별첨 1 비뚤림위험 평가

1. Rob

연번(Ref ID)		1430
1저자(출판연도)		Hasan (2022)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	- Patients were divided into two groups using consecutive random sampling.
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	- 언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	- The pain was assessed at six, 12, and 24 hours by a pain fellow on duty using NRS and documented on the proforma along with the total number of rescue tramadol.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	- A sample size of 62 patients was recruited in the current study. This was done to avoid any untoward dropout because of the coronavirus disease 2019 (COVID-19) pandemic. Two patients dropped out. - So 60 patients were treated~. Each group contained 30 patients.
Selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 ☐ 높음 ☐ 불확실	- All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work.

연번(Ref ID)		139
1저자(출판연도)		Sreenath (2022)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	- Patients were randomised and assigned to either of two groups.
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	- open labelled randomized controlled trial - 언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	- Hundred patients who were posted for unilateral TKA were selected by purposive sampling method. - Out of 100 patients~. - 연구방법, 연구결과 대상자수가 동일
Selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	☐ 낮음 ☐ 높음 ■ 불확실	- 언급없음

연번(Ref ID)		460
1저자(출판연도)		Aragola (2021)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	- Participants were randomly allocated in a concealed manner to either~
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- Patients, physicians (surgeons and anesthesiologists) and outcome assessors were blinded to the interventions. - Strengths of this study include the randomized triple blinded design and careful reassessment of all participant charts to identify any violations of the standardized drug administration protocol.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- We randomly allocated 92 patients to either the NB group (n = 48) or the PI group (n = 44) (Figure 1). - Nine patients in both groups were removed from the study because of errors in randomization or schedule changes, or because they were deemed ineligible for the study based on the clinical opinion of the treating anesthetist at the time of surgery. - The data for the 74 remaining patients (39 in the NB group and 35 in the PI group) were analyzed.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- This study was supported by the Academic Oversight Committee of the Department of Anesthesiology, Perioperative and Pain Medicine, Max Rady College of Medicine, University of Manitoba.

연번(Ref ID)		182
1저자(출판연도)		Karpetas (2021)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Depending on the analgesic technique used for the postoperative pain management patients, using the online software http://www.randomization.com, were randomly allocated into 3 study groups as follows:
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- 언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- Patients in group EA (n=24) ~. Patients in group IA (n=24) ~. Patients in group FNB (n=24) ~. - After recruitment, 16 men (22.2%) and 56 women (77.8%), ~ - 연구방법, 연구결과 대상자수가 동일
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증 점수는 그래프로 제시, 통계적 유의성만 제시함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	The authors have no conflict of interest.

연번(Ref ID)		418
1저자(출판연도)		Tuyakov (2020)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Patients were randomized to groups I-III by using a website (http://www.randomization.com) and a computer-generated table of unallocated numbers,
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치가 군간 큰 차이 없음 - Group 1, Group 2, Group 3 - discontinued: 1, 1, 2명
Selective reporting (선택적 보고)	□ 낮음 □ 높음 ■ 불확실	모든 결과지표에 대해 보고가 부족함 - morphine 사용량은 SD 없음. NRS, range of movement, distance 그래프만 보고하여 결과값 없음. satisfactiond은 통계적 유의성만 보고함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	1. Financial support and sponsorship: none. 2. Conflict of interest: none.

<table>
<tr><td>연번(Ref ID)</td><td colspan="2">461</td></tr>
<tr><td>1저자(출판연도)</td><td colspan="2">Angers (2019)</td></tr>
<tr><td>영역</td><td>비뚤림위험</td><td></td></tr>
<tr><td>Random sequence generation
(무작위 배정순서 생성)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>Subjects were randomized to one of three groups using sealed opaque envelopes:</td></tr>
<tr><td>Allocation concealment
(배정순서 은폐)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>Concealed randomization was obtained using the randomizer.orgsoftware. Envelopes were opened in the induction room.</td></tr>
<tr><td>Blinding of participants and personnel
(연구 참여자, 연구자에 대한 눈가림)</td><td>□ 낮음
■ 높음
□ 불확실</td><td>In this prospective randomized trial, with single-blind assessment ~</td></tr>
<tr><td>Blinding of outcome assessment
(결과평가에 대한 눈가림)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>The evaluator was blinded to the type of analgesia until the end of thestudy.
All measures were carried out by the same blinded evaluator, ~</td></tr>
<tr><td>Incomplete outcome data
(불충분한 결과자료)</td><td>□ 낮음
□ 높음
■ 불확실</td><td>결측치 및 사유가 군간 어느정도 차이가 있음
<table>
<tr><td></td><td>Group A
(FNB+PCA)</td><td>Group B
(FNB single+PCA)</td><td>Group C
(PCA alone)</td></tr>
<tr><td>random</td><td>N=45</td><td>N=45</td><td>N=45</td></tr>
<tr><td>loss</td><td>(5)
infection:1
TE:2
lost:2</td><td>(7)
postop trauma:2
TE:3
lost:2</td><td>(12)
intraop complication:3
TE:3
excision criteria:3
lost:3</td></tr>
</table></td></tr>
<tr><td>Selective reporting
(선택적 보고)</td><td>□ 낮음
■ 높음
□ 불확실</td><td>- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
- secondary outcome VAS, SF-36, WOMAC 등은 결과값 없이 유의성만 보고함</td></tr>
<tr><td>Industrial funding support
(민간연구비 지원)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>Disclosure of interest
The authors declare that they have no competing interest.
Source of funding
No external funding for this study.</td></tr>
</table>

연번(Ref ID)		409
1저자(출판연도)		Gandhi (2019)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- The patients were randomized to two groups (Group F and Group E), 20 patients in each group by computer-generated random number sequence. - Forty patients were randomly allocated into group F and group E to receive 0.2% ropivacaine
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- 언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- The patients were randomized to two groups (Group F and Group E), 20 patients in each group by computer-generated random number sequence. - Table 1의 각군 대상자수 20명씩
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - satisfaction은 그래프로만 제시, 통계적 유의성만 언급
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- Financial support and sponsorship: Nil. - Conflicts of interest: There are no conflicts of interest.

