Characteristics of studies
Characteristics of included studies

**Cho 2012**

| Methods                  | Location: Chungbuk National University Hospital  
|                         | Design: Prospective Randomised Trial  
|                         | Method of randomisation: Table of random numbers  
|                         | Assessor blinding: Not mentioned  
|                         | Study period: Not mentioned  
|                         | Follow-up: More than 2 years  
|                         | Intention-to-treat: Assumed a 20% dropout-rate preoperation and analyzed data when each group had 20 eligible patients.  
| Participants            | Transosseous suture group: 12 males and 8 females, Suture anchor group: 11 males and 9 females  
|                         | Mean age of the patients: 33.9 (range, 21 to 42) years in the transosseous suture group; 30.7 (range, 15 to 44) years in the suture anchor group.  
|                         | Inclusion criteria (1+2+3/4):  
|                         | (1) patients who complained of subjective instability of the ankle joint in whom repeated sprain injuries for more than 6 months and pain were confirmed;  
|                         | (2) patients with marked ankle instability confirmed by the anterior drawer test compared with the contralateral ankle and tenderness involving the lateral ligaments of the ankle confirmed on physical examination;  
|                         | (3) patients with a talar tilt angle exceeding 10 degrees or a discrepancy of more than 5 degrees compared with the non-affected side on stress radiography;  
|                         | (4) patients with an anterior talar translation exceeding 10 mm or a discrepancy more than 3 mm compared with the nonaffected side.  
| Interventions           | Two methods of ankle ligament reconstruction:  
|                         | (1) Suture Anchor for the Modified Brostrom Procedure  
|                         | (2) Transosseous Suture for the Modified Brostrom Procedure  
| Outcomes                | (1) Karlsson score  
|                         | (2) Sefton grading system  
|                         | (3) Anterior talar translation and talar tilt angle (preoperative and postoperative)  
|                         | (4) Intraoperative and postoperative complications: drill hole fracture, breakage of the anchor, wound complications and nerve damage  
| Notes                   |  

**Risk of bias table**

<table>
<thead>
<tr>
<th>Bias</th>
<th>Authors’ judgement</th>
<th>Support for judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random sequence generation (selection bias)</td>
<td>Low risk</td>
<td>Patients were randomly assigned based on a table of random numbers</td>
</tr>
<tr>
<td>Allocation concealment (selection bias)</td>
<td>Unclear risk</td>
<td>Allocation concealment not mentioned</td>
</tr>
<tr>
<td>Blinding of participants and personnel (performance bias)</td>
<td>Unclear risk</td>
<td>Blinding not mentioned</td>
</tr>
<tr>
<td>Blinding of outcome assessment (detection bias)</td>
<td>Unclear risk</td>
<td>Blinding not mentioned</td>
</tr>
<tr>
<td>Incomplete outcome data (attrition bias)</td>
<td>Low risk</td>
<td>Assumed dropout-rate preoperation, probably no data lost</td>
</tr>
<tr>
<td>Selective reporting (reporting bias)</td>
<td>Low risk</td>
<td>Outcome measures the same in methods and results sections</td>
</tr>
<tr>
<td>Other bias</td>
<td>Unclear risk</td>
<td>There was insufficient information to judge the risk from other sources of bias</td>
</tr>
</tbody>
</table>

*Footnotes*