B.2 Needling therapies (traditional Chinese medicine acupuncture and other dry needling modalities)

Overview of the PICO structure

Definition of the intervention	
Needling therapies considered in the guideline included traditional Chinese medicine (TCM) acupuncture and other dry needling modalities (myofascial trigger point needling, neuroreflexotherapy and Western medical acupuncture). These modalities are defined as any intervention where needles are inserted into classical meridian points (TCM acupuncture) or soft tissue trigger points (other dry needling modalities). Manual stimulation, heating by moxa, heat lamps, cupping or electrical current stimulation could be further administered.	
PICO question	
Population and subgroups	Community-dwelling adults (age 20 years and over) experiencing chronic primary low back pain, with or without leg pain, including older people (aged 60 years and older). Subgroups: • Age (all adults and those aged 60 years and over) • Gender and/or sex • Presence of leg pain (radicular, non-radicular, mixed) • Race/ethnicity - studies of populations who were historically marginalized compared with studies of those who were not • Regional economic development - studies carried out in high-income countries compared with studies in low- or middle-income countries
Comparators	a) Placebo/sham b) No or minimal intervention, or where the effect of the intervention can be isolated c) Usual care (described as usual care in the trial)

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Outcomes	Critical outcomes constructs (all adults) Critical outcomes constructs (older adults, aged ≥ 60 years) • Pain • Back-specific function/disability • General function/disability • Health-related quality of life • Psychosocial function • Social participation • Adverse events (as reported in trials) Pain • Back-specific function/disability • General function/disability • Health-related quality of life • Psychosocial function • Adverse events (as reported in trials) • Change in the use of medications • Falls

Other Evidence-to-Decision (EtD) considerations

Summary of *values and preferences*	
All adults	**Older people**
No evidence synthesis commissioned for all adults. Judgements made based on experience of GDG members	**# Review findings GRADE-CERQual Assessment of confidence** 11 Acupuncture was valued as effective by the few participants who talked about it. However, it was viewed as providing temporary relief and was expensive. LOW

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Summary of *resource considerations*	
All adults	**Older people**
No evidence synthesis commissioned for all adults. Judgements made based on experience of GDG members	No evidence identified

Summary of *equity and human rights considerations*	
All adults	**Older people**
No evidence synthesis commissioned for all adults. Judgements made based on experience of GDG members	No evidence identified

Summary of *acceptability considerations*	
All adults	**Older people**
No evidence synthesis commissioned for all adults. Judgements made based on experience of GDG members	No evidence identified

Summary of *feasibility considerations*	
All adults	**Older people**
No evidence synthesis commissioned for all adults. Judgements made based on experience of GDG members	No evidence identified

Summary of judgements

Domain	**All adults**	**Older people**
Benefits	Small; uncertain	Small; trivial; uncertain

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Harms	Trivial; uncertain	Trivial; uncertain
Balance benefits to harms	Probably favours acupuncture; probably does not favour acupuncture; uncertain	Probably favours acupuncture; probably does not favour acupuncture; Uncertain
Overall certainty	Low; very low	Very low
Values and preferences	Important uncertainty or variability; possibly important uncertainty or variability	Important uncertainty or variability; possibly important uncertainty or variability
Resource considerations	Large costs; moderate costs; varies	Large costs, moderate costs; varies
Equity and human rights	Probably reduced; uncertain	Probably reduced; uncertain
Acceptability	Probably yes; varies	Probably yes; varies
Feasibility	Uncertain; varies	Uncertain; varies

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GRADE Table 1: ***What are the benefits and harms of acupuncture in the management of community-dwelling adults (including older adults aged 60 years and over) with chronic primary low back pain (with or without leg pain) compared to sham?***