연번(Ref ID)		403
1저자(출판연도)		Marino (2019)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- The randomization process was performed by our Biostatistics Unit using randomly permutated blocks and sequentially numbered, sealed opaque envelopes specifying the group assignment.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- The main limitation of this study was the lack of blinding which could lead to information bias with respect to patient self-report of pain outcome data. While blinding could have been achieved by a nerve block with a placebo, this option was rejected because of the increased risk of complications.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- A total of 68 patients were recruited for this study with 3 being excluded due to surgery cancellation or withdrawal from participation on the day of surgery. - Therefore, a total of 65 patients participated in the study, with 33 assigned to the standard of care CFNB group and 32 in the LB group.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 ■ 높음 □ 불확실	- This study was funded by Pacira Pharmaceuticals, Inc. Authors were responsible for final manuscript preparation.

연번(Ref ID)		97
1저자(출판연도)		Varshney (2019)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- For random allocation of 60 patients into two groups equally, we used lottery method. - ~ randomization was done by serial assignment of patients to groups without gender randomization. - 성별 무작위가 시행되지 않았으나, 무작위 추첨(lottery method)으로 배정은 이루어진 것으로 판단됨
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- To ensure double-blinding, the test technique was performed by an independent anesthesiologist and he was not allowed to participate further in the study. - As both the patients and investigators were unaware of the group allocation and technique used, it prevented bias in results.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- The study included a total of 60 patients~ - 결측치는 보고되지 않음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Conflict of interest: Nil declared by the authors.

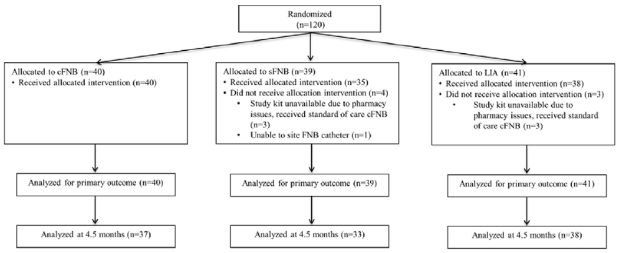
연번(Ref ID)		189
1저자(출판연도)		Dixit (2018)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	A computer generated simple random sampling techniquewas used. It assigned patients to either sFNB or cFNB subgroups.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	In both groups, the pump was covered with a brown opaque bag to conceal the contents of the bag. The pharmacy labelled infusion for cFNB as 'Study Drug R' and normal saline for sFNB as 'Study Drug R' in the electronic medication order. The patient, surgeon, nursing staff and physical therapists were blinded to the nature of the block and infusion.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	The patient, surgeon, nursing staff and physical therapists were blinded to the nature of the block and infusion.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	Results from the ITT analysis (99 participants) or PP analysis (85 participants) showed no difference between the treatment groups in baseline demographics with the exception of their being more sFNB group participants in ASA status III.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증 점수(VAS)는 그래프만 제시되고, 결과값 없이 유의성만 보고함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Disclosure of funding This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

연번(Ref ID)		398
1저자(출판연도)		Yu (2018)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	The patients were randomly divided into two groups of 23 patient;
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	☐ 낮음 ☐ 높음 ■ 불확실	결측치에 대한 언급없음
Selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음

연번(Ref ID)		122
1저자(출판연도)		Chaubey (2017)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- A prospective study was conducted on 60 patients (25-65 years) of ASA I and II, which were randomly (using random number table) divided into two groups - Group 1-femoral nerve block (FNB) and Group 2-Local Infiltration Analgesia (LIA).
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- The study was double blind, the patient and reviewer (pain clinic nurse) were unaware. All surgeries were conducted by single surgeon and all anaesthesia and pain management by single anaesthetist.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- The pain management nurse was kept unaware of the clinical background of the patients as she was assessing regularly under the guidance of anaesthetist.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- A total of 60 patient ~ - 결측치는 보고되지 않음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- Financial OR OTHER COMPETING INTERESTS: None.

연번(Ref ID)		303
1저자(출판연도)		Fedriani (2017)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- 60 patients with clinical status I-III according to the American Society of Anaesthesiologists (ASA), were randomised into 2 groups using a computer-generated list. - A third party placed each number in a sealed envelope and asked patients to choose an envelope before the procedure.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- A prospective, randomised, unblinded study~ - Furthermore, the absence of a control group prevented us from applying masking techniques. - This was because neither the patients nor the investigators, who were responsible for administering analgesia, could be blinded to the technique.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- A total of 60 patients were included - Two patients from the CFNB group were with-drawn after randomisation due to accidental removal of thefemoral catheter.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Conflict of interest The authors declare they have no conflicts of interest.

