

**Table 15: Clinical evidence profile: Comparison 3. Manual physiotherapy versus high frequency chest wall oscillation (HFCWO)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual physiotherapy techniques	HFCWO	Relative (95% CI)	Absolute		
<b>Sputum weight (dry) (follow-up 1-2 weeks; measured with: grams; Better indicated by higher values)</b>												
1 (Warwick 2004)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	12	12	-	MD 0.13 lower (0.42 lower to 0.16 higher)	LOW	CRITICAL
<b>Sputum weight (wet) (follow-up 1-2 weeks; measured with: grams; Better indicated by higher values)</b>												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual physiotherapy techniques	HFCWO	Relative (95% CI)	Absolute		
1 (Warwick 2004)	randomised trials	serious <sup>1</sup>	no serious inconsistency	no serious indirectness	serious <sup>2</sup>	none	12	12	-	MD 4.04 lower (10.77 lower to 2.69 higher)	LOW	CRITICAL

Abbreviations: CI: confidence interval; FEV<sub>1</sub>: forced expiratory volume in 1 second; HFCWO: high frequency chest wall oscillation; MD: mean difference

1 The quality of the evidence was downgraded by 1 due to lack of blinding.

2 The quality of the evidence was downgraded by 1 due to serious imprecision because the 95% CI crossed 1 default MID