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
ALL ADULTS												
Pain (follow-up: closest to 2 weeks; assessed with: VAS, NRS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
7[1,2,3,4,5,6,7,a,b]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	581	582	-	MD **0.41 lower** (0.72 lower to 0.1 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults without leg pain (follow-up: closest to 2 weeks; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
3[1,3,5,g]	randomized trials	very serious[c]	very serious[h]	not serious[e]	serious[i]	none	138	138	-	MD **0.41 lower** (1.31 lower to 0.49 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with unclassified presence of leg pain (follow-up: closest to 2 weeks; assessed with: VAS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
4[2,4,6,7,a]	randomized trials	serious[j]	not serious[k]	not serious[e]	not serious[f]	none	443	444	-	MD **0.42 lower** (0.75 lower to 0.09 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Pain in adults with radicular leg pain (follow-up: closest to 2 weeks; assessed with: VAS, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -6.85 (-16.82 to 3.11) (46 participants total).				⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Pain in adults treated with acupuncture type TCM (follow-up: closest to 2 weeks; assessed with: VAS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
5[1,2,3,6,7,a,b]	randomized trials	serious[i]	not serious[s]	not serious[e]	not serious[f]	none	528	529	-	MD **0.46 lower** (0.87 lower to 0.06 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Pain in adults treated with acupuncture type myofascial (follow-up: closest to 2 weeks; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
2[4,5]	randomized trials	very serious[t]	not serious[u]	not serious[e]	very serious[r]	none	53	53	-	MD **0.3 lower** (1.06 lower to 0.45 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with manual stimulation (follow-up: closest to 2 weeks; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
5[1,2,3,5,6,a,v]	randomized trials	very serious[t]	not serious[w]	not serious[e]	serious[i]	none	188	184	-	MD **0.43 lower** (1.01 lower to 0.14 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture without stimulation (follow-up: closest to 2 weeks; assessed with: VAS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
2[4,7]	randomized trials	not serious[x]	not serious[k]	not serious[e]	not serious[f]	none	393	398	-	MD **0.4 lower** (0.75 lower to 0.06 lower)	⨁⨁⨁⨁ High	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Pain after removing high risk of bias studies (follow-up: closest to 2 weeks; assessed with: VAS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
3[1,4,7,v]	randomized trials	not serious[x]	serious[y]	not serious[e]	serious[z]	none	443	448	-	MD **0.68 lower** (1.26 lower to 0.1 lower)	⨁⨁◯◯ Low	CRITICAL
Pain (follow-up: closest to 3 months; assessed with: VAS, NRS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
9[1,3,4,7,9,10,11,12,13,aa,ab,ac]	randomized trials	very serious[c]	very serious[ad]	not serious[e]	not serious[ae]	none	1044	847	-	MD **0.42 lower** (0.88 lower to 0.05 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults without leg pain (follow-up: closest to 3 months; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
4[1,3,9,13,ab,af]	randomized trials	very serious[t]	not serious[k]	not serious[e]	not serious[ae]	none	255	194	-	MD **0.38 lower** (0.86 lower to 0.1 higher)	⨁⨁◯◯ Low	CRITICAL
Pain in adults with radicular leg pain (follow-up: closest to 3 months; assessed with: VAS, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -6.06 (-18.50 to 6.38) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Pain in adults with and without leg pain (follow-up: closest to 3 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	299	159	-	MD **0.35 higher** (0.13 lower to 0.83 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: VAS, BPI, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
4[4,7,11,12]	randomized trials	very serious[c]	very serious[ag]	not serious[e]	serious[ah]	none	490	494	-	MD **0.96 lower** (1.81 lower to 0.12 lower)	⨁◯◯◯ Very low	CRITICAL
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Pain in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: NRS, VAS, BPI, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
7[1,3,7,10,11,12,13,ai]	randomized trials	very serious[c]	serious[aj]	not serious[e]	not serious[ae]	none	881	754	-	MD **0.17 lower** (0.57 lower to 0.22 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture type myofascial (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[4]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	23	23	-	MD **1.96 lower** (2.79 lower to 1.13 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[9,af]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **0.92 lower** (1.76 lower to 0.08 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with electrical stimulation (follow-up: closest to 3 months; assessed with: PROMIS, 0-100; benefit indicated by lower values)												
1[14]	randomized trials	very serious[t]	not serious[p]	serious	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -2.09 (-4.27 to 0.09) (121 participants total)				⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
5[1,3,9,11,13,ab,ai]	randomized trials	very serious[t]	not serious[ak]	not serious[e]	serious[ah]	none	312	253	-	MD **0.57 lower** (1.08 lower to 0.06 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture without stimulation (follow-up: closest to 3 months; assessed with: VAS, BPI, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
3[4,7,12]	randomized trials	very serious[c]	very serious[al]	not serious[e]	serious[z]	none	433	435	-	MD **0.83 lower** (2.01 lower to 0.34 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture (stimulation not reported) (follow-up: closest to 3 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	not serious	not serious[ae]	none	299	159	-	MD **0.35 higher** (0.13 lower to 0.83 higher)	⨁⨁◯◯ Low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Pain after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: VAS, NRS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
5[1,4,7,10,11,aa,ai]	randomized trials	very serious[am]	very serious[an]	not serious[e]	serious[z]	none	802	667	-	MD **0.55 lower** (1.21 lower to 0.1 higher)	⨁◯◯◯ Very low	CRITICAL
Pain (follow-up: closest to 6 months; assessed with: VAS, NRS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
4[7,9,10,11,aa,ao]	randomized trials	very serious[c]	not serious[ap]	not serious[e]	not serious[ae]	none	859	658	-	MD **0.21 lower** (0.58 lower to 0.16 higher)	⨁⨁◯◯ Low	CRITICAL
Pain in adults with radicular leg pain (follow-up: closest to 6 months; assessed with: VAS, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -7.01 (-17.50 to 3.48) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Pain in adults without leg pain (follow-up: closest to 6 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **0.37 lower** (1.23 lower to 0.49 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with and without leg pain (follow-up: closest to 6 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	285	153	-	MD **0.25 higher** (0.27 lower to 0.77 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with unclassified presence of leg pain (follow-up: closest to 6 months; assessed with: VAS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
2[7,11]	randomized trials	not serious[x]	not serious[k]	not serious[e]	not serious[f]	none	434	435	-	MD **0.51 lower** (0.92 lower to 0.1 lower)	⨁⨁⨁⨁ High	CRITICAL
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Pain in adults treated with acupuncture type TCM (follow-up: closest to 6 months; assessed with: VAS, NRS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
3[7,10,11,aa,ao]	randomized trials	very serious[c]	serious[aq]	not serious[e]	not serious[ae]	none	719	588	-	MD **0.18 lower** (0.63 lower to 0.28 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture mixed type (TCM, myofascial) (follow-up: closest to 6 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **0.37 lower** (1.23 lower to 0.49 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with manual stimulation (follow-up: closest to 6 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
2[9,11,ao]	randomized trials	very serious[t]	not serious[k]	not serious[e]	serious[i]	none	197	129	-	MD **0.54 lower** (1.17 lower to 0.08 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture without stimulation (follow-up: closest to 6 months; assessed with: Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[ae]	none	377	376	-	MD **0.45 lower** (0.91 lower to 0.01 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Pain in adults treated with acupuncture (stimulation not reported) (follow-up: closest to 6 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	285	153	-	MD **0.25 higher** (0.27 lower to 0.77 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults after removing high risk of bias studies (follow-up: closest to 6 months; assessed with: VAS, NRS, Von Korff Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
3[7,10,11,aa,ao]	randomized trials	very serious[am]	not serious[aq]	not serious[e]	not serious[ae]	none	719	588	-	MD **0.18 lower** (0.63 lower to 0.28 higher)	⨁⨁◯◯ Low	CRITICAL
Pain (follow-up: closest to 12 months; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
2[9,10,aa]	randomized trials	very serious[t]	not serious[ar]	not serious[e]	not serious[ae]	none	428	222	-	MD **0.02 lower** (0.51 lower to 0.47 higher)	⨁⨁◯◯ Low	CRITICAL
Pain in adults without leg pain (follow-up: closest to 12 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **0.57 lower** (1.43 lower to 0.29 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with and without leg pain (follow-up: closest to 12 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	288	152	-	MD **0.2 higher** (0.33 lower to 0.73 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Pain in adults treated with acupuncture type TCM (follow-up: closest to 12 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	288	152	-	MD **0.2 higher** (0.33 lower to 0.73 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 12 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **0.57 lower** (1.43 lower to 0.29 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with manual stimulation (follow-up: closest to 12 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **0.57 lower** (1.43 lower to 0.29 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture (stimulation not reported) (follow-up: closest to 12 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	288	152	-	MD **0.2 higher** (0.33 lower to 0.73 higher)	⨁◯◯◯ Very low	CRITICAL
Pain after removing high risk of bias studies (follow-up: closest to 12 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	not serious[ae]	none	288	152	-	MD **0.2 higher** (0.33 lower to 0.73 higher)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
4[1,4,5,7,as]	randomized trials	very serious[c]	serious[at]	not serious[e]	serious[au]	none	478	473	-	SMD **0.22 lower** (0.54 lower to 0.11 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults without leg pain (follow-up: closest to 2 weeks; assessed with: ODI, Hannover; benefit indicated by lower values)												
2[1,5,af]	randomized trials	very serious[t]	serious[aj]	not serious[e]	very serious[r]	none	80	80	-	SMD **0.48 lower** (0.92 lower to 0.05 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults with unclassified presence of leg pain (follow-up: closest to 2 weeks; assessed with: RMDQ, Hannover; benefit indicated by lower values)												
2[4,7]	randomized trials	not serious[x]	serious[av]	not serious[e]	very serious[aw]	none	398	393	-	SMD **0.03 lower** (0.37 lower to 0.31 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults with radicular leg pain (follow-up: closest to 2 weeks; assessed with: ODI, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -4.52 (-13.05 to 4.01) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Trials on function stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Function in adults treated with acupuncture type TCM (follow-up: closest to 2 weeks; assessed with: ODI, Hannover)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
2[1,7,ax]	randomized trials	not serious[x]	very serious[ay]	not serious[e]	serious[au]	none	425	429	-	SMD **0.37 lower** (0.91 lower to 0.17 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture type myofascial (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI)												
2[4,5]	randomized trials	very serious[t]	not serious[az]	not serious[e]	very serious[r]	none	53	53	-	SMD **0** (0.5 lower to 0.5 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 2 weeks; assessed with: RMDQ, 0-24; benefit indicated by lower values)												
1[14]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: −2.11 (−3.75 to −0.47) (121 participants total)				⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with electrical stimulation (follow-up: closest to 2 weeks; assessed with: RMDQ, 0-24; benefit indicated by lower values)												
1[14]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: −2.11 (−3.75 to −0.47) (121 participants total)				⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with manual stimulation (follow-up: closest to 2 weeks; assessed with: ODI; benefit indicated by lower values)												
2[1,5,ax]	randomized trials	very serious[t]	serious[aj]	not serious[e]	very serious[r]	none	80	80	-	SMD **0.48 lower** (0.92 lower to 0.05 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture without stimulation (follow-up: closest to 2 weeks; assessed with: RMDQ, Hannover; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
2[4,7]	randomized trials	not serious[x]	serious[av]	not serious[e]	very serious[aw]	none	398	393	-	SMD **0.03 lower** (0.37 lower to 0.31 higher)	⨁◯◯◯ Very low	CRITICAL
Function after removing high risk of bias studies (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												
3[1,4,7,ax]	randomized trials	not serious[x]	very serious[ba]	not serious[e]	very serious[bb]	none	448	443	-	SMD **0.21 lower** (0.64 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 3 months; assessed with: RMDQ, ODI, BPI, Hannover; benefit indicated by lower values)												
7[1,4,7,9,10,11,12,aa,ax]	randomized trials	very serious[c]	not serious[bc]	not serious[e]	not serious[bd]	none	911	841	-	SMD **0.03 lower** (0.17 lower to 0.11 higher)	⨁⨁◯◯ Low	CRITICAL
Function in adults with radicular leg pain (follow-up: closest to 3 months; assessed with: ODI, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -3.04 (-12.34 to 6.25) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Function in adults without leg pain (follow-up: closest to 3 months; assessed with: ODI, Hannover; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
2[1,9]	randomized trials	very serious[t]	not serious[k]	not serious[e]	serious[i]	none	120	190	-	SMD **0.19 lower** (0.42 lower to 0.04 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults either with or without leg pain (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[be]	none	299	159	-	SMD **0.18 higher** (0.01 lower to 0.37 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: RMDQ, ODI, BPI, Hannover; benefit indicated by lower values)												
4[4,7,11,12]	randomized trials	serious[i]	not serious[k]	not serious[e]	serious[bf]	none	492	492	-	SMD **0.13 lower** (0.26 lower to 0.01 lower)	⨁⨁◯◯ Low	CRITICAL
Trials on function stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Function in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: RMDQ, ODI, BPI, Hannover; benefit indicated by lower values)												
5[1,7,10,11,12,aa,ax]	randomized trials	very serious[c]	serious[bg]	not serious[e]	not serious[bh]	none	818	678	-	SMD **0** (0.17 lower to 0.17 higher)	⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Function in adults treated with acupuncture type myofascial (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values)												
1[4]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	23	23	-	SMD **0.09 higher** (0.49 lower to 0.66 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: Hannover; benefit indicated by lower values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	70	140	-	SMD **0.2 lower** (0.49 lower to 0.08 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: ODI, Hannover; benefit indicated by lower values)												
3[1,9,11,ax]	randomized trials	very serious[t]	not serious[k]	not serious[e]	serious[bf]	none	177	249	-	SMD **0.17 lower** (0.37 lower to 0.02 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture without stimulation (follow-up: closest to 3 months; assessed with: RMDQ, BPI, Hannover; benefit indicated by lower values)												
3[4,7,12]	randomized trials	not serious[x]	not serious[bi]	not serious[e]	serious[bf]	none	435	433	-	SMD **0.07 lower** (0.3 lower to 0.17 higher)	⨁⨁⨁◯ Moderate	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Function in adults treated with acupuncture (stimulation not reported) (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[be]	none	299	159	-	SMD **0.18 higher** (0.01 lower to 0.37 higher)	⨁◯◯◯ Very low	CRITICAL
Function after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												
5[1,4,7,10,11,aa,ax]	randomized trials	very serious[am]	serious[bj]	not serious[e]	not serious[bd]	none	805	664	-	SMD **0.02 lower** (0.18 lower to 0.15 higher)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 6 months; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												
4[7,9,10,11,aa,ax]	randomized trials	very serious[c]	not serious[s]	not serious[e]	serious[bf]	none	788	729	-	SMD **0.1 lower** (0.22 lower to 0.02 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults with radicular leg pain (follow-up: closest to 6 months; assessed with: ODI, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: 0.09 (-10.80 to 10.98) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Function in adults without leg pain (follow-up: closest to 6 months; assessed with: Hannover; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[bk]	none	70	140	-	SMD **0.09 lower** (0.38 lower to 0.2 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults with and without leg pain (follow-up: closest to 6 months; assessed with: RMDQ; benefit indicated by lower values)												
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[be]	none	285	153	-	SMD **0.06 higher** (0.14 lower to 0.26 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults with unclassified presence of leg pain (follow-up: closest to 6 months; assessed with: ODI, Hannover; benefit indicated by lower values)												
2[7,11]	randomized trials	not serious[x]	not serious[k]	not serious[e]	not serious[bl]	none	433	436	-	SMD **0.21 lower** (0.34 lower to 0.07 lower)	⨁⨁⨁⨁ High	CRITICAL
Trials on function stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Function in adults treated with acupuncture type TCM (follow-up: closest to 6 months; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
3[7,10,11,aa,ax]	randomized trials	serious[i]	not serious[bc]	not serious[e]	serious[bf]	none	718	589	-	SMD **0.09 lower** (0.25 lower to 0.06 higher)	⨁⨁◯◯ Low	CRITICAL
Function in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 6 months; assessed with: Hannover; benefit indicated by lower values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[bk]	none	70	140	-	SMD **0.09 lower** (0.38 lower to 0.2 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with manual stimulation (follow-up: closest to 6 months; assessed with: ODI, Hannover; benefit indicated by lower values)												
2[9,11,ax]	randomized trials	very serious[t]	not serious[k]	not serious[e]	serious[i]	none	127	199	-	SMD **0.15 lower** (0.37 lower to 0.08 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture without stimulation (follow-up: closest to 6 months; assessed with: Hannover; benefit indicated by lower values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bl]	none	376	377	-	SMD **0.2 lower** (0.34 lower to 0.06 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Function in adults treated with acupuncture (stimulation not reported) (follow-up: closest to 6 months; assessed with: RMDQ; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[10,aa]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[be]	none	285	153	-	SMD **0.06 higher** (0.14 lower to 0.26 higher)	⨁◯◯◯ Very low	CRITICAL