연번(Ref ID)		457
1저자(출판연도)		Stebler (2017)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	After providing written informed consent, patients were randomly allocated on the day of surgery to either the experimental group (CFNB) or the control group (IV PCA), using a computer-generated randomization table in blocks of 10.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	Assignments were concealed in a sealed opaque envelope.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- A Randomized, Controlled Single-Blind Trial - The neurologist was blinded to the intervention and was not involved in data collection or in handling the data - Another limitation is the absence of patient blinding
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	All secondary outcomes were recorded by a research assistant and a physical therapist who were not blinded to the group allocation.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치가 두 군간 큰 차이 없음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 ■ 높음 □ 불확실	One or more of the authors has declared the following potential conflict of interest or source of funding: This work was supported by departmental funding (Department of Anaesthesia, Lausanne University Hospital) and a grant from the Swiss Academy for Anaesthesia Research (no grant number attributed). E.A. (교신저자) has received grants from B. Braun Melsungen AG (no grant numbers attributed).

연번(Ref ID)		422
1저자(출판연도)		Choi (2016)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	An independent, blinded statistician at the AHRC created the computer-generated randomization sequence.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	The randomization list was kept in the independent research pharmacy of each institution to maintain blinding and allocation concealment.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	Investigators, research assistants/nurses, participants, outcome assessors, and data analysts were blinded to group allocation. Data were collected by blinded research assistants electronically and stored on secure servers at the AHRC.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	Forty patients were randomly assigned to the cFNB group, 39 patients to the sFNB group, and 41 patients to the LIA group. All patients allocated to the cFNB group received the intended treatment. Among the 39 participants randomly assigned to the sFNB group, 3 received standard-of-care cFNB analgesia because of study kit unavailability and 1 participant did not receive anything because of technical difficulties (unable to place perineural catheter). Among the 41 participants randomly assigned to the LIA group, 3 received standard-of-care cFNB because of study kit unavailability. All randomly assigned participants were analyzed according to an intention-to-treat principle. 
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Funding: Supported by the Canadian Anesthesia Research Foundation (CARF), Toronto, Ontario, Canada; Physicians' Services Incorporated Foundation (PSI), Toronto, Ontario, Canada; and Department of Anesthesia, Sunnybrook Health Sciences Centre. The authors declare no conflicts of interest.

연번(Ref ID)		150
1저자(출판연도)		Kurosaka (2016)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- We created the randomization sequence by permuted block randomization with a block size of 4 and a 1:1 allocation generated by computer software (SPSS for Windows version 17.0; SPSS Inc, Chicago, IL). - The allocation sequence was prepared by an independent operator not otherwise involved in the trial.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- Both caregivers and patients were not blinded.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- 언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- The remaining 45 patients were included in this clinical trial and allocated to either the LIA group (n = 22) or the continuous FNB group (n = 23). - After allocation, 1 patient in the LIA group was excluded owing to postoperative delirium causing difficulty for data collection. In the continuous FNB group, 2 patients were excluded after allocation; 1 developed severe colitis 2 days after surgery, and the other encountered an opioid leakage from the intravenous needle for PCA.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증점수는 그래프로 제시하며, 통계적 유의성만 언급함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- The authors did not receive and will not receive any benefits or funding from any commercial party related directly or indirectly to the subject of this article.

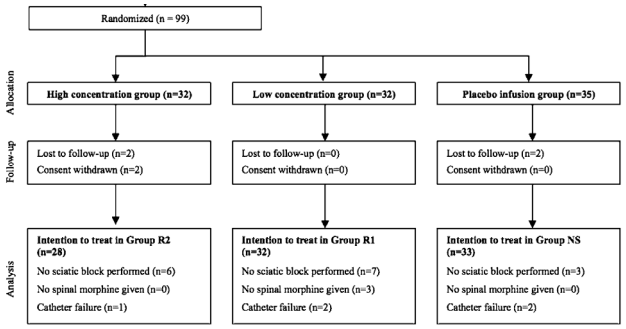
연번(Ref ID)		346
1저자(출판연도)		Sakai (2016)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	56 subjects met the trial criteria and were preoperatively randomized to cFNB or PCFNB using computer-generated random number sequences (block size = 4).
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	Groups were stratified by gender, with details available to only one investigational pharmacist. Subjects, evaluators, and staff were blinded to the contents.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	To mask the pump, the channel and stopcocks were sealed with a cloth and marked with black ink to detect any breakage of the double-blinding.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	Subjects, evaluators, and staff were blinded to the contents.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치 및 이유가 두 군간 유의함
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증점수(VAS)는 그래프로만 제시하고, 통계적 유의성만 언급함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Conflict of Interest There is no conflict of interest in this research. Funding Our research was funded by Department of Anesthesiology and Intensive Care Medicine, Osaka University Graduate School of Medicine, Suita, Japan.

