Prolotherapy Table 1

Author	Year	Type of study	Injection site	Summary (measurement outcome)
Arias-Vazquez[14]	2022	SM	Knee OA (6)	HDP effective & safe, similar to intra-articular HA short- term.
Wang[15]	2022	SM	Knee OA (5)	HDP significantly improved pain (WOMAC score), function recovery. Control group included alternative injectates or physical therapy.
Chen[16]	2022	M	Knee OA (14)	Dose & time-dependent to pain reduction and function, respectively. Reported significant heterogeneity and risk of bias across included trials
Cortez[17]	2022	S	Knee OA (8)	Insufficient evidence for clinical benefit.
Chutimstid[22]	2022	SM	Plantar Fasciopathy (7)	Improvement in pain reduction <6 Month when compared to exercise/saline injection. Comparable to active control (PRP, steroid, shockwave therapy); no sign of difference >6 Month follow-up (VAS, FFI, AOFAS)
Zhu[26]	2022	SM	Lateral epicondylosis (8)	HDP appears superior in pain reduction & function than therapies and injections at 12 weeks (PRP, steroids, saline, whole blood)
Arias-Vazquez[27]	2022	SM	Lateral epicondylosis (9)	Varied concentrations & combinations of DP Effective in pain reaction & function (VAS, DASH). Concern for moderate-risk of bias from studies
OrthoEvidence[18]	2021	M	Knee OA (10)	Statistically significant Superiority of dextrose prolotherapy over saline and exercises for pain reduction and function improvement. (Moderate /low quality evidence) PRP is more effective than dextrose in reducing pain and improving function with no statistical significance (low/very low quality evidence) No dextrose related adverse events
Lai[23]	2021	SM	Plantar Fasciopathy (6)	Varied concentrations & combinations of DP safe & effective with long-term benefits. Comparable effects to PRP and shock wave therapy. (VAS, FFI, AOFAS). Substantial study heterogeneity.
Wee[19]	2021	SM	Knee OA (11)	DP shows potential benefits for pain, but studies with high risk of bias. Strength of Recommendation B for knee OA. Strength of recommendation C for patients with limited alternative options.
Arias- Vazquez[29]	2021	SM	Rotator Cuff Tendinosis (30)	HDP effective in long-term pain reduction (VAS, DASH, SPADI)
Catapano[30]	2020	S	Rotator Cuff Tendinosis (5)	HDP effective as adjuvant to physical therapy. No standardized injection technique.
Chung[24]	2020	SM	Achilles tendinopathy, Plantar Fasciopathy, lateral epicondylosis, rotator cuff tendinopathy, TMJ	Insufficient evidence for clinical benefits in dense fibrous tissue injuries (VISA-A, PGIC, Likert, VAS pain scales; Grip strength/pain/PRTEE pain free grip strength, VAA
Lin[31]	2018	SM	Rotator Cuff Tendinopathy (18)	DP effective for pain reduction compared with placebo at 24 weeks.
Nagori[33]	2018	SM	TMJ (3)	DP effective for pain reduction compared to placebo, but no difference in subluxation/dislocation.
Morath[32]	2018	SM	Achilles Tendinopathy (6)	DP was effective for pain relief and patient satisfaction for Achilles tendinopathy (VAS)
Hung[20]	2016	SM	Knee OA and Hand OA (6)	DP had superior effect compared to local anesthesia, no significant difference to corticosteroid. No dose related effect noted with serial injections.
Sit[21]	2016	SM	Knee OA (4)	Limited data, only 12-16 week follow-up in pooled data, but HDP more effective than formal at-home exercise.
Dong[28]	2016	M	Lateral Epicondylitis	Insufficient evidence, DP showed trend towards better effects than placebo. Peppering technique did not appear beneficial.
Sanderson[25]	2015	S	Osgood Schlatter, Achilles Tendinopathy, Plantar Fasciopathy (8)	Quality of eight included studies were poor but supported use of DP in these 3 injection sites. No adverse events following prolotherapy were noted.