Function after removing high risk of bias studies (follow-up: closest to 6 months; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												
3[7,10,11,aa,ax]	randomized trials	serious[bm]	not serious[bc]	not serious[e]	serious[bf]	none	718	589	-	SMD **0.09 lower** (0.25 lower to 0.06 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life (follow-up: closest to 2 weeks; assessed with: SF-36; benefit indicated by higher values; scale: 0 to 100)												
1[6,ax]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	26	20	-	MD **6.4 higher** (6.42 lower to 19.22 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults with radicular leg pain (follow-up: closest to 2 weeks; assessed with: SF-36; benefit indicated by higher values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	No significant difference between groups for mean change from baseline on any of the subscales (46 participants total).				⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults with unclassified presence of leg pain (follow-up: closest to 2 weeks; assessed with: SF-36; benefit indicated by higher values; scale: 0 to 100)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[6]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	26	20	-	MD **6.4 higher** (6.42 lower to 19.22 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on health-related quality of life stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Health-related quality of life in adults treated with acupuncture type TCM (follow-up: closest to 2 weeks; assessed with: SF-36; benefit indicated by higher values; scale: 0 to 100)												
1[6,bn]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	26	20	-	MD **6.4 higher** (6.42 lower to 19.22 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture with manual stimulation (follow-up: closest to 2 weeks; assessed with: SF-36; benefit indicated by higher values; scale: 0 to 100)												
1[6,bn]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	26	20	-	MD **6.4 higher** (6.42 lower to 19.22 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life after removing high risk of bias studies (follow-up: closest to 2 weeks)												
1[8,,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	No improvement in acupuncture versus sham group (43 participants total)				⨁◯◯◯ Very low	CRITICAL
Health-related quality of life (follow-up: closest to 3 months; assessed with: SF-36; benefit indicated by higher values; scale: 0 to 100)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[11,bo]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	MD **7.78 higher** (1.41 higher to 14.15 higher)	⨁◯◯◯ Very low	CRITICAL
Health -related quality of life (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
2[7,9]	randomized trials	serious[i]	very serious[bp]	serious[q]	serious[bq]	none	510	442	-	SMD **0.25 higher** (0.07 lower to 0.56 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults without leg pain (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.43 higher** (0.14 higher to 0.72 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	serious[br]	none	370	372	-	SMD **0.11 higher** (0.03 lower to 0.25 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7,bs]	randomized trials	not serious[o]	not serious[p]	serious[q]	serious[br]	none	370	372	-	SMD **0.11 higher** (0.03 lower to 0.25 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.43 higher** (0.14 higher to 0.72 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.43 higher** (0.14 higher to 0.72 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture without stimulation (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	serious[br]	none	370	372	-	SMD **0.11 higher** (0.03 lower to 0.25 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	serious[br]	none	370	372	-	SMD **0.11 higher** (0.03 lower to 0.25 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
2[7,9]	randomized trials	serious[j]	not serious[k]	serious[q]	not serious[bt]	none	510	442	-	SMD **0.01 higher** (0.12 lower to 0.14 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life in adults without leg pain (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[bu]	none	140	70	-	SMD **0.04 lower** (0.33 lower to 0.25 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	370	372	-	SMD **0.03 higher** (0.12 lower to 0.17 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	370	372	-	SMD **0.03 higher** (0.12 lower to 0.17 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[bu]	none	140	70	-	SMD **0.04 lower** (0.33 lower to 0.25 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[bu]	none	140	70	-	SMD **0.04 lower** (0.33 lower to 0.25 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture without stimulation (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	370	372	-	SMD **0.03 higher** (0.12 lower to 0.17 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	370	372	-	SMD **0.03 higher** (0.12 lower to 0.17 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Trials on health-related quality of life stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Health-related quality of life (follow-up: closest to 6 months; assessed with: SF-36; benefit indicated by higher values; scale: 0 to 100)												
1[11,bo]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	MD **3.39 higher** (2.98 lower to 9.76 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
2[7,9]	randomized trials	serious[i]	not serious[k]	serious[q]	not serious[bl]	none	513	442	-	SMD **0.2 higher** (0.07 higher to 0.32 higher)	⨁⨁◯◯ Low	CRITICAL
Health-related quality of life in adults without leg pain (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.16 higher** (0.12 lower to 0.45 higher)	⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Health-related quality of life in adults with unclassified presence of leg pain (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bl]	none	373	372	-	SMD **0.2 higher** (0.06 higher to 0.35 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life in adults treated with acupuncture type TCM (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bl]	none	373	372	-	SMD **0.2 higher** (0.06 higher to 0.35 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.16 higher** (0.12 lower to 0.45 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture with manual stimulation (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.16 higher** (0.12 lower to 0.45 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture (without stimulation) (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bl]	none	373	372	-	SMD **0.2 higher** (0.06 higher to 0.35 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life after removing high risk of bias studies (follow-up: closest to 6 months; assessed with: SF-36 (PCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bl]	none	373	372	-	SMD **0.2 higher** (0.06 higher to 0.35 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
2[7,9]	randomized trials	serious[j]	very serious[bv]	serious[q]	serious[br]	none	513	442	-	SMD **0.1 higher** (0.18 lower to 0.39 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults without leg pain (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[j]	none	140	70	-	SMD **0.28 higher** (0.01 lower to 0.57 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults with unclassified presence of leg pain (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	373	372	-	SMD **0.02 lower** (0.16 lower to 0.13 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life in adults treated with acupuncture type TCM (follow-up: closest to 6 weeks; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	373	372	-	SMD **0.02 lower** (0.16 lower to 0.13 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.28 higher** (0.01 lower to 0.57 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture with manual stimulation (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	SMD **0.28 higher** (0.01 lower to 0.57 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults treated with acupuncture without stimulation (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	373	372	-	SMD **0.02 lower** (0.16 lower to 0.13 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Health-related quality of life after removing high risk of bias studies (follow-up: closest to 6 months; assessed with: SF-36 (MCS); benefit indicated by higher values)												
1[7]	randomized trials	not serious[o]	not serious[p]	serious[q]	not serious[bt]	none	373	372	-	SMD **0.02 lower** (0.16 lower to 0.13 higher)	⨁⨁⨁◯ Moderate	CRITICAL
Trials on health-related quality of life stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Depression (follow-up: closest to 2 weeks; assessed with: General Depression Scale; benefit indicated by lower values; scale: 0 to 60)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **2.5 lower** (5.23 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults without leg pain (follow-up: closest to 2 weeks; assessed with: General Depression Scale; benefit indicated by lower values; scale: 0 to 60)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **2.5 lower** (5.23 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Trials on depression stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Depression in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 2 weeks; assessed with: General Depression Scale; benefit indicated by lower values; scale: 0 to 60)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **2.5 lower** (5.23 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults treated with acupuncture with manual stimulation (follow-up: closest to 2 weeks; assessed with: General Depression Scale; benefit indicated by lower values; scale: 0 to 60)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[i]	none	140	70	-	MD **2.5 lower** (5.23 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL
Depression (follow-up: closest to 3 months; assessed with: BDI, General Depression Scale; benefit indicated by lower values)												
2[9,11]	randomized trials	very serious[t]	not serious[ak]	not serious[e]	serious[i]	none	197	129	-	SMD **0.17 lower** (0.44 lower to 0.1 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults without leg pain (follow-up: closest to 3 months; assessed with: General Depression Scale; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[aw]	none	140	70	-	SMD **0.05 lower** (0.34 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: BDI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	SMD **0.33 lower** (0.7 lower to 0.03 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: BDI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	SMD **0.33 lower** (0.7 lower to 0.03 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: General Depression Scale; benefit indicated by lower values)												
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[aw]	none	140	70	-	SMD **0.05 lower** (0.34 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: BDI, General Depression Scale; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
2[9,11]	randomized trials	very serious[t]	not serious[ak]	not serious[e]	serious[i]	none	197	129	-	SMD **0.17 lower** (0.44 lower to 0.1 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on depression stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Depression after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: BDI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	SMD **0.33 lower** (0.7 lower to 0.03 higher)	⨁◯◯◯ Very low	CRITICAL
Depression (follow-up: closest to 6 months; assessed with: BDI, General Depression Scale; benefit indicated by lower values)												
2[9,11]	randomized trials	very serious[t]	not serious[k]	not serious[e]	serious[i]	none	197	129	-	SMD **0.1 lower** (0.33 lower to 0.12 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults without leg pain (follow-up: closest to 6 months; assessed with: General Depression Scale; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[aw]	none	140	70	-	SMD **0.06 lower** (0.35 lower to 0.22 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults with unclassified presence of leg pain (follow-up: closest to 6 months; assessed with: BDI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	SMD **0.17 lower** (0.53 lower to 0.2 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on depression stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Depression in adults treated with acupuncture type TCM (follow-up: closest to 6 months; assessed with: BDI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	SMD **0.17 lower** (0.53 lower to 0.2 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 6 months; assessed with: General Depression Scale; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[9]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[aw]	none	140	70	-	SMD **0.06 lower** (0.35 lower to 0.22 higher)	⨁◯◯◯ Very low	CRITICAL
Depression in adults treated with acupuncture with manual stimulation (follow-up: closest to 6 months; assessed with: BDI, General Depression Scale; benefit indicated by lower values)												
2[9,11]	randomized trials	very serious[t]	not serious[k]	not serious[e]	serious[i]	none	197	129	-	SMD **0.1 lower** (0.33 lower to 0.12 higher)	⨁◯◯◯ Very low	CRITICAL
Depression after removing high risk of bias studies (follow-up: closest to 6 months; assessed with: BDI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	57	59	-	SMD **0.17 lower** (0.53 lower to 0.2 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on other psychological functioning (fear avoidance, catastrophizing, anxiety, self-efficacy) or social participation not identified												
0												
Adverse events/harms during intervention period												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
6[1,5,8,9,10,14,bw,bx]	randomized trials	very serious[c]	very serious[by]	not serious[e]	serious[bz]	none	66/617 (10.7%)	35/397 (8.8%)	**OR 1.62** (0.67 to 3.90)	**47 more per 1,000** (from 27 fewer to 186 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults with radicular leg pain during intervention period												
1[8,ca]	randomized trials	not serious[cb]	not serious[p]	serious[q]	very serious[r]	none	2/23 (8.7%)	0/23 (0.0%)	**OR 5.47** (0.25 to 120.37)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults with and without leg pain during intervention period												
1[10,cc]	randomized trials	very serious[t]	not serious[p]	serious[q]	serious[bz]	none	12/315 (3.8%)	0/162 (0.0%)	**OR 13.39** (0.79 to 227.53)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults without leg pain during intervention period												
4[1,5,9,14,cd,ce]	randomized trials	very serious[t]	very serious[h]	not serious[e]	serious[bz]	none	52/279 (18.6%)	35/212 (16.5%)	**OR 1.24** (0.50 to 3.04)	**32 more per 1,000** (from 75 fewer to 210 more)	⨁◯◯◯ Very low	CRITICAL
Trials on adverse events/harms stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Adverse events/harms in adults treated with acupuncture type TCM during intervention period												
3[1,8,10,bw,cf]	randomized trials	very serious[c]	serious[cg]	not serious[e]	serious[bz]	none	22/388 (5.7%)	9/235 (3.8%)	**OR 2.77** (0.39 to 19.97)	**61 more per 1,000** (from 23 fewer to 405 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults treated with acupuncture type myofascial during intervention period												
1[5,ch]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	5/30 (16.7%)	4/30 (13.3%)	**OR 1.30** (0.31 to 5.40)	**33 more per 1,000** (from 88 fewer to 320 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults treated with acupuncture type mixed (TCM, myofascial) during intervention period												
2[9,14,ci]	randomized trials	very serious[t]	very serious[cj]	not serious[e]	serious[bz]	none	39/199 (19.6%)	22/132 (16.7%)	**OR 1.43** (0.24 to 8.50)	**56 more per 1,000** (from 121 fewer to 463 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults treated with acupuncture with manual stimulation during intervention period												
3[1,5,9,ck,cl]	randomized trials	very serious[t]	not serious[k]	not serious[e]	very serious[cm]	none	28/220 (12.7%)	25/150 (16.7%)	**OR 0.76** (0.42 to 1.36)	**35 fewer per 1,000** (from 89 fewer to 47 more)	⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
Adverse events/harms in adults treated with acupuncture with electrical stimulation during intervention period												
1[14,cn]	randomized trials	very serious[t]	not serious[p]	serious[q]	very serious[r]	none	24/59 (40.7%)	10/62 (16.1%)	**OR 3.57** (1.52 to 8.37)	**246 more per 1,000** (from 65 more to 456 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults treated with acupuncture without stimulation during intervention period												
1[8,ca,co]	randomized trials	not serious[cb]	not serious[p]	serious[q]	very serious[r]	none	2/23 (8.7%)	0/23 (0.0%)	**OR 5.47** (0.25 to 120.37)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults treated with acupuncture (stimulation not reported) during intervention period												
1[10,cc]	randomized trials	very serious[t]	serious[p]	serious[q]	serious[bz]	none	12/315 (3.8%)	0/162 (0.0%)	**OR 13.39** (0.79 to 227.53)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms after removing high risk of bias studies during intervention period												
3[1,8,10,cf,co]	randomized trials	very serious[t]	serious[cg]	not serious[e]	serious[bz]	none	22/388 (5.7%)	9/235 (3.8%)	**OR 2.77** (0.39 to 19.97)	**61 more per 1,000** (from 23 fewer to 405 more)	⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
OLDER ADULTS (aged 60 years or more)												
Pain (people with radicular leg pain, high-income country) (follow-up: closest to 2 weeks; assessed with: VAS, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -6.85 (-16.82 to 3.11) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Pain (people with radicular leg pain, high-income country) (follow-up: closest to 3 months; assessed with: VAS, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -6.06 (-18.50 to 6.38) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Pain (people with radicular leg pain, high-income country) (follow-up: closest to 6 months; assessed with: VAS, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -7.01 (-17.50 to 3.48) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Function (people with radicular leg pain, high-income country) (follow-up: closest to 2 weeks; assessed with: ODI, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -4.52 (-13.05 to 4.01) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Function (people with radicular leg pain, high-income country) (follow-up: closest to 3 months; assessed with: ODI, 0-100; benefit indicated by lower values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: -3.04 (-12.34 to 6.25) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Function (people with radicular leg pain, high-income country) (follow-up: closest to 6 months; assessed with: ODI, 0-100; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Sham	Relative (95% CI)	Absolute (95% CI)		
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	Between-group MD (95% CI) of within-group MDs: 0.09 (-10.80 to 10.98) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Trials on function stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Health-related quality of life (people with radicular leg pain, high-income country) (follow-up: closest to 2 weeks; assessed with: SF-36, 0-100; benefit indicated by higher values)												
1[8,l,m,n]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	No improvement in acupuncture versus sham group (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Trials on health-related quality of life stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Adverse events/harms (people with radicular leg pain, high-income country)												
1[8,l,m]	randomized trials	not serious[o]	not serious[p]	serious[q]	very serious[r]	none	No serious adverse events occurred during 4-week trial; 2 of 46 participants total (4.3%) had subcutaneous hematoma after needling (both from acupuncture group) (46 participants total)				⨁◯◯◯ Very low	CRITICAL
Trials on adverse events/harms stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Trials on psychological functioning, change in use of medications or falls not identified												
0												