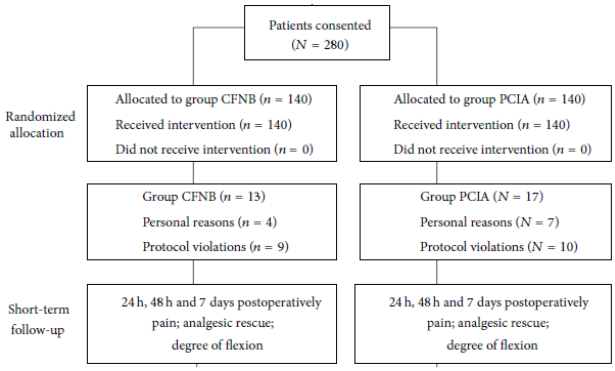
연번(Ref ID)		400
1저자(출판연도)		Olive (2015)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Patients were randomised on the day of surgery prior to the pre-anaesthesia consultation using computer-generated, permuted block randomisation into one of three groups: - Randomisation envelopes were opaque, consisting of a small envelope inside a larger one.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- This prospective, randomised, observer-blinded trial - Another limitation is the lack of blinding of the presence or otherwise of a CFNB. Due to the ethical difficulties with performing sham blocks,
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	The inner randomisation envelope was opened by an investigator not involved in the patient's anaesthetic care or in postoperative data collection.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	There were no withdrawals after randomisation.
Selective reporting (선택적 보고)	□ 낮음 □ 높음 ■ 불확실	대부분의 결과(pain ratings, median morphine, Ability to sit out of bed)를 그래프로만 제시하고 통계적 유의성을 제시하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Funding A grant from the Australian Society of Anaesthetists assisted with the performance of this study.

연번(Ref ID)		176
1저자(출판연도)		Spinarelli (2015)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	Patients were randomized into 2 groups: the first group (A) received the IAIFNB protocol and the second group (B) received the PAI/IA/OCA.
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	☐ 낮음 ☐ 높음 ■ 불확실	결측치에 대한 언급없음
Selective reporting (선택적 보고)	☐ 낮음 ■ 높음 ☐ 불확실	대부분의 결과지표에 대하여(NRS, rest passive motion, continuous passive motion) 결과값에 대한 언급이 없고, 통계적으로 유의하지 않음만 보고하고 있음
Industrial funding support (민간연구비 지원)	☐ 낮음 ☐ 높음 ■ 불확실	언급없음

연번(Ref ID)		77
1저자(출판연도)		Wang (2015)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	Eligible patients were randomly assigned to the CFNB group or the PCEA group based on a different postoperative analgesia method.
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 ☐ 높음 ☐ 불확실	It was a prospective, double-blind, controlled trial.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 ☐ 높음 ☐ 불확실	Quality of life was assessed by a psychologist. Knee function and medication were assessed by an orthopedic surgeon. All the participating physicians were blinded to the treatment group.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	결측치가 두 군간 유사하게 발생함 - A total of 168 patients were enrolled in this study. Six patients were excluded from both groups for various reasons: (각 2명, 4명) ~ A total of 162 patients completed the 12-month follow-up analysis (CFNB: n=80, PCEA: n=82).
Selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 환자만족도는 SD 보고하지 않음
Industrial funding support (민간연구비 지원)	■ 낮음 ☐ 높음 ☐ 불확실	Disclosure of conflict of interest None.

연번(Ref ID)		169
1저자(출판연도)		Wyatt (2015)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Randomisation. The randomisation was by sealed envelope technique and independent third party: 50 cards for each study arm were placed in sealed envelopes by an independent nurse, shuffled and placed within a randomisation box. Randomisation was undertaken in recovery by a nurse who was not involved in the study in any other way (she withdrew the envelope, prepared the drug infusion and completed the randomisation paperwork).
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	Blinding. Patients, surgeon, research nurse, medical statistician, ward nurses and physiotherapists were blinded to the intervention as the infusions were prepared by a recovery nurse on the day of surgery who had no further contact with the patient.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	The remaining 86 patients were randomised and 42 of the 43 completed the study protocol in each group. One patient in each group was withdrawn from the study as a result of a cardiac event and excessive uncontrolled pain, i.e. requiring more adjunct analgesia than that prescribed in the protocol.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증 점수(VAS)는 그래프만 제시되고, 결과값 없이 유의성만 보고함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Funding statement: ■ We are privileged to have received funding from the following: Healthcare Otago Trust, The Wishbone Trust, University of Otago Medical School Bequest Fund, and The Richard Stewart Scholarship.

연번(Ref ID)		130
1저자(출판연도)		Albrecht (2014)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Patientswere randomly allocated into one of the three study groups according to a computer-generated list of random numbers with randomization taking this stratification into account so that there were approximately equal numbers of patients with high or low muscle strength and high or low WOMAC scores in each study group. The pharmacy department established the randomization schedule.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	Physiotherapists, surgeons, research assistants collecting data, and members of the Acute Pain Service were kept blinded to group allocation.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치가 군간 유사하게 발생 
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 ■ 높음 □ 불확실	One of the authors (RB) is supported by the Merit Award Program, Department of Anesthesia, University of Toronto, Toronto, Ontario, Canada. One of the authors (EA) has received grants from the ''Swiss Academy for Anaesthesia Research'' (SACAR), Lausanne, Switzerland (no grant numbers attributed, less than USD 10,000) and from the ''Foundation SICPA'' (no grant numbers attributed, USD 10,000 to USD 100,000), Prilly, Switzerland. Equipment support for research was provided from BK Medical, Philips Healthcare, and SonoSite. All ICMJE Conflict of Interest Forms for authors and Clinical Orthopaedics and Related Research editors and board members are on file with the publication and can be viewed on request.

