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APPENDIX 5

Certainty assessment						
Participant (studies)	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Publication bias**	**Overall certainty of evidence**
Muscle Thickness						
144 (2 RCTs and 1 non-randomized study)	Serious[a]	Not serious	Not serious	Very serious[b]	None	⊕○○○ Very low
Agonist activation during MVIC						
212 (2 RCTs and 2 non-randomized studies)	Serious[c]	Not serious	Not serious	Very serious[b]	None	⊕○○○ Very low
Co-activation during MVIC						
92 (1 RCTs and 1 non-randomized study)	Seriousd	Not serious	Not serious	Very serious[b]	None	⊕○○○ Very low
Isometric strength						
298 (3 RCTs and 3 non-randomized studies)	Very serious[e]	Serious[g]	Not serious	Very serious[b]	None	⊕○○○ Very low
Concentric strength 60°/s						
80 (1 RCTs and 1 non-randomized study)	Very serious[e]	Serious[g]	Not serious	Very serious[b]	None	⊕○○○ Very low
Antagonist strength during agonist MVIC						
104 (2 non-rand-omized studies)	Serious[h]	Serious[i]	Not serious	Very serious[b]	None	⊕○○○ Very low

[a] There is a non-randomized study.
[b] Confidence interval is narrow based on a small number of events reducing the level of evidence for magnitude effect.
[c] Most of the sample was from non-randomized studies.
[d] Part of the data is from a non-randomized study.
[e] Half of the sample was from non-randomized studies, which also have men and women and lack of information in studies report.
[f] The heterogeneity was I^2=79%. Heterogeneity came from McKenzie et al. (2010), which has women in the sample, and Zbidi et al. (2017) also contribute to heterogeneity.
[g] The heterogeneity was I^2=47%. Heterogeneity came from Counts et al. (2016), which only present values for elbow flexors.
[h] Data is from non-randomized studies and there was a lack of information in the studies report.
[i] The heterogeneity was I^2=36%, but we could not identify the source of heterogeneity.
RCT: randomized clinical trial. MVIC: maximal voluntary isometric contraction.