

STROBE Statement

Checklist of items that should be included in reports of observational studies

Section/Topic	Item No	Recommendation	Reported on Page No
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	1
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3, 4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
Methods			
Study design	4	Present key elements of study design early in the paper	5
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	5, 6
Participants	6	(a) Cohort study—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	N/A
		Case-control study—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls	
		Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants	
		(b) Cohort study—For matched studies, give matching criteria and number of exposed and unexposed	N/A
		Case-control study—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	N/A
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	5, 6
Bias	9	Describe any efforts to address potential sources of bias	N/A
Study size	10	Explain how the study size was arrived at	5
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5, 6
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	N/A
		(b) Describe any methods used to examine subgroups and interactions	N/A
		(c) Explain how missing data were addressed	N/A

(d) *Cohort study*—If applicable, explain how loss to follow-up was addressed*Case-control study*—If applicable, explain how matching of cases and controls was addressed

N/A

Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy

(e) Describe any sensitivity analyses

N/A

Section/Topic	Item No	Recommendation	Reported on Page No
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	7
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	7
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	7
		(b) Indicate number of participants with missing data for each variable of interest	N/A
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	N/A
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	N/A
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	N/A
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	8, Tables 1, 2
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	N/A
		(b) Report category boundaries when continuous variables were categorized	N/A
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	8, 9, 10, 11, Table 3
Discussion			
Key results	18	Summarise key results with reference to study objectives	12
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	14
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	12, 13

Generalisability	21	Discuss the generalisability (external validity) of the study results	13, 14
Other Information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Title page

**Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.*

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

Codes
Diagnosis
Think about alternative diagnoses when examining or reviewing people with low back pain, particularly if they develop new or changed symptoms. Exclude specific causes of low back pain, for example, cancer, infection, trauma or inflammatory disease such as spondylarthritis. If serious underlying pathology is suspected, refer to relevant NICE guidelines on: • metastatic spinal cord compression in adults • spinal injury • spondylarthritis in over 16s • suspected cancer.
Consider using risk stratification (for example, the STarT Back risk assessment tool) at first point of contact with a healthcare professional for each new episode of low back pain with or without sciatica to inform shared decision-making about stratified management
Based on risk stratification, consider: • simpler and less intensive support for people with low back pain with or without sciatica likely to improve quickly and have a good outcome (for example, reassurance, advice to keep active and guidance on self-management) • more complex and intensive support for people with low back pain with or without sciatica at higher risk of a poor outcome (for example, exercise programs with or without manual therapy or using a psychological approach).
Explain to people with low back pain with or without sciatica that if they are being referred for specialist opinion, they may not need imaging.
Consider imaging in specialist settings of care (for example, a musculoskeletal interface clinic or hospital) for people with low back pain with or without sciatica only if the result is likely to change management.
Do not routinely offer imaging in a non-specialist setting for people with low back pain with or without sciatica.
Non-invasive treatments
Provide people with advice and information, tailored to their needs and capabilities, to help them self-manage their low back pain with or without sciatica, at all steps of the treatment pathway. Include: • information on the nature of low back pain and sciatica • encouragement to continue with normal activities
Consider a group exercise program (biomechanical, aerobic, mind–body or a combination of approaches) within the NHS for people with a specific episode or flare-up of low back pain with or without sciatica. Take people's specific needs, preferences and capabilities into account when choosing the type of exercise.
Consider manual therapy (spinal manipulation, mobilization or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy
Consider psychological therapies using a cognitive behavioral approach for managing low back pain with or without sciatica but only as part of a treatment package including exercise, with or without manual therapy (spinal manipulation, mobilization or soft tissue techniques such as massage)
Consider a combined physical and psychological program, incorporating a cognitive behavioral approach (preferably in a group context that takes into account a person's specific needs and capabilities), for people with persistent low back pain or sciatica: • when they have significant psychosocial obstacles to recovery (for example, avoiding normal activities based on inappropriate beliefs about their condition) or