연번(Ref ID)		53
1저자(출판연도)		Peng (2014)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	A total of 280 patients were randomly allocated in a 1 : 1 ratio to either the CFNB group or the PCIA group. Statistics Analysis System software (SAS) proc plan procedure was used to generate the random number. A sealed opaque envelope, which contained the group allocation, was prepared for each patient. The envelope was not opened until the patient was enrolled in the study.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	blindness was not possible for the participants and anesthesiologists for the CFNB group.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	Degrees of flexion of the knee were assessed by calibrating the angle of the extended line of the femur and the tibias by an independent orthopedic doctor.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- 결측치 및 사유가 두 군간 유의함 
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 재활지표(WOMAC)는 그래프와 p-value로 제시하였음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Conflict of Interests The authors have no conflict of interests to report.

연번(Ref ID)		291
1저자(출판연도)		Wu (2014)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	These 60 patients were randomised to the CFNB and PCA groups (30 patients in each), using computer-generated random numbers.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	Subjects were divided into two groups (odd against even numbers generated by the computer). The case allocation was concealed in sealed envelopes and the mode of analgesia revealed to case anaesthetist and patient after the patient was included in the study.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	No blinding was feasible for ward doctors, nurses, and physiotherapists due to practical constraints (different machine types being placed by the bedside).
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- Reported pain scores may also be affected by other similar patients nearby, and the carers not blinded to the mode of patient analgesia. - Complete blinding of investigators and assessors was not possible in our setting,
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치 없음 (부작용 %, 전체 연구자 기준)
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 재활지표(Functional score) SD 없음
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	언급없음

연번(Ref ID)		534, 378
1저자(출판연도)		Chan (2014), Chan (2013)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Randomization was generated by a statistician and stratified according to the four participating surgeons in our center. The random allocation sequence was enclosed in sequentially numbered, sealed opaque envelopes which were opened by the anesthetist-on-duty, just before patients entered the operating room (Day 0).
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	The limitation of this trial is that patients and treating clinicians were not blinded to treatment allocation.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	All other outcomes (i.e. knee flexion, straight leg raise, side-effects and adverse outcomes) were assessed by the data collector blinded to the treatment allocation.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치가 군간 큰 차이 없음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증 점수(VAS)가 그래프로 제시되고, 중재군 결과값만 결과에 언급하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Funding This study was supported by the Singapore Small Innovative Grant (SIG/09052). The funding source did not have any role in the study conceptualization, design and conduct; analysis and interpretation of data; manuscript writing; or decision to submit the article for publication.

연번(Ref ID)		172
1저자(출판연도)		Hillegass (2013)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	On the day of surgery, patients were randomized to the continuous infusion group or the intermittent bolus group using Real Studio software (Real Software, Austin, TX, USA).
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	Prospective, single-blinded, randomized controlled trial A study-blinded anesthesiologist performed the regional anesthetic and ordered the local anesthetic infusion (0.2% ropivacaine at 10.1 mL/hr).
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치가 있지만 군간 큰 차이 없음 - 중재군만 discontinued intervetion 2명
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증, 약물 관련 결과는 그래프로 제시하며, p-value 제시
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	언급없음

연번(Ref ID)		93
1저자(출판연도)		Sakai (2013)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Using a computer-generated randomization table, patients were randomized into two groups.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- None of the patients or hospital staff was blinded to group randomization. - However, the IRB did not permit double-blind procedures because a truly blind trial would require implantation of both CFNB and CEA catheters for the infusion of local anesthetics in one and saline in the other.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- Six patients were excluded after randomization. - 두 군이 동일하게 배제되었음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증점수는 그래프로만 제시하고, p-value로 제시함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- The Conflict of Interest statement associated with this article can be found at http://dx.doi.org/10.1016/j.arth.2012.09.013. : None

연번(Ref ID)		233
1저자(출판연도)		Nader(2012)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Randomization was determined using a computer-generated random allocation sequence, and group membership was concealed by placing the assignment slip in an opaque envelope that was not opened until after informed consent was obtained.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음 - Randomized prospective controlled parallel group trial
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	두 군 모두 - Did not receive intervention (N = 0) - Lost to follow-up POD 1 to POD 3 (N = 0) - Lost to follow-up beyond 1 month (N = 1)
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 ■ 높음 □ 불확실	Financial Support: Stryker Instruments, Inc. and departmental funds. * Stryker is one of the world's leading medical technology companies

연번(Ref ID)		381
1저자(출판연도)		Ng (2012)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	A randomization table was created to allow 50% of subjects treated to receive true FNB first and 50% of subjects to receive true MPI first, using SPSS software (version 14.0; SPSS Inc, Chicago, Ill)
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	This was a prospective, patient- and assessor-blinded, placebo-controlled, crossover randomized clinical trial.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	Patients and nurses responsible for recording pain scores were blinded to the treatment allocation.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	18 patients were recruited. One patient, who was randomized to the MPI group in the first-stage operation, refused the second-stage operation because of a spinal problem. Another patient who was randomized to the FNB group in the first-stage operation had a patella fracture 3 months after the operation because of an accidental fall. The results of the remaining 16 patients were analyzed.
Selective reporting (선택적 보고)	□ 낮음 ■ 높음 □ 불확실	모든 결과지표에 대하여(Daily and cumulative morphine, Pain score, ROM) 결과값에 대한 언급이 없고, 통계적으로 유의하지 않음만 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	The Conflict of Interest statement associated with this article can be found at doi:10.1016/j.arth.2011.12.021. - None

