

Table 14: Clinical evidence profile: Comparison 2: selective dorsal rhizotomy, post-operative versus pre-operative outcomes

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SDR	Pre-operative	Relative (95% CI)	Absolute		
Walking (follow-up 5 years; measured with: Self rated ambulatory ability; range of scores: 0-10; Better indicated by higher values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	21	21	-	MD 2.3 higher (2 lower to 6.6 higher)	VERY LOW	CRITICAL
Walking (follow-up 5 years; measured with: walking, running & jumping sub-scale of GMFM; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	7	7	-	MD 15.09 higher (6.1 to 24.08 higher)	VERY LOW	CRITICAL
Gross motor function (follow-up 15 months; measured with: Jebsen-Taylor hand function test; range of scores: 0-720; Better indicated by lower values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	7	7	-	MD 35.29 lower (55.71 to 14.87 lower)	VERY LOW	CRITICAL
Gross motor function (follow-up 4 months; measured with: Gross Motor Function Measure (GMFM); range of scores: 0-100; Better indicated by higher values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	7	7	-	MD 6.25 higher (1.73 lower to 14.23 higher)	LOW	CRITICAL
Tone - hip adductors (follow-up 4 months; measured with: Modified Ashworth scale; range of scores: 0-4; Better indicated by lower values)												

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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SDR	Pre-operative	Relative (95% CI)	Absolute		
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	19	19	-	MD 2.11 lower (2.8 to 1.42 lower)	VERY LOW	CRITICAL
Tone - hamstrings (follow-up 4 months; measured with: Modified Ashworth scale; range of scores: 0-4; Better indicated by lower values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	19	19	-	MD 3.47 lower (3.83 to 3.11 lower)	VERY LOW	CRITICAL
Tone - gastroc / soleus (follow-up 4 months; measured with: Modified Ashworth scale; range of scores: 0-4; Better indicated by lower values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	19	19	-	MD 2.96 lower (3.52 to 2.4 lower)	VERY LOW	CRITICAL
Tone - wrist flexors (follow-up 15 months; measured with: Ashworth scale; range of scores: 1-5; Better indicated by lower values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	6	6	-	MD 2.5 lower (3.6 to 1.4 lower)	VERY LOW	CRITICAL
Tone - digital flexors (follow-up 15 months; measured with: Ashworth scale; range of scores: 1-5; Better indicated by lower values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	7	7	-	MD 2.28 lower (3.25 to 1.3 lower)	VERY LOW	CRITICAL
Health related quality of life (follow-up 5 years; measured with: Self rated visual analogue scale; range of scores: 0-10; Better indicated by higher values)												
1	observational studies	no serious	no serious inconsistency	no serious indirectness	serious ¹	none	21	21	-	MD 2 higher (2.3	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SDR	Pre-operative	Relative (95% CI)	Absolute		
		risk of bias								lower to 6.3 higher)		
Pain (follow-up 5 years; measured with: Self rated visual analogue scale; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	21	21	-	MD 1.9 lower (9.61 lower to 5.81 higher)	VERY LOW	IMPORTANT
Adverse events - not reported												
-	-	-	-	-	-	-	-	-	-	-		IMPORTANT
Satisfaction - not reported												
-	-	-	-	-	-	-	-	-	-	-		IMPORTANT
Concurrent medications - not reported												
-	-	-	-	-	-	-	-	-	-	-		IMPORTANT

CI: confidence interval; GMFM: Gross Motor Function Measure; MD: mean difference; MID: minimally important difference; SDR: selective dorsal rhizotomy

1 Confidence interval includes one default MID threshold

2 Number of participants <400