Supplementary Table 1. Components of trial methodology score

First author	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Score
Van de Windt[35]	4	5	10	4	6	4	10	1	4	0	4	10	1	4	8	70.5
De Jong[33]	2	5	5	4	6	1	11	3	4	4	4	10	1	2	5	59.5
Jacobs[30]	4	0	0	4	6	0	10	1	0	4	4	10	5	2	5	55
Gam[34]	4	0	0	6	6	4	10	0	0	0	4	8	2	4	5	54.5
Winters[32]	2	5	5	6	2	0	10	1	0	2	2	4	2	2	8	49.5
Richardson[27]	4	0	0	6	6	5	12	1	2	0	4	4	2	2	0	46.5
Bulgen[29]	2	0	0	0	2	5	12	0	0	0	4	4	1	4	5	42
Rizk[31]	2	0	0	6	0	2	8	0	0	0	2	4	1	4	2	34
Williams[28]	0	0	0	0	0	0	2	1	0	0	0	6	0	2	0	15

(A) 2 points if target population is defined by means of explicit selection criteria; 2 points if selection restricted to a population homogenous for relevant prognostic markers (for example, duration of complaint, pain at night, radiating pain, prior treatment).

(B) 5 points if number generation and concealed allocation is used for treatment allocation.

(C) 5 points if smallest group is bigger than 25 patients immediately after randomisation; 10 points if more than 50 patients; 15 points if more than 75 patients.

(D) 2 points each if study groups are comparable at baseline for: duration of the complaint, baseline scores for outcome measures, age, number of relapses, radiating pain.

(E) 6 points if no patient withdrew after randomisation; 2 points if the number of drop-outs is presented for each study group separately; 4 additional points if reasons for withdrawal are specified for each study group separately.

(F) Loss-to-follow-up: 1 point if less than 20% in each group; 4 points if it is less than 10% in each group.

(G) 1 point for every adequately described feature of injection and reference treatment: treatment type, steroid type or modality, needle placement or application technique, intensity or solution, treatment number and frequency, compliance; 2 additional points if both placebo and pragmatic control included.

(H) 1 point if co-interventions are comparable between groups; 3 points if they are standardised or avoided in the study design.

(I) 2 points if blinding of patients was attempted; 2 additional points if blinding for treatment contrasts proved successful.

(J) 2 points if blinding of therapists was attempted; 2 additional points if blinding for treatment contrast proved successful.

(K) 2 points if blinding of observer was attempted; 2 additional points if blinding for treatment contrast proved successful.

(L) 2 points for every assessed outcome measure: pain, success rate, functional status/activities of daily living, mobility/range of motion, medical consumption/medication or surgery.

(M) 1 point for every blindly assessed outcome measure, see (L).

(N) 2 points if outcomes were assessed immediately after last treatment; 2 additional points if this was done 3 months or later after randomisation.

(O) 5 points if data for most important outcome measure on the most important moment of effect measurement are adequately presented (frequencies/mean and standard deviation/centiles); 3 additional points for an adequate analysis with adjustment for drop-outs, loss-to-follow-up, missing values, non-compliance, and co-interventions if appropriate.

Shah N, Lewis M. Shoulder adhesive capsulitis: systematic review of randomised trials using multiple corticosteroid injections. *Br J Gen Pract 2007*; **57**(541): 662–668.