연번(Ref ID)		363
1저자(출판연도)		Shanthanna (2012)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Patients were randomised into the CEA group or the CFB group using "random allocation software version 1.0.0" developed by the Department of Anesthesia, University of Medical Sciences-Isfahan, Iran.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- randomized, non-blinded, two-arm parallel study.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- In Total, four patients: three in the CFB group and one in the CEA group, were excluded as catheters had to be taken out within 24 h due to migration outwards. - table 1 분석대상자수는 각 군당 19명
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Source of Support: Nil, Conflict of Interest: None declared

연번(Ref ID)		170
1저자(출판연도)		Baranović (2011)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	The participants were randomized into two groups: group FA (44 patients) and group PCA (36 patients) using statistical softwareMedCalc for Windows (v.11.0, www.medcalc.be).
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	- allocated to interventionL N=44 - reveived allocated intervention: N=35 - excluded: N=9 (not meeting criteria due to technical difficulties) - allocated to control: N=36 - received allocated intervention: N=36
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	언급없음

연번(Ref ID)		383
1저자(출판연도)		Johnson (2011)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	To maintain patient confidentiality, 102 envelopes were prepared containing the pain management strategy and the assigned study number. Upon notification from the physician office, the PI contacted each patient by telephone, explained the study, obtained verbal agreement to participate, and drew an envelope to randomize the patient.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	Static data collection points, including demographic (age, race, and gender), side effect management, adverse events (hypotension and hypoxia), and supplemental medication, were collected by the PI postdischarge using the electronic medical record.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	A purposive sample of 69 patients was consented for the study; however, four were dropped. Two of the participants' surgeries were cancelled, one the participant's CFNB catheter was discontinued the day of surgery, and the fourth participant's randomized pain management method could not be implemented. Thus, the final sample consisted of 65 TKA patients.
Selective reporting (선택적 보고)	□ 낮음 □ 높음 ■ 불확실	거의 모든 결과가 median만 제시하고 SE 또는 IQR을 제시하지 않음
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	언급없음

연번(Ref ID)		372
1저자(출판연도)		Carli (2010)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	On the morning of surgery, patientswere randomized to one of the two groups, using computer-generated tables and sealed brown envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- A prospective, randomized, double-blind, controlled, singlecentre trial - The staff involved in the clinical care (surgeons, anaesthetists, nurses, and physiotherapists) and the patients were not aware of the treatment group assignment.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	두 군 모두 결측치 없음 - did not receive intervention (n=0) - lost to F/U (n=0)
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	Conflict of interest A.C. is a recipient of a fellowship from the Department of Anesthesia of the Sacred Heart Catholic University of Rome. Funding This work was supported by internal fundings from the Departments of Anesthesia and Orthopedics, McGill University Health Centre.

연번(Ref ID)		468, 228
1저자(출판연도)		Ilfeld (2011), Ilfeld (2010)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Subjects were randomized to one of two groups~stratified by institution/hospital using computer-generated tables and provided to investigational pharmacists via the PAINfRE.com. - Subjects were allocated to treatment only after confirmation of a successful initial surgical block preoperatively.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- Ropivacaine and normal saline are indistinguishable in appearance, and therefore investigators, subjects, and all clinical staff were masked to treatment group assignment. - Staff masked to treatment group assignment performed all measures and assessments. - Unmasking did not occur until statistical analysis was complete (termed “triple masking”).
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- 81 subjects enrolled and all but one (99%) had a perineural catheter successfully positioned per protocol. - All three of these individuals requested study withdrawal, and subsequent data was excluded from analysis, as mandated by U.S. ethical guidelines. Therefore, 77 subjects were included in the analysis. - 배제 사유가 기술되었고, 양 군간 유사하게 발생하여 결과에 영향을 미치지 않을 것으로 판단함
Selective reporting (선택적 보고)	□ 낮음 ■ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 효과성(time from surgical stop until all three of these criteria were fulfilled, pain scores), 안전성(부작용) 모두 보고하였음 - 불완전한 결과보고: 주요 결과인 통증 점수、IV Opioid를 그래프로만 제시하고, p-value도 제시하지 않음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	-Funding for this project was provided by the National Institutes of Health grant~

연번(Ref ID)		10
1저자(출판연도)		Park (2010)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	- Patients were randomized to receive~ - 추가 기술 없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	- Thirdly, in patients randomized to SFNB, the local anesthetic solution was injected immediately before the induction of SA, but was injected after surgery in those patients randomized to CFNB. - 대조군과 중재군의 주입 시기가 달랐음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- Secondly, the insertion of femoral catheters into patients in SFNB and the infusion of saline into the catheter, as would be required for a truly blinded study, were considered inappropriately invasive and unethical. Therefore, no sham catheter infusion was performed. - 대조군에서 catheter 주입이 이루어지지 않음
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- A sensory block using ~ were assessed twice daily by an independent observer. - The respiratory rates were assessed by the study anesthesiologist at - All data was collected by an anesthesiologist not involved in the administration of anesthesia or in patient care in the PACU.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- Of the 88 patients enrolled, 8 were excluded from data analysis for the following reasons:~ - Including the results from these eight patients would have masked the overall effect of the FNB. - If a patient was removed from the trial, the same trial was performed on another patient. - A final total of 80 patients were distributed equally among the groups.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 주요 결과인 통증 점수 및 약물 사용은 그래프로만 제시함 (p-value는 모두 제시함)
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	- 언급없음