BDI: Beck Depression Inventory; **BPI:** Brief Pain Inventory; **CI:** confidence interval; **MD:** mean difference; **MCS:** Mental Component Summary; **n/a:** not applicable; **OR:** odds ratio; **NRS:** numerical rating scale; **ODI:** Oswestry Disability Index; **OIS:** Optimal Information Size; **PCS:** Physical Component Summary; **RMDQ:** Roland Morris Disability Questionnaire; **SF-36:** Short Form Health Survey – 36-item; **SMD:** standardized mean difference; **TCM:** Traditional Chinese Medicine; **VAS:** Visual Analogue Scale

The following was used to guide the ratings.
Risk of bias: *Not serious:* all or most of the weight (>50%) comes from overall low risk of bias trial(s). *Serious:* some of the weight (<50%) comes from overall low risk of bias trial(s). *Very serious:* all or most of the weight (>50%) comes from overall high or unclear risk of bias trial(s).

Inconsistency: *Not serious:* high extent of similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 0% and 40%, which might not be important. *Serious:* some extent of similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 30% and 60%, which could not be explained due to small subgroups and may represent moderate heterogeneity. *Very serious:* little or no similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 50% and 90% or 75% and 100%, which could not be explained due to small subgroups and may represent substantial or considerable heterogeneity, respectively.
Indirectness: *Not serious:* trial(s) were conducted in different countries or settings. *Serious:* trial(s) were conducted from a single country/setting. *Very serious:* evidence is not directly related to PICO question.
Imprecision: *Not serious:* Optimal Information Size (OIS) was reached (i.e., sample sizes with at least 200 participants per group may provide prognostic balance); and the entire confidence interval lies on one side of the threshold that may be considered clinically important (≥10% scale range or SMD ≥0.2 for continuous variables, ≥10% for binary variables), such that the clinical course of action would not differ if the upper versus the lower boundary of the confidence interval represented the truth. *Serious:* OIS would not have been reached (sample sizes with less than 200 participants per group); if the OIS was reached, the clinical course of action might differ if the upper versus the lower boundary of the confidence interval represented the truth. *Very serious:* similar to 'serious' but to a greater extent (e.g., very small sample sizes and confidence intervals crossing appreciable benefit and harm).
Other considerations: *Not serious:* Publication bias is undetected. *Serious/very serious:* Publication bias is strongly suspected.

Explanations
a. Yu 2020 assessed two comparisons (both included in meta-analysis).
b. Two trials were not included in the meta-analysis because they reported within-group change scores. Huang 2019: 46 participants total, rated as overall low risk of bias. Acupuncture made little or no difference to back pain: between-group MD of within-group MDs: -6.85, 95% CI -16.82 to 3.11 (VAS 0-100). Ushinohama 2016: 80 participants total; rated as overall high risk of bias. Small statistically significant difference between groups for median change in pain (p=0.032; effect size=0.21) favouring acupuncture.
c. Risk of bias: We downgraded twice because most of the weight (>50%) comes from high or unclear (i.e., some concerns) risk of bias trials.
d. Inconsistency: We did not down grade. The point estimates are similar with overlapping confidence intervals; statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 9%).
e. Indirectness: We did not downgrade because the trials were conducted in different countries (high or upper-middle income).
f. Imprecision: We did not downgrade. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The confidence interval does not cross the null or the boundary for what may be considered appreciable benefit (MD = -1).
g. One trial was not included in the meta-analysis because it only reported a within-group change score (Ushinohama 2016: 80 participants total; rated as overall high risk of bias). Small statistically significant difference between groups for median change in pain (p=0.032; effect size=0.21) favouring acupuncture.
h. Inconsistency: We downgraded twice. There is some similarity between confidence intervals and overlapping confidence intervals; statistical heterogeneity is between 50% and 90% (i.e., I2 = 69%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
i. Imprecision: We downgraded once. The sample size is small (OIS would not have been achieved).
j. Risk of bias: We downgraded once because some of the weight (<50%) comes from high or unclear (i.e., some concerns) risk of bias studies.
k. Inconsistency: We did not downgrade. There is similarity between some or all point estimates and confidence intervals overlap; statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 0%).
l. Treated with acupuncture type TCM.
m. Treated with acupuncture with manual stimulation.
n. Huang 2019 did not report follow-up scores (compared within-group changes between the 2 groups).
o. Risk of bias: We did not downgrade because all of the weight comes from low risk of bias trials.
p. Inconsistency: We did not downgrade; however, there are no other trials with which to compare findings.
q. Indirectness: We downgraded once; trial(s) conducted in one country (high or upper-middle income).
r. Imprecision: We downgraded twice. The sample size is small (OIS would not have been achieved).
s. Inconsistency: We did not downgrade. Some or all of the point estimates are similar with overlapping confidence intervals; statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 18%).
t. Risk of bias: We downgraded twice because all of the weight comes from high or unclear (i.e., some concerns) risk of bias trials.
u. Inconsistency: We did not downgrade because statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 32%).
v. One trial was not included in the meta-analysis because it reported a within-group change score (Huang 2019: 46 participants total; rated as overall low risk of bias). Acupuncture made little or no difference to back pain: between-group MD of within-group MDs: -6.85, 95% CI -16.82 to 3.11 (VAS 0-100).
w. Inconsistency: We did not downgrade. The point estimates are similar with overlapping confidence intervals; statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 31%).

x. Risk of bias: We did not downgrade because most of the weight (>50%) comes from low risk of bias trials.
y. Inconsistency: We downgraded once. The point estimates are similar with overlapping confidence intervals; statistical heterogeneity is between 30% and 60% (i.e., I2 = 52%). This could not be explained due to small subgroups and may represent moderate heterogeneity.
z. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The confidence interval crosses the null. The lower boundary crosses the threshold for what may be considered appreciable benefit (-1).
aa. Cherkin 2009 assessed two comparisons (both included in meta-analysis).
ab. Kim 2020 assessed two comparisons (both included in meta-analysis).
ac. Two trials were not included in the meta-analysis because they included within-group change scores. Huang 2019: 46 participants total, rated as overall low risk of bias. Acupuncture made little or no difference to back pain: between-group MD of within-group MDs: -6.06 (-18.50 to 6.38) (VAS 0-100). Kong 2020: 121 participants total, rated as overall high risk of bias. No statistically significant difference between groups for mean change from baseline.
ad. Inconsistency: We downgraded twice. The point estimates vary and have some non-overlapping confidence intervals; statistical heterogeneity is between 50% and 90% (i.e., I2 = 68%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
ae. Imprecision: We did not downgrade. The point estimate did not reach the threshold for what may be considered clinically important (MD ≥ 1). The confidence interval crosses the null but not the boundaries for appreciable benefit (MD = -1) or harm (MD = +1).
af. One trial was not included in the meta-analysis because it included a within-group change score. Kong 2020: 121 participants total, rated as high overall risk of bias. No statistically significant difference between groups for mean change from baseline.
ag. Inconsistency: We downgraded twice. The point estimates vary and have some non-overlapping confidence intervals; statistical heterogeneity is between 75% and 100% (i.e., I2 = 78%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
ah. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The confidence interval does not cross the null; the lower boundary crosses the threshold for what may be considered appreciable benefit (MD = -1).
ai. One trial was not included in the meta-analysis because it reported a within-group change score (Huang 2019: 46 participants total; rated as overall low risk of bias). Acupuncture made little or no difference to back pain: between-group MD of within-group MDs: -6.06 (-18.50 to 6.38) (VAS 0-100).
aj. Inconsistency: We downgraded once. The point estimates vary and have some overlapping confidence intervals; statistical heterogeneity is between 30% and 60% (i.e., I2 = 45%). This could not be explained due to small subgroups and may represent moderate heterogeneity.
ak. Inconsistency: We did not downgrade. There is similarity between some point estimates and overlapping confidence intervals; statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 28%).
al. Inconsistency: We downgraded twice. The point estimates vary and have some non-overlapping confidence intervals; statistical heterogeneity is between 75% and 100% (i.e., I2 = 83%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
am. Risk of bias: We downgraded twice because most of the weight (>50%) comes from unclear (i.e., some concerns) risk of bias studies.
an. Inconsistency: We downgraded twice. The point estimates vary and have some non-overlapping confidence intervals. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 82%); this could not be explained due to small subgroups and may represent considerable heterogeneity.
ao. One trial was not included in the meta-analysis because it reported a within-group change score (Huang 2019: 46 participants total; rated as overall low risk of bias). Acupuncture made little or no difference to back pain: between-group MD of within-group MDs: -7.01 (-17.50 to 3.48) (VAS 0-100).
ap. Inconsistency: We did not downgrade. The point estimates are similar with overlapping confidence intervals; statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 27%).
aq. Inconsistency: We downgraded once. There is some similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 30% and 60% (i.e., I2 = 44%); this could not be explained due to small subgroups and may represent moderate heterogeneity.
ar. Inconsistency: We did not downgrade. There is similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 16%).
as. Two trials were not included in the meta-analysis because they included within-group change scores. Huang 2019: 46 participants total, rated as overall low risk of bias. No significant difference between groups for mean change from baseline. Kong 2020: 121 participants total, rated as overall high risk of bias. No statistically significant difference between groups for mean change from baseline.
at. Inconsistency: We downgraded once. There is some similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 50% and 90% (i.e., I2 = 66%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
au. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The confidence interval crosses the null.
av. Inconsistency: We downgraded once. The point estimates differ with overlapping confidence intervals. Statistical heterogeneity is between 30% and 60% (i.e., I2 = 42%); this could not be explained due to small subgroups and may represent moderate heterogeneity.

aw. Imprecision: We downgraded twice. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-0.2), and the upper boundary crosses the threshold for what may be considered appreciable harm (+0.2).
ax. One trial was not included in the meta-analysis because it reported a within-group change score (Huang 2019: 46 participants total; rated as overall low risk of bias). No significant difference between groups for mean change from baseline.
ay. Inconsistency: We downgraded twice. The point estimates vary with little overlap in confidence intervals. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 84%); this could not be explained due to small subgroups and may represent considerable heterogeneity.
az. Inconsistency: We did not downgrade. The point estimates are similar with overlapping confidence intervals. Statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 40%).
ba. Inconsistency: We downgraded twice. The point estimates vary with little overlap in confidence intervals. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 77%); this could not be explained due to small subgroups and may represent considerable heterogeneity.
bb. Imprecision: We downgraded twice. The point estimate reached the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable harm (+0.2).
bc. Inconsistency: We did not downgrade. There is some similarity in point estimates and overlapping confidence intervals. Statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 38%).
bd. Imprecision: We did not downgrade. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The upper and lower boundaries of the 95% CI do not cross the threshold for what may be considered appreciable benefit (-0.2) or harm (+0.2).
be. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable harm (+0.2), but the lower boundary does not cross the threshold for what may be considered appreciable benefit (-0.2).
bf. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-0.2), but the upper boundary does not cross the threshold for what may be considered appreciable harm (+0.2).
bg. Inconsistency: We downgraded once. There is some similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 30% and 60% (i.e., I2 = 51%). This could not be explained due to small subgroups and may represent moderate heterogeneity.
bh. Imprecision: We did not downgrade. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The upper and lower boundaries of the 95% CI do not cross the threshold for what may be considered appreciable benefit (-0.2) or harm (+0.2).
bi. Inconsistency: We did not downgrade. There is some similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 31%).
bj. Inconsistency: We downgraded once. There is some similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 30% and 60% (i.e., I2 = 46%); this could not be explained due to small subgroups and may represent moderate heterogeneity.
bk. Imprecision: We downgraded twice. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-0.2), and the upper boundary crosses the threshold for what may be considered appreciable harm (+0.2).
bl. Imprecision: We did not downgrade. The point estimate reached the threshold for what may be considered appreciable benefit (SMD ≥ 0.2). The confidence interval does not cross the null.
bm. Risk of bias: We downgraded once because some of the weight (<50%) comes from unclear (i.e., some concerns) risk of bias trials.
bn. One trial was not included in the meta-analysis because it reported a within-group change score (Huang 2019: 46 participants total; rated as overall low risk of bias). No significant difference between groups for mean change from baseline on any of the subscales.
bo. Cho 2013: Participants had an unknown presence of leg pain, and received acupuncture type TCM with manual stimulation. The trial did not stratify results based on gender, age, or race/ethnicity.
bp. Inconsistency: We downgraded twice. The point estimates varied with little overlap in the confidence intervals. Statistical heterogeneity is between 50% and 90% (i.e., I2 = 74%); this could not be explained due to small subgroups and may represent substantial heterogeneity.
bq. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The confidence interval crosses the null.
br. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (+0.2), but the lower boundary does not cross the threshold for what may be considered appreciable harm (-0.2).
bs. One trial was not included in the meta-analysis due to missing data (Cherkin 2009: 638 participants total, rated as overall unclear risk of bias). Clinically unimportant (MD<10, scale 0-100) but statistically significant difference between groups for mean change in PCS and MCS (p<0.001) favouring acupuncture.
bt. Imprecision: We did not downgrade. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The upper and lower boundaries of the 95% CI do not cross the threshold for what may be considered appreciable benefit (+0.2) or harm (-0.2).
bu. Imprecision: We downgraded twice. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable harm (-0.2), and the upper boundary crosses the threshold for what may be considered appreciable benefit (+0.2).

