Fidelity of treatment</b>				
12	<b>How Well Actual</b> <i>(If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned)</i>	<b>Participant adherence to treatment</b>				
		<b>Fidelity of treatment</b>				
Notes:						



### Exercise Dosage for the Intervention of Interest ONLY

(Extract the specific sets, reps, loads and rest for each exercise reported)

[illegible][illegible]

	Pain Outcome Measure	Disability Outcome Measure	Location in text or source <i>(pg &amp; ¶/fig/table/other)</i>
Outcome name	•	•	
Time points measured <i>(specify whether from start or end of intervention)</i>	•	•	
Time points reported	•	•	
Was a primary outcome measure identified?	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Undear		
Was a primary end identified?	<input type="checkbox"/> - Yes (Provide Details) <input type="checkbox"/> - No <input type="checkbox"/> - Undear		
Imputation of missing data <i>(e.g. assumptions made for ITT analysis)</i>	<input type="checkbox"/> - ITT (Provide Details) <input type="checkbox"/> - None <input type="checkbox"/> - Undear <input type="checkbox"/> - Other		
Was a priori power calculation reported	<input type="checkbox"/> - Yes <input type="checkbox"/> - No <input type="checkbox"/> - Undear <input type="checkbox"/> - Other (Please state)		
Notes:			

Data and Analysis – Outcome 1

Copy and paste the appropriate table for each outcome, including additional tables for each time point and subgroup as required.

Outcome			
Description as stated in report/paper			Location in text or source (pg & ¶/fig/table/other)
Summary of Results for Intervention of Interest			
Between group differences (report important stats including p values)			
Plain English Summary			
Was Data consistent between reports	<input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comments) <input type="checkbox"/> Unclear (Provide Comments) <input type="checkbox"/> NA		
Reanalysis required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comments) <input type="checkbox"/> Unclear (Provide Comments) <input type="checkbox"/> NA		
Reanalysis possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comments) <input type="checkbox"/> Unclear (Provide Comments) <input type="checkbox"/> NA		

COMPLETE PLEASE

Data for Meta-Analysis					
*n.b document if other measure of variance used instead of SD	Intervention 1 N (Mean ± Standard Deviation)	Intervention 2 N (Mean ± Standard Deviation)	Intervention 3 N (Mean ± Standard Deviation)	Intervention 4 N (Mean ± Standard Deviation)	
Group Name					
Baseline					
Follow Up 1 (Timeframe)					
Follow Up 2 (Timeframe)					
Follow Up 3 (Timeframe)					
Follow Up 4 (Timeframe)					
Any other values reported (mean difference, CI etc)					
Statistical methods used					
Notes:					

Outcome			
Description as stated in report/paper			Location in text or source (pg & ¶/fig/table/other)
Summary of Results for Intervention of Interest			
Between group differences (report important stats including p values)			
Plain English Summary			
Was Data consistent between reports	<input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comments) <input type="checkbox"/> Unclear (Provide Comments) <input type="checkbox"/> NA		
Reanalysis required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comments) <input type="checkbox"/> Unclear (Provide Comments) <input type="checkbox"/> NA		
Reanalysis possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Provide comments) <input type="checkbox"/> Unclear (Provide Comments) <input type="checkbox"/> NA		

COMPLETE PLEASE

Data for Meta-Analysis					
*n.b document if other measure of variance used instead of SD	Intervention1 N (Mean ± Standard Deviation)	Intervention2 N (Mean ± Standard Deviation)	Intervention3 N (Mean ± Standard Deviation)	Intervention4 N (Mean ± Standard Deviation)	
Group Name					
Baseline					
Follow Up 1 (Timeframe)					
Follow Up 2 (Timeframe)					
Follow Up 3 (Timeframe)					
Follow Up 4 (Timeframe)					
Any other values reported (mean difference, CI etc)					
Statistical methods used					
Notes:					

## Risk of Bias Assessment

(See [Handbook Chapter 8](#). Additional domains may be added for non-randomised studies.)

[illegible]

Other information

	Description as stated in report/paper	Location in text or source (pg & ¶/fig/table/other)
References to other relevant studies that need to be screened for eligibility		
Correspondence required for further study information (from whom, what and when)		
Notes:		