<table>
<tr><td>연번(Ref ID)</td><td colspan="2">347</td></tr>
<tr><td>1저자(출판연도)</td><td colspan="2">Kadic (2009)</td></tr>
<tr><td>영역</td><td>비뚤림위험</td><td></td></tr>
<tr><td>Random sequence generation
(무작위 배정순서 생성)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>For the randomization procedure, 58 sealed envelopes enclosed a note of either the study or the control group.</td></tr>
<tr><td>Allocation concealment
(배정순서 은폐)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>A blinded operating room nurse drew an envelope, which allocated the patient to one of the groups.</td></tr>
<tr><td>Blinding of participants and personnel
(연구 참여자, 연구자에 대한 눈가림)</td><td>□ 낮음
■ 높음
□ 불확실</td><td>Another limitation of our study is the lack of blinding.</td></tr>
<tr><td>Blinding of outcome assessment
(결과평가에 대한 눈가림)</td><td>□ 낮음
□ 높음
■ 불확실</td><td>The knee function was assessed by a blinded, independent physician, 3 months after surgery at the orthopaedic outpatient centre.</td></tr>
<tr><td>Incomplete outcome data
(불충분한 결과자료)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>결측치가 군간 유사하게 발생하고 원인도 유사함<table><tr><th>중재군</th><th>대조군</th></tr><tr><td>Lost to follow-up (n=0)</td><td>Lost to follow-up (n= 0)</td></tr><tr><td>Discontinued intervention (n=2):
- knee revision (n=1)
- protocol violation (n=1)</td><td>Discontinued intervention (n=3):
- reaction to morphine (n=1)
- protocol violation (n=2)</td></tr></table></td></tr>
<tr><td>Selective reporting
(선택적 보고)</td><td>■ 낮음
□ 높음
□ 불확실</td><td>프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음</td></tr>
<tr><td>Industrial funding support
(민간연구비 지원)</td><td>□ 낮음
□ 높음
■ 불확실</td><td>Acknowledgements
We are grateful to Dr Mathieu Gielen and Dr Eric Robertson for their advice and support.</td></tr>
</table>

연번(Ref ID)		379
1저자(출판연도)		Shum (2009)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	prospective randomized study
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	These assessments were carried out by a physiotherapist blinded to the initial mode of analgesia received by the various groups of patients.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	Of the 60 patients, 5 patients were excluded after randomization. 결측치는 없음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	No benefits or funds were received in support of the study.

연번(Ref ID)		161
1저자(출판연도)		Sundarathiti (2009)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- The patients allocated into two groups using random number of tables.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- The lack of blinding is a limitation of the present study.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- Table 1 CFNB(n=30), CEI(n=31) 보고됨 - 결측에 대한 보고는 없었음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- This study was supported by Research Grant from the Faculty of Medicine Ramathibodi Hospital, Mahidol University No. 51008/2551.

연번(Ref ID)		190, 229
1저자(출판연도)		Ilfeld (2009), Ilfeld (2008)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Patients were randomized to one of two groups—0.2% ropivacaine or normal saline (placebo)—stratified by institution using computer-generated tables by the investigational drug service of each participating center. - Patients were allocated to treatment after confirmation of a successful initial surgical block preoperatively.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- Randomization was performed in a triple-masked fashion (patients, investigators, statisticians) with stratification according to clinical site. - Investigators, patients, and all clinical staff were unaware of treatment group assignments.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- From the ropivacaine group, two subjects requested study withdrawal~ - For the purposes of analysis, each of these subjects was retained in their respective treatment group per the intention-to-treat principle.
Selective reporting (선택적 보고)	□ 낮음 ■ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - (Ilfeld, 2008) 불완전한 결과보고: 주요 결과인 통증 점수, IV Opioid를 그래프로만 제시하고, p-value도 제시하지 않음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- Supported by National Institutes of Health grant~

연번(Ref ID)		211
1저자(출판연도)		Maldini (2007)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	patinets were randomized into two post-operative analgesic groups using computer-generated random numbers and a sealed envelop design.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	before entering the operating room, the selaed envelope was opened revealing the group assignment.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	nurses and physical therapists, who were unware of the study group and assignment, used the VAS to rate postoperative pain at rest and during passive mobilzation.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치 없음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	언급없음

연번(Ref ID)		175
1저자(출판연도)		Toftdahl (2007)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Patients were randomized immediately prior to the operation (by the use of sequentially numbered, opaque, sealed envelopes) into 2 treatment groups.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	blinding of patients and caregivers was not attempted.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- (The fact that the study was not done blind may especially have affected the consumption of supplementary opioid, as the opioid was supplied by nurses when asked for or when deemed necessary, thus allowing bias from the nursing staff.) - Data collection and analysis was carried out by KT, who was not blinded since catheter placement was obvious.
Incomplete outcome data (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	3 patients were excluded after randomization to the F group, due to conversion of failed spinal anesthesia to general anesthesia.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	The study was funded by the Danish Medical Research Council. Equipment and drugs were provided by Aarhus University Hospital. No conflicts of interests declared.