bv. Inconsistency: We downgraded twice. The point estimates differed with little overlap in confidence intervals. Statistical heterogeneity is between 50% and 90% (i.e., I2 = 70%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
bw. Three trials were not included in the meta-analysis due to missing data. Cho 2013 (ID#: 2002): 130 participants total, rated as overall unclear risk of bias. Authors reported no serious events; 10 minor to moderate adverse events in acupuncture group (none persisted more than 1 week): pain; bruising at acupuncture site; pain, numbness or other bothersomeness in leg; shoulder pain. Haake 2007 (ID#: 2003): 774 participants total, rated as overall low risk of bias. Authors reported 476 clinically relevant adverse effects by 257 patients (22.6%) with no significant difference between groups. Molsberger 2002 (ID#: 2007): 186 participants total, rated as overall high risk of bias. Authors reported no important adverse events or side effects were observed in any group.
bx. Minor adverse events: Brinkhaus 2006: hematoma, bleeding in both groups. Cherkin 2009: mostly short-term pain with individualized or standardized acupuncture (1 participant reported pain lasting 1 month). Huang 2019: subcutaneous hematoma after acupuncture. Kong 2020: minor pain, bruising, skin rash, and slight bleeding at needle site; mild reaction to prone position included nausea, dizziness, and mild back ache in both groups. Koppenhaver 2021: pain during treatment, dizziness, unspecified emotional change. Yuan 2016: transient worsening back pain, acupuncture point bruise, back and leg numbness and discomfort, shoulder pain (up to 1 week) in both groups.
by. Inconsistency: We downgraded twice. The point estimates vary with little overlap in the confidence intervals. Statistical heterogeneity is between 50% and 90% (i.e., I2 = 63%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
bz. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (OR ≥ 1.10). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (0.90).
ca. Minor adverse events: Huang 2019: subcutaneous hematoma after needling.
cb. Risk of bias: We did not downgrade because all of the weight comes from low risk of bias trials.
cc. Minor adverse events: Cherkin 2009: mostly short-term pain with individualized or standardized acupuncture (1 participant reported pain lasting 1 month).
cd. Molsberger 2002 (ID#: 2007) was not included in meta-analysis due to missing data, 186 participants total, rated as overall high risk of bias. Authors reported no important adverse events or side effects were observed in any group.
ce. Minor adverse events: Brinkhaus 2006: hematoma, bleeding in both groups. Kong 2020: minor pain, bruising, skin rash, and slight bleeding at needle site; mild reaction to prone position included nausea, dizziness, and mild back ache in both groups. Koppenhaver 2021: pain during treatment, dizziness, unspecified emotional change. Yuan 2016: transient worsening back pain, acupuncture point bruise, back and leg numbness and discomfort, shoulder pain (up to 1 week) in both groups.
cf. Minor adverse events: Cherkin 2009: mostly short-term pain with individualized or standardized acupuncture (1 participant reported pain lasting 1 month). Huang 2019: subcutaneous hematoma after acupuncture. Yuan 2016: transient worsening back pain, acupuncture point bruise, back and leg numbness and discomfort, shoulder pain (up to 1 week) in both groups.
cg. Inconsistency: We downgraded once. There is some similarity between point estimates and overlapping confidence intervals. Statistical heterogeneity is between 30% and 60% (i.e., I2 = 57%). This could not be explained due to small subgroups and may represent moderate heterogeneity.
ch. Minor adverse events: Koppenhaver 2021: pain during treatment, dizziness, unspecified emotional change.
ci. Minor adverse events: Brinkhaus 2006: hematoma, bleeding in both groups. Cherkin 2009: mostly short-term pain with individualized or standardized acupuncture (1 participant reported pain lasting 1 month). Kong 2020: minor pain, bruising, skin rash, and slight bleeding at needle site; mild reaction to prone position included nausea, dizziness, and mild back ache in both groups.
cj. Inconsistency: We downgraded twice. The point estimates are in different directions with no overlap in confidence intervals. Statistical heterogeneity is between 50% and 90% (i.e., I2 = 89%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
ck. Two studies were not included in the meta-analysis due to missing data. Cho 2013 (ID#: 2002): 130 participants total, rated as overall unclear risk of bias, authors reported no serious events; 10 minor to moderate adverse events in acupuncture group (none persisted more than 1 week) including pain, bruising at acupuncture site. Molsberger 2002 (ID#: 2007): 186 participant total, rated as overall high risk of bias, authors reported no important adverse events or side effects were observed in any group.
cl. Minor adverse events: Brinkhaus 2006: hematoma, bleeding in both groups. Koppenhaver 2021: pain during treatment, dizziness, unspecified emotional change. Yuan 2016: transient worsening back pain, acupuncture point bruise, back and leg numbness and discomfort, shoulder pain (up to 1 week) in both groups.
cm. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (OR ≥ 0.90). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable harm (1.10), but the lower boundary does not cross the threshold for what may be considered appreciable harm (0.90).
cn. Minor adverse events: Kong 2020: minor pain, bruising, skin rash, and slight bleeding at needle site; mild reaction to prone position included nausea, dizziness, and mild back ache in both groups.
co. One trial was not included in the meta-analysis due to missing data. Haake 2007 (ID#: 2003): 774 participants total, rated as overall low risk of bias; authors reported 476 clinically relevant adverse effects by 257 patients (22.6%) with no significant difference between groups.

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GRADE Table 2: ***What are the benefits and harms of acupuncture in the management of community-dwelling adults (including older adults aged 60 years and over) with chronic primary low back pain (with or without leg pain) compared to no intervention or interventions where the effect of acupuncture could be isolated?***

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
ALL ADULTS												
Pain (follow-up: closest to 2 weeks; assessed with: VAS, NRS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
21[1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,a,b]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	859	858	-	MD **1.21 lower** (1.5 lower to 0.92 lower)	⨁⨁◯◯ Low	CRITICAL
Pain (mixed females and males) (follow-up: closest to 2 weeks; assessed with: VAS, NRS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
19[1,2,3,4,6,7,8,9,10,11,12,13,14,15,17,18,19,20,21,b]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	800	799	-	MD **1.22 lower** (1.48 lower to 0.97 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in males (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[16,a]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	40	40	-	MD **1.99 lower** (2.86 lower to 1.12 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults (gender not reported) (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

Web Annex D.B2: ETD summary for WHO Guideline on non-surgical management of chronic primary low back pain in adults

