


## Summary of findings table

Stretching before and after physical activity					
<b>Patient or population:</b> People who exercise regularly*					
<b>Intervention:</b> Stretching lower limb and trunk muscles before and after physical activity					
<b>Comparison:</b> No stretching					
	Illustrative comparative risks† (95% CI)				
Outcomes	Assumed risk (non-stretching)	Corresponding risk (stretching)	Relative effect (95% CI)	Number of participants	Quality of evidence (GRADE)
<b>All injuries</b> Follow-up: 12 weeks	562 per 1000	545 per 1000 (470 to 633)	HR 0.97 (0.84 to 1.13)	2,377 (1study)	 Moderate§
<b>Bothersome soreness</b> Average experienced during a week	323 per 1000	246 per 1000 (218 to 281)	OR 0.69 (0.59 to 0.82)		
<b>Muscle, ligament &amp; tendon injuries</b> Follow-up: 12 weeks	177 per 1000	133 per 1000 (104 to 171)	HR 0.75 (0.59 to 0.96)		
<b>Severity of soreness</b> (scale from 0 to 10)	Mean 2.9	Mean severity of soreness in the stretch group was 0.4 lower (0.2 to 0.5 lower)			
<b>Looseness during activity</b> (scale from 0 to 10)	Mean 3.3	Mean looseness during activity in the stretch group was 0.3 higher (0.1 to 0.4 higher)			
<b>Looseness after activity</b> (scale from 0 to 10)	Mean 3.7	Mean looseness after activity in the stretch group was 0.4 higher (0.3 to 0.6 higher)			
<b>Time spent stretching</b> (per session of physical activity)	None	7 minutes before and 7 minutes after activity			
CI: Confidence interval; HR: Hazard ratio; OR: Odds ratio. *Participants in the study typically exercised 4 times per week (half exercised 3 or 4 times per week) and engaged in a variety of activities, including running (32%), training in a gym (31%), and cycling (14%). †The basis for the <b>assumed risk</b> is what was observed in this study. The <b>corresponding risk</b> (and its 95% confidence interval) is based on the incidence rate or risk in the group that did not stretch and the relative effect of the intervention (and its 95% CI). Different assumed risks (i.e. a higher or lower risk without stretching) would be expected to result in different corresponding risks (assuming that the relative effect is the same). ‡All of the estimates of effect are based on this study, which is the only community-based study. §We used the GRADE system to assess quality of evidence. <sup>16</sup> We downgraded the quality of evidence for all 6 outcomes from high to moderate because they were self-reported, data were incomplete, and the confidence intervals do not rule out either a potentially important effect (for all injuries) or a potentially unimportant effect (for other outcomes). <b>Moderate</b> quality indicates the true effect is likely to be close to the estimates shown here, but there is a possibility that they are substantially different.					