연번(Ref ID)		195, 137
1저자(출판연도)		Williams (2007), Williams (2006)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	A random list of 200 numbers from 1 to 6 (representing the six ordering options for integers 0, 1, and 2 in a block of three) were generated by a computer program and were used to order assignments of patients.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	The randomization scheme was prepared before the start of the trial. Sequentially numbered and sealed envelopes, opened only by the Investigational Drug Service who prepared the nerve block boluses and infusions for study patients, contained the allocation assignment.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	research team blinded regarding the size and ordering of the block. The timing of nerve block catheter insertion was chosen to attempt to "blind" the patient with respect to the presence of low-grade residual numbness being a result of the receding spinal anesthetic versus the early effects of the femoral nerve block and catheter procedure.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	research team blinded regarding the size and ordering of the block.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	결측치가 두 군간 유의함
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증 점수는 median만 제시하고 SE 또는 IQR을 제시하지 않음(통계적 유의성 언급)
Industrial funding support (민간연구비 지원)	□ 낮음 ■ 높음 □ 불확실	Nerve stimulation needles (Prolong PL-50) were provided by Spinal Specialties, inc., San Antonio, Texas, United States; Life-Tech®, inc., Stafford, Texas, United States; and I-Flow Corporation, Lake Forest, California, United States. Elastomeric nerve block infusion devices were provided by McKinley Medical, Wheat Ridge, Colorado, United States. Patient samples of rofecoxib were provided by Merck & Co., Inc., Whitehouse Station, New Jersey, United States.

연번(Ref ID)		602
1저자(출판연도)		Long (2006)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	- Patients had the same postoperative pain management plan, with the exception of random assignment to either continuous epidural catheter or continuous femoral nerve catheter infusion for 36 hours postoperatively (Table).
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	- 언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- Of the 80 enrolled patients, 10 were eliminated from the study because of catheter failures. - The mean pain scores for all 70 patients for each postoperative day were~.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 ■ 높음 □ 불확실	- This study was supported by a grant from Zimmer Orthopedics. * Zimmer Biomet is a publicly traded medical device company

연번(Ref ID)		63
1저자(출판연도)		Salinas (2006)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- Patients were randomized into two postoperative analgesic groups using computer-generated random numbers and a sealed envelope design.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	- Before entering the operating room, the sealed envelope was opened revealing the group assignment.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- Because of these potential complications, we did not perform a double-blind study with placebo femoral catheters. The lack of blinding as a result of ethical concerns raised by our local IRB is a limitation of our study.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	- Members of the anesthesia pain service not involved in the study, and who were not blinded to the method of analgesia, conducted subsequent evaluations for the presence or absence of a femoral nerve block each morning and afternoon until the patients were discharged. - Achievement of discharge criteria within the clinical TKA pathway was determined only by the primary physical therapist in conjunction with the primary orthopedic surgeon, neither of whom was blinded to the method of postoperative regional analgesia.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- During the study period, 42 patients were recruited in the preoperative clinic. Of these patients, five elected to undergo surgery under general anesthesia, and one patient refused a femoral nerve block. - Eighteen patients received a CFNB and 18 patients received a SFNB.
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 효과성만 보고 - 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	□ 낮음 □ 높음 ■ 불확실	- 언급없음

연번(Ref ID)		301
1저자(출판연도)		Woods (2006)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	A random-numbers table was used to generate 45 odd (injection group) and 45 even (block group) numbers. These numbers were sealed in identical opaque envelopes, which were shuffled and opened by a research assistant after a subject consented to participate. Study enrollment continued until all of the envelopes had been used.
Allocation concealment (배정순서 은폐)	□ 낮음 ■ 높음 □ 불확실	Subjects and staff (surgeon, anesthesiologist, physical therapist, nurses, etc) were not blinded to group assignment; our facility's institutional review board would not approve the placement of placebo catheters into the femoral nerve sheath.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	The study was not blinded to the subjects, the investigators, or the hospital staff.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	
Incomplete outcome data (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	언급없음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	No potential conflict of interest declared.

연번(Ref ID)		69
1저자(출판연도)		Barrington (2005)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	- The random allocation sequence was computer generated in permuted blocks of four and enclosed in sequentially numbered, opaque, sealed envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	- Patients and treating clinicians were not blinded as to study group randomization.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	언급없음 - Patients were reviewed by a physiotherapist twice daily. During initial mobilization on postoperative day 1, the ability to sit out of bed, wound drainage and hypotensive episodes were recorded by physiotherapists and nursing staff.
Incomplete outcome data (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	- One-hundred-and-twelve patients were randomized Of the remaining 108 patients, 53 were assigned to the CFNB group and 55 to the CEA group. - 환자 탈락 사유가 기술되었고, 총 4명 중 각각 1명은 CEA, 3명은 CFNB이었음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증점수 및 Quadriceps muscle power는 그래프로 제시, 통계적 유의성만 제시함
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	- Supported, in part, by a research grant from St Vincent's Hospital, Melbourne

연번(Ref ID)		365
1저자(출판연도)		Dauri (2003)
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	Subjects were then assigned to three groups of 20 using a computer-generated list of random numbers.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 ■ 높음 □ 불확실	Even though a prospective randomized double-blind controlled study is currently considered the golden standard in experimental design, it was not possible to perform our study in a blinded and controlled fashion because of the nature of the techniques and the need to preserve the patients' comfort.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	Data was collected by an unbiased observer who was not otherwise involved in the study at the following times:
Incomplete outcome data (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	결측치 언급없음
Selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	- 프로토콜은 없지만 연구방법에 명시된 결과들을 연구결과에서 보고하고 있음 - 통증 점수(VAS) 그래프
Industrial funding support (민간연구비 지원)	■ 낮음 □ 높음 □ 불확실	언급없음