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[5]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	19	19	-	MD **0.3 higher** (0.1 higher to 0.5 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults without leg pain (follow-up: closest to 2 weeks; assessed with: VAS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
8[1,2,3,4,10,16,20,21,a]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	272	271	-	MD **1.83 lower** (2.76 lower to 0.91 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults with radicular leg pain (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
6[6,12,13,15,17,18]	randomized trials	very serious[c]	not serious[d]	not serious[i]	not serious[k]	none	257	257	-	MD **0.75 lower** (0.95 lower to 0.55 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults either with or without leg pain (follow-up: closest to 2 weeks; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
3[7,11,14]	randomized trials	very serious[c]	not serious[d]	not serious[e]	serious[l]	none	181	181	-	MD **1.32 lower** (1.49 lower to 1.16 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with unclassified presence of leg pain (follow-up: closest to 2 weeks; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
4[5,8,9,19,b]	randomized trials	very serious[c]	serious[m]	not serious[e]	serious[l]	none	149	149	-	MD **0.68 lower** (1.44 lower to 0.08 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults in high to upper-middle income countries (follow-up: closest to 2 weeks; assessed with: VAS, NRS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
18[1,2,3,4,6,7,8,9,10,12,13,14,15,17,18,19,20,21,b]	randomized trials	very serious[c]	not serious[d]	not serious[j]	not serious[f]	none	785	784	-	MD **1.2 lower** (1.46 lower to 0.94 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults in low- or lower middle-income countries (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
3[5,11,16,a]	randomized trials	very serious[c]	serious[n]	not serious[o]	very serious[i]	none	74	74	-	MD **1.38 lower** (3.02 lower to 0.26 higher)	⨁◯◯◯ Very low	CRITICAL
Pain stratified by race/ethnicity (follow-up: closest to 2 weeks)												
0												
Pain in adults treated with acupuncture type TCM (follow-up: closest to 2 weeks; assessed with: VAS, NRS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
19[1,2,3,4,6,7,8,9,10,12,13,14,15,16,17,18,19,20,21,a,b]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	825	824	-	MD **1.24 lower** (1.49 lower to 0.99 lower)	⨁⨁◯◯ Low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Pain in adults treated with acupuncture type myofascial (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[11]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	15	15	-	MD **2.17 lower** (3.49 lower to 0.85 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture (type not reported) (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[5]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	19	19	-	MD **0.3 higher** (0.1 higher to 0.5 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with manual stimulation (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
8[2,6,8,9,13,17,20,21]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	362	363	-	MD **1.38 lower** (1.84 lower to 0.92 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults treated with acupuncture with electrical stimulation (follow-up: closest to 2 weeks; assessed with: VAS, NRS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
5[1,4,5,14,16,a]	randomized trials	very serious[c]	not serious[d]	not serious[e]	serious[l]	none	125	124	-	MD **1.21 lower** (2.22 lower to 0.21 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with heat stimulation (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[12]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	46	45	-	MD **1.23 lower** (1.6 lower to 0.86 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with mixed stimulation methods (follow-up: closest to 2 weeks; assessed with: VAS, NRS; benefit indicated by lower values; scale: 0 to 10)												
4[7,15,18,19]	randomized trials	very serious[c]	not serious[d]	not serious[i]	not serious[f]	none	257	257	-	MD **1.11 lower** (1.43 lower to 0.79 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults treated with acupuncture without stimulation (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
2[3,11,q]	randomized trials	very serious[c]	not serious[d]	not serious[e]	very serious[i]	none	50	50	-	MD **1.28 lower** (2.69 lower to 0.13 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with threading stimulation (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[10,r]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	19	19	-	MD **0.78 lower** (2.16 lower to 0.6 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults after removing high risk of bias studies (follow-up: closest to 2 weeks; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
2[10,20]	randomized trials	very serious[c]	not serious[d]	not serious[i]	very serious[i]	none	69	69	-	MD **1.79 lower** (3.59 lower to 0.02 higher)	⨁◯◯◯ Very low	CRITICAL
Pain (follow-up: closest to 3 months; assessed with: VAS, NRS, BPI, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
9[1,4,13,14,16,20,21,22,23,a,s]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	420	342	-	MD **1.56 lower** (2.18 lower to 0.95 lower)	⨁⨁◯◯ Low	CRITICAL
Pain (mixed females and males) (follow-up: closest to 3 months; assessed with: VAS, NRS, BPI, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
8[1,4,13,14,20,21,22,23,s]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	380	302	-	MD **1.57 lower** (2.28 lower to 0.86 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in males (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[16,a]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	40	40	-	MD **1.54 lower** (2.48 lower to 0.61 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in females (follow-up: closest to 3 months)												
0												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Pain stratified by race/ethnicity (follow-up: closest to 3 months)												
0												
Pain in adults with radicular leg pain (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[13]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	40	40	-	MD **0.61 lower** (0.91 lower to 0.31 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults without leg pain (follow-up: closest to 3 months; assessed with: VAS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
6[1,4,16,20,21,23,a]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	317	239	-	MD **1.89 lower** (2.55 lower to 1.22 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults either with or without leg pain (follow-up: closest to 3 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
1[14]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	26	26	-	MD **1.81 lower** (3.03 lower to 0.59 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: BPI; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[22,s]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	37	37	-	MD **0.05 higher** (1.4 lower to 1.5 higher)	⨁◯◯◯ Very low	CRITICAL
Pain in adults in high to upper-middle income countries (follow-up: closest to 3 months; assessed with: VAS, NRS, BPI, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
8[1,4,13,14,20,21,22,23,s]	randomized trials	very serious[c]	not serious[d]	not serious[j]	not serious[f]	none	380	302	-	MD **1.57 lower** (2.28 lower to 0.86 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults in low- or lower middle-income countries (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
1[16]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	40	40	-	MD **1.54 lower** (2.48 lower to 0.61 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: VAS, NRS, BPI, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
8[1,4,13,14,16,20,21,22,a,s]	randomized trials	very serious[c]	not serious[d]	not serious[e]	not serious[f]	none	280	268	-	MD **1.45 lower** (2.07 lower to 0.83 lower)	⨁⨁◯◯ Low	CRITICAL
Pain in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[23]	randomized trials	very serious[c]	not serious[g]	serious[p]	serious[l]	none	140	74	-	MD **2.41 lower** (3.15 lower to 1.67 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												
4[13,20,21,23]	randomized trials	very serious[c]	not serious[d]	not serious[e]	serious[t]	none	277	200	-	MD **1.69 lower** (2.9 lower to 0.48 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture with electrical stimulation (follow-up: closest to 3 months; assessed with: VAS, NRS, Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
4[1,4,14,16,a]	randomized trials	very serious[c]	not serious[d]	not serious[e]	serious[l]	none	106	105	-	MD **1.65 lower** (2.29 lower to 1.02 lower)	⨁◯◯◯ Very low	CRITICAL
Pain in adults treated with acupuncture (no stimulation) (follow-up: closest to 3 months; assessed with: BPI; benefit indicated by lower values; scale: 0 to 10)												
1[22,s,u]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	37	37	-	MD **0.05 higher** (1.4 lower to 1.5 higher)	⨁◯◯◯ Very low	CRITICAL
Pain after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: VAS; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[20]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	50	50	-	MD **0.92 lower** (1.89 lower to 0.05 higher)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, JOA, Aberdeen; benefit indicated by lower values)												
19[1,2,3,4,5,6,7,8,9,10,11,12,13,14,16,17,18,19,20,a,v]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	770	771	-	SMD **1.39 lower** (2 lower to 0.77 lower)	⨁⨁◯◯ Low	CRITICAL
Function (mixed females and males) (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, JOA, Aberdeen; benefit indicated by lower values)												
17[1,2,3,4,6,7,8,9,10,11,12,13,14,17,18,19,20,v]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	711	712	-	SMD **1.66 lower** (2.29 lower to 1.04 lower)	⨁⨁◯◯ Low	CRITICAL
Function in males (follow-up: closest to 2 weeks; assessed with: RMDQ; benefit indicated by lower values)												
1[16,a]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	40	40	-	SMD **1.01 lower** (1.48 lower to 0.55 lower)	⨁◯◯◯ Very low	CRITICAL
Function (gender not reported) (follow-up: closest to 2 weeks; assessed with: ODI; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[5]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	19	19	-	SMD **2.93 higher** (1.98 higher to 3.87 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults with radicular leg pain (follow-up: closest to 2 weeks; assessed with: ODI, JOA; benefit indicated by lower values)												
5[6,12,13,17,18]	randomized trials	very serious[c]	not serious[w]	not serious[i]	not serious[f]	none	226	228	-	SMD **2.03 lower** (3.05 lower to 1 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults either with or without leg pain (follow-up: closest to 2 weeks; assessed with: ODI, Aberdeen; benefit indicated by lower values)												
3[7,11,14]	randomized trials	very serious[c]	serious[x]	not serious[e]	very serious[y]	none	181	181	-	SMD **1.99 lower** (4.9 lower to 0.92 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults without leg pain (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, JOA; benefit indicated by lower values)												
7[1,2,3,4,10,16,20,a]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	214	213	-	SMD **1.02 lower** (1.42 lower to 0.61 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults with unclassified presence of leg pain (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
4[5,8,9,18,v]	randomized trials	very serious[c]	serious[z]	not serious[e]	very serious[y]	none	149	149	-	SMD **0.8 lower** (2.74 lower to 1.15 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults in high to upper-middle income countries (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, JOA, Aberdeen; benefit indicated by lower values)												
16[1,2,3,4,6,7,8,9,10,12,13,14,17,18,19,20,v]	randomized trials	very serious[c]	not serious[w]	not serious[i]	not serious[f]	none	696	697	-	SMD **1.75 lower** (2.39 lower to 1.1 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults in low- or lower middle-income countries (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI; benefit indicated by lower values)												
3[5,11,16,a]	randomized trials	very serious[c]	serious[aa]	not serious[o]	very serious[i]	none	74	74	-	SMD **0.11 higher** (1.44 lower to 1.67 higher)	⨁◯◯◯ Very low	CRITICAL
Function stratified by race/ethnicity (follow-up: closest to 2 weeks)												
0												CRITICAL
Function in adults treated with acupuncture type TCM (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, JOA, Aberdeen; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
17[1,2,3,4,6,7,8,9,10,12,13,14,16,17,18,19,20,a,v]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	736	737	-	SMD **1.67 lower** (2.26 lower to 1.08 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults treated with acupuncture type myofascial (follow-up: closest to 2 weeks; assessed with: ODI; benefit indicated by lower values)												
1[11]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	15	15	-	SMD **0.32 lower** (1.04 lower to 0.4 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture (type not reported) (follow-up: closest to 2 weeks; assessed with: ODI; benefit indicated by lower values)												
1[5]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	19	19	-	SMD **2.93 higher** (1.98 higher to 3.87 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with manual stimulation (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, JOA; benefit indicated by lower values)												
7[2,6,8,9,13,17,20]	randomized trials	very serious[c]	not serious[w]	not serious[j]	not serious[f]	none	304	305	-	SMD **1.14 lower** (1.57 lower to 0.71 lower)	⨁⨁◯◯ Low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Function in adults treated with acupuncture with electrical stimulation (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI, Aberdeen; benefit indicated by lower values)												
5[1,4,5,14,16]	randomized trials	very serious[c]	serious[ab]	not serious[e]	very serious[y]	none	125	124	-	SMD **0.38 lower** (1.35 lower to 0.59 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with heat stimulation (follow-up: closest to 2 weeks; assessed with: JOA; benefit indicated by lower values)												
1[12]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	45	46	-	SMD **3.44 lower** (4.1 lower to 2.79 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with mixed stimulation methods (follow-up: closest to 2 weeks; assessed with: ODI, JOA; benefit indicated by lower values)												
3[7,18,19]	randomized trials	very serious[c]	not serious[w]	not serious[j]	not serious[f]	none	227	227	-	SMD **3.73 lower** (4.84 lower to 2.62 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults treated with acupuncture without stimulation (follow-up: closest to 2 weeks; assessed with: ODI; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
2[3,11,v]	randomized trials	very serious[c]	serious[ac]	not serious[e]	very serious[i]	none	50	50	-	SMD **1.32 lower** (3.27 lower to 0.62 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with threading stimulation (follow-up: closest to 2 weeks; assessed with: RMDQ; benefit indicated by lower values)												
1[10]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	19	19	-	SMD **0.15 lower** (0.79 lower to 0.49 higher)	⨁◯◯◯ Very low	CRITICAL
Function after removing high risk of bias studies (follow-up: closest to 2 weeks; assessed with: RMDQ, ODI; benefit indicated by lower values)												
2[10,20]	randomized trials	very serious[c]	serious[ad]	not serious[i]	very serious[i]	none	69	69	-	SMD **0.59 lower** (1.36 lower to 0.19 higher)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 3 months; assessed with: RMDQ, ODI, JOA, BPI, Hannover, Aberdeen; benefit indicated by lower values)												
8[1,4,13,14,16,20,22,23,ae,af]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	287	352	-	SMD **0.57 lower** (0.92 lower to 0.22 lower)	⨁⨁◯◯ Low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Function (mixed females and males) (follow-up: closest to 3 months; assessed with: RMDQ, ODI, JOA, BPI, Hannover, Aberdeen; benefit indicated by lower values)												
7[1,4,13,14,20,22,23,ae,af]	randomized trials	very serious[c]	not serious[w]	not serious[i]	not serious[f]	none	267	332	-	SMD **0.56 lower** (0.95 lower to 0.17 lower)	⨁⨁◯◯ Low	CRITICAL
Function in males (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values)												
1[16]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	20	20	-	SMD **0.67 lower** (1.31 lower to 0.04 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults with radicular leg pain (follow-up: closest to 3 months; assessed with: JOA; benefit indicated by lower values)												
1[13]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	40	40	-	SMD **1.05 lower** (1.52 lower to 0.58 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults either with or without leg pain (follow-up: closest to 3 months; assessed with: Aberdeen; benefit indicated by lower values)												
1[14]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	26	26	-	SMD **0.5 lower** (1.05 lower to 0.05 higher)	⨁◯◯◯ Very low	CRITICAL CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Function in adults without leg pain (follow-up: closest to 3 months; assessed with: RMDQ, ODI, Hannover; benefit indicated by lower values)												
5[1,4,16,20,23,af]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	184	249	-	SMD **0.65 lower** (0.95 lower to 0.34 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults with unclassified presence of leg pain (follow-up: closest to 3 months; assessed with: BPI; benefit indicated by lower values)												
1[22,ae]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	37	37	-	SMD **0.43 higher** (0.03 lower to 0.89 higher)	⨁◯◯◯ Very low	CRITICAL
Function in adults in high to upper-middle income countries (follow-up: closest to 3 months; assessed with: RMDQ, ODI, JOA, BPI, Hannover, Aberdeen; benefit indicated by lower values)												
7[1,4,13,14,20,22,23,ae,af]	randomized trials	very serious[c]	not serious[w]	not serious[i]	not serious[f]	none	267	332	-	SMD **0.56 lower** (0.95 lower to 0.17 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults in low- or lower middle-income countries (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[16]	randomized trials	very serious[c]	not serious[g]	serious[h]	very serious[i]	none	20	20	-	SMD **0.67 lower** (1.31 lower to 0.04 lower)	⨁◯◯◯ Very low	CRITICAL
Function stratified by race/ethnicity (follow-up: closest to 3 months)												
0												
Function in adults treated with acupuncture type TCM (follow-up: closest to 3 months; assessed with: RMDQ, ODI, JOA, BPI, Hannover, Aberdeen; benefit indicated by lower values)												
7[1,4,13,14,16,20,22,ae,af]	randomized trials	very serious[c]	not serious[w]	not serious[e]	not serious[f]	none	213	212	-	SMD **0.6 lower** (1.04 lower to 0.15 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults treated with acupuncture type mixed (TCM, myofascial) (follow-up: closest to 3 months; assessed with: Hannover; benefit indicated by lower values)												
1[23]	randomized trials	very serious[c]	not serious[g]	serious[p]	serious[l]	none	74	140	-	SMD **0.48 lower** (0.77 lower to 0.2 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture with manual stimulation (follow-up: closest to 3 months; assessed with: ODI, JOA, Hannover; benefit indicated by lower values)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
3[13,20,23]	randomized trials	very serious[c]	not serious[w]	not serious[i]	not serious[f]	none	164	230	-	SMD **0.58 lower** (0.97 lower to 0.2 lower)	⨁⨁◯◯ Low	CRITICAL
Function in adults treated with acupuncture with electrical stimulation (follow-up: closest to 3 months; assessed with: RMDQ, Aberdeen; benefit indicated by lower values)												
4[1,4,14,16]	randomized trials	very serious[c]	not serious[w]	not serious[e]	very serious[i]	none	86	85	-	SMD **0.82 lower** (1.15 lower to 0.49 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults treated with acupuncture without stimulation (follow-up: closest to 3 months; assessed with: BPI; benefit indicated by lower values)												
1[22,ae,ag]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	37	37	-	SMD **0.43 higher** (0.03 lower to 0.89 higher)	⨁◯◯◯ Very low	CRITICAL
Function after removing high risk of bias studies (follow-up: closest to 3 months; assessed with: ODI; benefit indicated by lower values)												
1[20]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	50	50	-	SMD **0.3 lower** (0.69 lower to 0.1 higher)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 6 months; assessed with: Hannover; benefit indicated by lower values; scale: 0 to 100)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[23,ah]	randomized trials	very serious[c]	not serious[g]	serious[p]	serious[l]	none	74	140	-	MD **8.3 lower** (13.93 lower to 2.67 lower)	⨁◯◯◯ Very low	CRITICAL
Function stratified by gender (follow-up: closest to 6 months)												
0												
Function in adults without leg pain (follow-up: closest to 6 months; assessed with: Hannover; benefit indicated by lower values; scale: 0 to 100)												
1[23]	randomized trials	very serious[c]	not serious[g]	not serious	serious[l]	none	74	140	-	MD **8.3 lower** (13.93 lower to 2.67 lower)	⨁◯◯◯ Very low	CRITICAL
Function in adults in high to upper-middle income countries (follow-up: closest to 6 months; assessed with: Hannover; benefit indicated by lower values; scale: 0 to 100)												
1[23]	randomized trials	very serious[c]	not serious[g]	not serious	serious[l]	none	74	140	-	MD **8.3 lower** (13.93 lower to 2.67 lower)	⨁◯◯◯ Very low	CRITICAL
Trials on function stratified by race/ethnicity, after removing high risk of bias studied or in adults in low- or lower middle-income countries not identified												
0												
Health-related quality of life (follow-up: closest to 2 weeks; assessed with: EQ-5D; benefit indicated by higher values; scale: 0 to 1)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
1[10]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	19	19	-	MD **0.02 higher** (0.09 lower to 0.14 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults without leg pain (follow-up: closest to 2 weeks; assessed with: EQ-5D; benefit indicated by higher values; scale: 0 to 1)												
1[10]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	19	19	-	MD **0.02 higher** (0.09 lower to 0.14 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life in adults in high to upper-middle income countries (follow-up: closest to 2 weeks; assessed with: EQ-5D; benefit indicated by higher values; scale: 0 to 1)												
1[10]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	19	19	-	MD **0.02 higher** (0.09 lower to 0.14 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on health-related quality of life stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Health-related quality of life in adults treated with acupuncture type TCM (follow-up: closest to 2 weeks; assessed with: EQ-5D; benefit indicated by higher values; scale: 0 to 1)												
1[10,ai]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	19	19	-	MD **0.02 higher** (0.09 lower to 0.14 higher)	⨁◯◯◯ Very low	CRITICAL

