Appendix A. AAOS Carpal Tunnel Syndrome Diagnosis Guideline Work Group

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## Appendix B. Levels of evidence

<table>
<thead>
<tr>
<th>Level</th>
<th>Therapeutic Studies</th>
<th>Prognostic Studies</th>
<th>Diagnostic Studies</th>
<th>Economic &amp; Decision Analyses</th>
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<tr>
<td>Level I</td>
<td>• High quality randomized trial with statistically significant difference or no statistically significant difference but narrow confidence intervals&lt;br&gt;• Systematic Review of Level I RCTs (and study results were homogenous)</td>
<td>• High quality prospective study (all patients were enrolled at the same point in their disease with ≥ 80% follow-up of enrolled patients)&lt;br&gt;• Systematic review of Level I studies</td>
<td>• Testing of previously developed diagnostic criteria on consecutive patients (with universally applied “gold” standard)&lt;br&gt;• Systematic review of Level I studies</td>
<td>• Sensible costs and alternatives; values obtained from many studies; with multi-way sensitivity analyses&lt;br&gt;• Systematic review of Level I studies</td>
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<td>Level II</td>
<td>• Lesser quality RCT (e.g. &lt; 80% follow-up, no blinding, or improper randomization)&lt;br&gt;• Prospective comparative study&lt;br&gt;• Systematic review of Level II studies or Level 1 studies with inconsistent results</td>
<td>• Retrospective study&lt;br&gt;• Untreated controls from an RCT&lt;br&gt;• Lesser quality prospective study (e.g. patients enrolled at different points in their disease or &lt;80% follow-up.)&lt;br&gt;• Systematic review of Level II studies</td>
<td>• Development of diagnostic criteria on consecutive patients (with universally applied reference “gold” standard)&lt;br&gt;• Systematic review of Level II studies</td>
<td>• Sensible costs and alternatives; values obtained from limited studies; with multi-way sensitivity analyses&lt;br&gt;• Systematic review of Level II studies</td>
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<tr>
<td>Level III</td>
<td>• Case control study&lt;br&gt;• Retrospective comparative study&lt;br&gt;• Systematic review of Level III studies</td>
<td>• Case control study</td>
<td>• Study of non-consecutive patients; without consistently applied reference “gold” standard&lt;br&gt;• Systematic review of Level III studies</td>
<td>• Analyses based on limited alternatives and costs; and poor estimates&lt;br&gt;• Systematic review of Level III studies</td>
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<tr>
<td>Level IV</td>
<td>Case Series</td>
<td>Case series</td>
<td>• Case-control study&lt;br&gt;• Poor reference standard</td>
<td>• Analyses with no sensitivity analyses</td>
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Appendix C. Data Extraction Forms

a. Study and patient characteristics
b. Diagnostic data
c. Diagnostic and outcomes data (1)

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<th>Author</th>
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<th>Diag. Type</th>
<th>Positive Test (PT)</th>
<th>Positive Surgical Outcome (PSO)</th>
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<th>Effect Size*</th>
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d. Diagnostic and outcomes data (2)

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Appendix D. Bibliography of excluded studies


70


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carpal tunnel syndrome. Assessment of wrist flexion and nerve compression. J.Bone

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the small palm muscles compared to other conduction parameters in the carpal tunnel

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of intraoperative structural changes with clinical and electrodiagnostic severity.

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objective assessment and classification of thenar atrophy based on static hand

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testing in carpal tunnel syndrome: a comparative study of diagnostic utility. Muscle

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syndrome and other work-related musculoskeletal problems in cardiac sonographers.

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compressive neuropathy of peripheral nerves in the upper extremity with an

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conduction studies and symptoms in workers at risk of carpal tunnel syndrome.

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of a clinical prediction rule for the diagnosis of carpal tunnel syndrome.

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nerve conduction velocity versus Pressure-Specified Sensory Testing in carpal tunnel

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potentials recorded at the thenar region from ulnar and median nerve stimulation.

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May;19(3):410-5.

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electrophysiological assessment in screening for carpal tunnel syndrome among

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testing and sensory nerve conduction measures in screening for carpal tunnel

364) Werner RA, Albers JW. Relation between needle electromyography and nerve

factors for visiting a medical department because of upper-extremity musculoskeletal


Appendix E. Bibliography of included studies