• when previous treatments have not been effective.
Promote and facilitate return to work or normal activities of daily living for people with low back pain with or without sciatica.
If a person is already taking opioids, gabapentinoids or benzodiazepines for sciatica, explain the risks of continuing these medicines. See also the section on reviewing medicines in NICE's guideline on medicines associated with dependence or withdrawal symptoms.
Be aware of the risk of harms and limited evidence of benefit from the use of non-steroidal anti-inflammatory drugs (NSAIDs) in sciatica
If prescribing NSAIDs for sciatica: • take into account potential differences in gastrointestinal, liver and cardiorenal toxicity, and the person's risk factors, including age • think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastroprotective treatment • use the lowest effective dose for the shortest possible period of time
Do not offer traction for managing low back pain with or without sciatica.
Do not offer rocker sole shoes for managing low back pain with or without sciatica
Do not offer foot orthotics for managing low back pain with or without sciatica
Do not offer ultrasound for managing low back pain with or without sciatica.
Do not offer percutaneous electrical nerve stimulation (PENS) for managing low back pain with or without sciatica.
Do not offer transcutaneous electrical nerve stimulation (TENS) for managing low back pain with or without sciatica
Do not offer interferential therapy for managing low back pain with or without sciatica
Do not offer belts or corsets for managing low back pain with or without sciatica
Do not offer gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines for managing sciatica as there is no overall evidence of benefit and there is evidence of harm.
Do not offer opioids for managing chronic sciatica.
Invasive treatments
Consider epidural injections of local anesthetic and steroid in people with acute and severe sciatica.
Consider spinal decompression for people with sciatica when non-surgical treatment has not improved pain or function and their radiological findings are consistent with sciatic symptoms

Web page	Uniform Resource Locators (URLs)
Question 1: <i>How to reduce inflammation of the sciatic nerve?</i>	
1.a ^a	https://www.flector.it/dolori-e-infiammazioni/mal-di-schiena/nervo-sciatico-infiammato/
1.b	https://www.gradenigo.it/news/nervo-sciatico-come-sfiammarlo-e-trovare-sollievo/
1.c ^b	https://www.clinn.it/it/come-sfiammare-nervo-sciatico.html
1.d	https://www.my-personaltrainer.it/salute-benessere/infiammazione-del-nervo-sciatico.html
1.e ^c	https://lamadonnina.grupposandonato.it/news/2022/dicembre/come-curare-sciatica-meglio-riposo-o-camminata
Question 2: <i>How to cure sciatica?</i>	
2.a	https://www.humanitas.it/news/sciatica-riconoscerla-curarla/
2.b	https://www.grupposandonato.it/news/2021/maggio/sciatagia-cause-sintomi-rimedi
2.c ^c	https://lamadonnina.grupposandonato.it/news/2022/dicembre/come-curare-sciatica-meglio-riposo-o-camminata
2.d ^a	https://www.flector.it/dolori-e-infiammazioni/mal-di-schiena/nervo-sciatico-infiammato/
2.e	https://www.farmaciabrembate.it/blog/sciatica-come-riconoscerla-e-curarla/
Question 3: <i>Where is the sciatic nerve located?</i>	
3.a ^a	https://www.flector.it/dolori-e-infiammazioni/mal-di-schiena/nervo-sciatico-infiammato/
3.b	https://www.my-personaltrainer.it/salute-benessere/nervo-sciatico.html
3.c	https://www.micuro.it/enciclopedia/sintomi/nervo-sciatico
3.d	https://www.studiofisioterapiabergamo.it/nervo-sciatico-infiammato-cause-curarlo/
3.e	https://www.obiettivosalute.ch/patologie/nervo-sciatico-infiammato/
Question 4: <i>How to reduce inflammation of the sciatic nerve with drugs?</i>	
4.a ^a	https://www.flector.it/dolori-e-infiammazioni/mal-di-schiena/nervo-sciatico-infiammato/
4.b	https://www.my-personaltrainer.it/farmaci-malattie/farmaci-sciatica.html
4.c ^b	https://www.clinn.it/it/come-sfiammare-nervo-sciatico.html
4.d	https://www.my-personaltrainer.it/rimedi/sciatica.html
4.e	https://www.dica33.it/farmaci/sciatica/ketoprofene-sale-di-lisina/
Question 5: <i>How to sleep with sciatica?</i>	
5.a ^a	https://www.flector.it/dolori-e-infiammazioni/mal-di-schiena/nervo-sciatico-infiammato/
5.b	https://www.mollyflex.it/blog/come-dormire-con-la-sciatica-5-consigli-utili/
5.c	https://www.emma-materasso.it/news/come-dormire-con-la-sciatica/
5.d	https://www.comprarredo.it/blog/come-dormire-con-la-sciatica
5.e	https://curafacile.it/nervo-sciatico-infiammato-come-dormire/

^a same web page

^b same web page

^c same web page

Table S1. Complete list of the Uniform Resource Locators (URLs) for each of the analyzed web pages grouped per question.