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Health-related quality of life (follow-up: closest to 3 months; assessed with: SF-36 (PCS); benefit indicated by higher values; scale: 0 to 100)												
1[23,ah,aj]	randomized trials	very serious[c]	not serious[g]	serious[p]	serious[l]	none	140	74	-	MD **6.6 higher** (3.9 higher to 9.3 higher)	⨁◯◯◯ Very low	CRITICAL
Health-related quality of life (follow-up: closest to 3 months; assessed with: SF-36 (MCS); benefit indicated by higher values; scale: 0 to 100)												
1[23,ah,ak]	randomized trials	very serious[c]	not serious[g]	serious[p]	serious[l]	none	140	74	-	MD **1.2 higher** (1.86 lower to 4.26 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on health-related quality of life stratified by gender, race/ethnicity, in adults in low- or lower middle-income countries or after removing high risk of bias studies not identified												
0												
Depression (follow-up: closest to 3 months; assessed with: General Depression Scale; benefit indicated by lower values; scale: 0 to 61)												
1[23,ah]	randomized trials	very serious[c]	not serious[g]	serious[p]	serious[l]	none	140	74	-	MD **0.8 lower** (3.6 lower to 2 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on depression stratified by gender, race/ethnicity, in adults in low- or lower middle-income countries, after removing high risk of bias studies and in adults with leg pain not identified												
0												
Trial on other psychological functioning or social participation not identified												
0												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
Adverse events/harms during intervention period (acupuncture type TCM)												
3[20,24,25,al,am]	randomized trials	very serious[c]	serious[an]	not serious[i]	very serious[ao]	none	11/113 (9.7%)	2/110 (1.8%)	**OR 3.12** (0.42 to 23.44)	**36 more per 1,000** (from 10 fewer to 285 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults without leg pain during intervention period												
2[20,24,al,ap]	randomized trials	very serious[c]	not serious[aq]	not serious[i]	very serious[ao]	none	9/90 (10.0%)	0/90 (0.0%)	**OR 8.77** (1.02 to 75.35)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults with unclassified presence of leg pain during intervention period												
1[25,ar]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[ao]	none	2/23 (8.7%)	2/20 (10.0%)	**OR 0.86** (0.11 to 6.72)	**13 fewer per 1,000** (from 88 fewer to 327 more)	⨁◯◯◯ Very low	CRITICAL
Trials on adverse events/harms stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries during intervention period not identified												
0												
Adverse events/harms in adults treated with acupuncture with manual stimulation during intervention period												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
2[20,25,al,as]	randomized trials	very serious[c]	serious[at]	not serious[i]	very serious[ao]	none	10/73 (13.7%)	2/70 (2.9%)	**OR 3.59** (0.14 to 94.80)	**67 more per 1,000** (from 24 fewer to 707 more)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms in adults treated with acupuncture (stimulation not reported) during intervention period												
1[24,au]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[ao]	none	1/40 (2.5%)	0/40 (0.0%)	**OR 3.08** (0.12 to 77.80)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
Adverse events/harms after removing high risk of bias studies during intervention period												
1[20,av]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[ao]	none	8/50 (16.0%)	0/50 (0.0%)	**OR 20.20** (1.13 to 360.28)	**0 fewer per 1,000** (from 0 fewer to 0 fewer)	⨁◯◯◯ Very low	CRITICAL
OLDER ADULTS (aged 60 years or more)												
Pain (follow-up: closest to 2 weeks; assessed with: Pain Scale; benefit indicated by lower values; scale: 0 to 10)												
1[4,aw,ax]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	24	23	-	MD **0.9 lower** (1.53 lower to 0.27 lower)	⨁◯◯◯ Very low	CRITICAL
Pain (follow-up: closest to 3 months; assessed with: Pain Scale; benefit indicated by lower values; scale: 0 to 10)												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	No treatment	Relative (95% CI)	Absolute (95% CI)		
14[,aw,ax]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	24	23	-	MD **1.1 lower** (1.62 lower to 0.58 lower)	⨁◯◯◯ Very low	CRITICAL
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Function (follow-up: closest to 2 weeks; assessed with: RMDQ; benefit indicated by lower values)												
14[,ax]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	24	23	-	SMD **1.1 lower** (1.71 lower to 0.48 lower)	⨁◯◯◯ Very low	CRITICAL
Function (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values)												
14[,ax]	randomized trials	very serious[c]	not serious[g]	serious[p]	very serious[i]	none	24	23	-	SMD **1.04 lower** (1.66 lower to 0.43 lower)	⨁◯◯◯ Very low	CRITICAL
Trials on function stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Trials on health-related quality of life, adverse events/harms, psychological functioning, change in use of medications or falls not identified												
0												

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BPI: Brief Pain Inventory; **CI:** confidence interval; **EQ-5D:** EuroQol 5 Dimensions; **JOA:** Japanese Orthopedic Association; **MD:** mean difference; **MCS:** Mental Component Summary; **OIS:** Optimal Information Size; **OR:** odds ratio; **NRS:** numerical rating scale; **ODI:** Oswestry Disability Index; **PCS:** Physical Component Summary; **RMDQ:** Roland Morris Disability Questionnaire; **SF-36:** Short Form Health Survey – 36-item; **SMD:** standardized mean difference; **TCM:** Traditional Chinese Medicine; **VAS:** Visual Analogue Scale

The following was used to guide the ratings.

Risk of bias: *Not serious:* all or most of the weight (>50%) comes from overall low risk of bias trial(s). *Serious:* some of the weight (<50%) comes from overall low risk of bias trial(s). *Very serious:* all or most of the weight (>50%) comes from overall high or unclear risk of bias trial(s).

Inconsistency: *Not serious:* high extent of similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 0% and 40%, which might not be important. *Serious:* some extent of similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 30% and 60%, which could not be explained due to small subgroups and may represent moderate heterogeneity. *Very serious:* little or no similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 50% and 90% or 75% and 100%, which could not be explained due to small subgroups and may represent substantial or considerable heterogeneity, respectively.

Indirectness: *Not serious:* trial(s) were conducted in different countries or settings. *Serious:* trial(s) were conducted from a single country/setting. *Very serious:* evidence is not directly related to PICO question.

Imprecision: *Not serious:* Optimal Information Size (OIS) was reached (i.e., sample sizes with at least 200 participants per group may provide prognostic balance); and the entire confidence interval lies on one side of the threshold that may be considered clinically important (≥10% scale range or SMD ≥0.2 for continuous variables, ≥10% for binary variables), such that the clinical course of action would not differ if the upper versus the lower boundary of the confidence interval represented the truth. *Serious:* OIS would not have been reached (sample sizes with less than 200 participants per group); if the OIS was reached, the clinical course of action might differ if the upper versus the lower boundary of the confidence interval represented the truth. *Very serious:* similar to 'serious' but to a greater extent (e.g., very small sample sizes and confidence intervals crossing appreciable benefit and harm).

Other considerations: *Not serious:* Publication bias is undetected. *Serious/very serious:* Publication bias is strongly suspected.

Explanations

a. Zaringhalam 2010 assessed two comparisons (there were 2 comparison groups). Both comparisons included in meta-analysis.
b. Two trials were not included in the meta-analysis because they reported within-group change scores. De Castro Moura 2019 (ID#: 32): 111 participants total, rated as overall high risk of bias. Clinically important (MD≥1, scale 0 to 10) and statistically significant within group mean difference for Chinese auricular acupuncture group: 1.38 (95% CI 0.43; 2.33); no significant within group changes for French auricular acupuncture or comparison group; no statistical comparison between groups. Weiß 2013 (ID#: 1153): 160 participants total, rated as overall high risk of bias. No significant difference between groups in the proportion of participants experiencing improvement in pain while sitting/standing or walking.
c. Risk of bias: We downgraded twice because all of the weight comes from high or unclear (i.e., some concerns) overall risk of bias trials.
d. Inconsistency: We did not downgrade. All or most trials are in the same direction, showing a reduction in pain.
e. Indirectness: We did not downgrade because the trials were conducted in different countries (high to low-income).
f. Imprecision: We did not downgrade. The point estimate reached the pre-specified threshold for what may be considered clinically important (MD ≥ 1 or SMD ≥ 0.2). The confidence interval does not cross the null.
g. Inconsistency: We did not downgrade; however, there are no other trials with which to compare findings.
h. Indirectness: We downgraded once; trial(s) conducted in one country (low or lower-middle income).
i. Imprecision: We downgraded twice. The sample size is small (OIS would not have been achieved).
j. Indirectness: We did not downgrade because the trials were conducted in different countries (high or upper-middle income).
k. Imprecision: We did not downgrade. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The confidence interval does not cross the null.
l. Imprecision: We downgraded once. The sample size is small (OIS would not have been achieved).
m. Inconsistency: We downgraded once. Most trials are in the same direction with similar point estimates. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 97%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
n. Inconsistency: We downgraded once. Most of the trials are in the same direction showing a reduction in pain. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 92%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
o. Indirectness: We did not downgrade because the trials were conducted in different countries (low or lower-middle income).

p. Indirectness: We downgraded once; trial(s) conducted in one country (high or upper-middle income).
q. One trial was not included in the meta-analysis because it reported within-group change scores. De Castro Moura 2019 (ID#: 32): 111 participants total; rated as overall high risk of bias. Clinically important (MD≥1, scale 0 to 10) and statistically significant within group mean difference for Chinese auricular acupuncture group: 1.38 (95% CI 0.43; 2.33); no significant within group changes for French auricular acupuncture or comparison group; no statistical comparison between groups.
r. One trial was not included in the meta-analysis because it reported within-group change scores. Weiß 2013 (ID#: 1153): 160 participants total, rated as overall high risk of bias. No significant difference between groups in the proportion of participants experiencing improvement in pain while sitting/standing or walking.
s. Two trials were not included in the meta-analysis because they reported within-group change scores. De Castro Moura 2019 (ID#: 32): 111 participants total, rated as overall high risk of bias. No significant within group changes acupuncture groups or comparison group; no statistical comparison between groups. Weiß 2013 (ID#: 1153): 160 participants total, rated as overall high risk of bias. Statistically significant difference between proportion of participants experiencing improvement in pain while sitting/standing ($p<0.01$) but not in pain while walking.
t. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-1).
u. Use of stimulation was not reported in Weiß 2013 (ID#: 1153).
v. One trial was not included in the meta-analysis because it reported within-group change scores. De Castro Moura 2019 (ID#: 32): 111 participants total; rated as overall high risk of bias. Clinically unimportant (MD<2.4, scale 0 to 24) but statistically significant within group mean difference for Chinese auricular acupuncture group: 1.56 (95% CI 0.10; 3.02); no significant within group changes for French auricular acupuncture or comparison group; no statistical comparison between groups.
w. Inconsistency: We did not downgrade. All or most trials are in the same direction, showing a reduction in functional limitation.
x. Inconsistency: We downgraded once. The results are in the same direction. One point estimate is much larger in magnitude; confidence intervals of the other studies do not overlap with it. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 99%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
y. Imprecision: We downgraded twice. The point estimate reached the pre-specified threshold for what may be considered clinically important (SMD ≥ 0.2). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-0.2), and the upper boundary crosses the threshold for what may be considered appreciable harm (+0.2).
z. Inconsistency: We downgraded once. The point estimates differ with little overlap in confidence intervals. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 98%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
aa. Inconsistency: We downgraded once. Most of the point estimates are in the same direction. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 94%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
ab. Inconsistency: We downgraded once. Most of the trials are in the same direction showing a reduction in functional limitation. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 92%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
ac. Inconsistency: We downgraded once. The point estimates are in the same direction. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 94%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
ad. Inconsistency: We downgraded once. The point estimates are in the same direction with little overlap between confidence intervals. Statistical heterogeneity is between 75% and 100% (i.e., I2 = 76%). This could not be explained due to small subgroups and may represent considerable heterogeneity.
ae. One trial was not included in the meta-analysis because it reported within-group change scores. De Castro Moura 2019 (ID#: 32): 111 participants total; rated as overall high risk of bias. No significant within group changes for acupuncture groups or comparison group; no statistical comparison between groups.
af. One trial was not included in the meta-analysis because it reported within-group change scores. Witt 2006 (ID#: 2010): 3093 participants total; rated as overall high risk of bias. Statistically significant difference between groups for mean percent disability reduction (scale 0 to 100) (22.0; 95% CI 19.3, 24.7; $p<0.001$) favouring acupuncture.
ag. Use of stimulation was not reported in Witt 2006 (ID#: 2010).
ah. Brinkhaus 2006: participants had no leg pain; in high to upper-middle income country; were treated with mixed acupuncture type (TCM, dry needling) with manual stimulation.
ai. Sung 2020: acupuncture with threading stimulation; rated as overall unclear risk of bias.
aj. One trial was not included in the meta-analysis because it reported within-group change scores. Witt 2006 (ID#: 2010): 3093 participants total; rated as overall high risk of bias. clinically unimportant (PCS: MD <10, scale 0-100) but statistically significant difference between groups for mean point increase in quality of life (4.7; 95% CI 4.0, 5.4; $p<0.001$) favouring acupuncture.
ak. One trial was not included in the meta-analysis because it reported within-group change scores. Witt 2006 (ID#: 2010): 3093 participants total; rated as overall high risk of bias. Clinically unimportant (MCS: MD<10, scale 0-100) but statistically significant different between groups for mean point increase in quality of life (2.1; 95% CI 1.4, 2.8; $p<0.001$) favouring acupuncture.
al. One trial was not included in meta-analysis due to missing data. Molsberger 2002 (ID#: 2007): 186 participants total, rated as overall high risk of bias. Authors reported no important adverse events or side effects were observed in any group.
am. Minor adverse events: Kerr 2003: increased tenderness, leg pain for a few days following treatment. Ushinohama 2016: dizziness in one participant (unknown treatment group allocation). Yuan 2016: transient (up to 1 week) worsening back pain, acupuncture point pain and bruising, back and leg numbness and discomfort, shoulder pain, foot pain.

an. Inconsistency: We downgraded once. The point estimates vary and have overlapping confidence intervals. Statistical heterogeneity is between 30% and 60% (i.e., I2 = 41%). This could not be explained due to small subgroups and may represent moderate heterogeneity.
ao. Imprecision: We downgraded twice due to small sample size and number of events.
ap. Minor adverse events: Ushinohama 2016: dizziness in one participant (unknown treatment group allocation). Yuan 2016: transient (up to 1 week) worsening back pain, acupuncture point pain and bruising, back and leg numbness and discomfort, shoulder pain, foot pain.
aq. Inconsistency: We did not downgrade. The point estimates are in the same direction with overlapping confidence intervals. Statistical heterogeneity is between 0% and 40%, which might not be important (i.e., I2 = 0%).
ar. Minor adverse events: Kerr 2003: increased tenderness, leg pain for a few days following treatment.
as. Minor adverse events: Kerr 2003: increased tenderness, leg pain for a few days following treatment. Yuan 2016: transient (up to 1 week) worsening back pain, acupuncture point pain and bruising, back and leg numbness and discomfort, shoulder pain, foot pain.
at. Inconsistency: We downgraded once. The point estimates go in different directions; there is some overlap in confidence intervals. Statistical heterogeneity is between 50% and 90% (i.e., I2 = 71%). This could not be explained due to small subgroups and may represent substantial heterogeneity.
au. Minor adverse events: Ushinohama 2016: dizziness in one participant (unknown treatment group allocation).
av. Minor adverse events: Yuan 2016: transient (up to 1 week) worsening back pain, acupuncture point pain and bruising, back and leg numbness and discomfort, shoulder pain, foot pain.
aw. Meng 2003: Pain Scale range not specified (assumed 0-10).
ax. Meng 2003: Participants had no leg pain, were in a high to upper-middle income country, and were treated with acupuncture type TCM with electrical stimulation.

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Web Annex D.B2: ETD summary for WHO Guideline on non-surgical management of chronic primary low back pain in adults

GRADE Table 3: ***What are the benefits and harms of acupuncture in the management of community-dwelling adults (including older adults aged 60 years and over) with chronic primary low back pain (with or without leg pain) compared to usual care?***

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Usual care	Relative (95% CI)	Absolute (95% CI)		
ALL ADULTS												
Pain (in adults with and without leg pain, in high-income country, treated with acupuncture type TCM) (follow-up: closest to 3 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
11[a]	randomized trials	very serious[b]	not serious[c]	not serious[d]	serious[e]	none	299	148	-	MD **1.35 lower** (1.86 lower to 0.84 lower)	⨁◯◯◯ Very low	CRITICAL
Pain (in adults with and without leg pain, in high-income country, treated with acupuncture type TCM) (follow-up: closest to 6 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
11[a]	randomized trials	very serious[b]	not serious[c]	not serious[d]	serious[f]	none	285	145	-	MD **0.65 lower** (1.17 lower to 0.13 lower)	⨁◯◯◯ Very low	CRITICAL
Pain (in adults with and without leg pain, in high-income country, treated with acupuncture type TCM) (follow-up: closest to 12 months; assessed with: NRS; benefit indicated by lower values; scale: 0 to 10)												
11[a]	randomized trials	very serious[b]	not serious[c]	not serious[d]	serious[g]	none	288	143	-	MD **0.5 lower** (1.02 lower to 0.02 higher)	⨁◯◯◯ Very low	CRITICAL
Trials on pain stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												

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Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Usual care	Relative (95% CI)	Absolute (95% CI)		
Function (in adults with and without leg pain, in high-income country, treated with acupuncture type TCM) (follow-up: closest to 3 months; assessed with: RMDQ; benefit indicated by lower values; scale: 0 to 24)												
11[1],[a]	randomized trials	very serious[b]	not serious[c]	not serious[d]	serious[h]	none	299	148	-	MD **2.55 lower** (3.7 lower to 1.4 lower)	⨁◯◯◯ Very low	CRITICAL
Function (in adults with and without leg pain, in high-income country, treated with acupuncture type TCM) (follow-up: closest to 6 months; assessed with: RMDQ; benefit indicated by lower values; scale: 0 to 24)												
11[1],[a]	randomized trials	very serious[b]	not serious[c]	not serious[d]	serious[i]	none	285	145	-	MD **1.65 lower** (2.83 lower to 0.47 lower)	⨁◯◯◯ Very low	CRITICAL
Function (in adults with and without leg pain, in high-income country, treated with acupuncture type TCM) (follow-up: closest to 12 months; assessed with: RMDQ; benefit indicated by lower values; scale: 0 to 24)												
11[1],[a]	randomized trials	very serious[b]	not serious[c]	not serious[d]	serious[i]	none	288	143	-	MD **1.9 lower** (3.15 lower to 0.65 lower)	⨁◯◯◯ Very low	CRITICAL
Trials on function stratified by gender, race/ethnicity or in adults in low- or lower middle-income countries not identified												
0												
Trials on health-related quality of life, adverse events/harms, psychological functioning and social participation not identified												
0												

OLDER ADULTS (aged 60 years or more)

Web Annex D.B2: ETD summary for WHO Guideline on non-surgical management of chronic primary low back pain in adults

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Usual care	Relative (95% CI)	Absolute (95% CI)		
Trials on pain, function, health-related quality of life, adverse events/harms, psychological functioning, change in use of medications and falls not identified												
0												

CI: confidence interval; **MD:** mean difference; **NRS:** numerical rating scale; **RMDQ:** Roland Morris Disability Questionnaire; **TCM:** Traditional Chinese Medicine

The following was used to guide the ratings.

Risk of bias: *Not serious:* all or most of the weight (>50%) comes from overall low risk of bias trial(s). *Serious:* some of the weight (<50%) comes from overall low risk of bias trial(s). *Very serious:* all or most of the weight (>50%) comes from overall high or unclear risk of bias trial(s).

Inconsistency: *Not serious:* high extent of similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 0% and 40%, which might not be important. *Serious:* some extent of similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 30% and 60%, which could not be explained due to small subgroups and may represent moderate heterogeneity. *Very serious:* little or no similarity of point estimates and overlap of confidence intervals; statistical heterogeneity (I^2) is between 50% and 90% or 75% and 100%, which could not be explained due to small subgroups and may represent substantial or considerable heterogeneity, respectively.

Indirectness: *Not serious:* trial(s) were conducted in different countries or settings. *Serious:* trial(s) were conducted from a single country/setting. *Very serious:* evidence is not directly related to PICO question.

Imprecision: *Not serious:* Optimal Information Size (OIS) was reached (i.e., sample sizes with at least 200 participants per group may provide prognostic balance); and the entire confidence interval lies on one side of the threshold that may be considered clinically important (≥10% scale range or SMD ≥0.2 for continuous variables, ≥10% for binary variables), such that the clinical course of action would not differ if the upper versus the lower boundary of the confidence interval represented the truth. *Serious:* OIS would not have been reached (sample sizes with less than 200 participants per group); if the OIS was reached, the clinical course of action might differ if the upper versus the lower boundary of the confidence interval represented the truth. *Very serious:* similar to 'serious' but to a greater extent (e.g., very small sample sizes and confidence intervals crossing appreciable benefit and harm).

Other considerations: *Not serious:* Publication bias is undetected. *Serious/very serious:* Publication bias is strongly suspected.

Explanations

a. Cherkin 2009 had 2 comparisons (both included in meta-analysis); acupuncture stimulation not reported; rated as overall unclear risk of bias.
b. Risk of bias: We downgraded twice because all of the weight comes from high or unclear (i.e., some concerns) risk of bias studies.
c. Inconsistency: We did not downgrade; however, there are no other studies with which to compare findings.
d. Indirectness: We downgraded once because the trial was conducted in one country (high-income).
e. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-1).
f. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-1).
g. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 1). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-1), but the upper boundary does not cross the threshold for what may be considered appreciable harm (+1).
h. Imprecision: We downgraded once. The point estimate reached the pre-specified threshold for what may be considered clinically important (MD ≥ 2.4). The upper boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-2.4).

i. Imprecision: We downgraded once. The point estimate did not reach the pre-specified threshold for what may be considered clinically important (MD ≥ 2.4). The lower boundary of the 95% CI crosses the threshold for what may be considered appreciable benefit (-2.4).

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