Clinical panels, practitioner surveys or some combination of sources have been used to define the treatment protocol, it is recommended that full details of the methodology be given. Literature and other sources should be provided where relevant, in order that others can replicate the trial by consulting these source(s) and/or developmental methods on which treatment was based. Authors are encouraged to reference published works that are easily obtainable, such as a book or journal article. If the reference is a thesis, non-published work, written material only available in a different language from the journal article, or a verbal communication, authors are encouraged to present or summarise the information in an appendix or make it otherwise generally available (e.g. on a website). For fully individualised trials where the goal is to have representative practitioners who are encouraged to practice as they normally do, it is appropriate to specify the selection process for the practitioners, providing details of criteria for their inclusion. It is important to note that where details of the intended intervention are defined in advance, it is possible that what was actually administered may have differed. In such cases, precise details of the treatments that were provided are also necessary.

**Examples.** (i) This study employed a style of Japanese acupuncture developed by Shima and Chace (ref) and Manaka (ref), and follows the Japanese acupuncture training curriculum at the New England School of Acupuncture. In comparison to typical traditional Chinese medicine (TCM) acupuncture, Japanese acupuncture uses smaller needles and inserts needles less deeply and with less manipulation.(ref) For these reasons, we believed Japanese acupuncture would be less invasive than TCM, and thus better received by our adolescent population. Japanese acupuncture has been shown to be effective in treating certain pain conditions.(ref) The specific acupuncture protocols employed in this study are briefly described below and discussed in greater detail in a companion paper(ref) [25].

(ii) We based point selection on individualized Western acupuncture techniques by using a list of points previously reported as being effective in neck pain (refs) and by reaching a consensus according to our own clinical and teaching practice.(ref)

(iii) We developed the treatment strategies for acupuncture and minimal acupuncture in a consensus process with three acupuncture specialists (names provided) representing two major German societies for medical acupuncture: the German Medical Acupuncture Association (Deutsche Ärztgesellschaft für Akupunktur, DAGÄ) and the International Society for Chinese Medicine (Societas Medicinae Sinensis, SMS). The first step involved three specialists (names provided) and the study team developing a proposal, which was followed by a discussion including more than 30 acupuncture experts from both acupuncture societies. The final intervention strategies were defined by the above mentioned three specialists together with the study team and subsequently were communicated to the external advisors [27].

### Table 1. STRICTA 2010 checklist of information to include when reporting interventions in a clinical trial of acupuncture.

| Item | Detail |
|------|--------|
| 1. Acupuncture rationale | 1a) Style of acupuncture (e.g. Traditional Chinese Medicine, Japanese, Korean, Western medical, Five Element, ear acupuncture, etc) |
| | 1b) Reasoning for treatment provided, based on historical context, literature sources, and/or consensus methods, with references where appropriate |
| | 1c) Extent to which treatment was varied |
| 2. Details of needling | 2a) Number of needle insertions per subject per session (mean and range where relevant) |
| | 2b) Names (or location if no standard name) of points used (uni/bilateral) |
| | 2c) Depth of insertion, based on a specified unit of measurement, or on a particular tissue level |
| | 2d) Response sought (e.g. de qi or muscle twitch response) |
| | 2e) Needle stimulation (e.g. manual, electrical) |
| | 2f) Needle retention time |
| | 2g) Needle type (diameter, length, and manufacturer or material) |
| 3. Treatment regimen | 3a) Number of treatment sessions |
| | 3b) Frequency and duration of treatment sessions |
| 4. Other components of treatment | 4a) Details of other interventions administered to the acupuncture group (e.g. moxibustion, cupping, herbs, exercises, lifestyle advice) |
| | 4b) Setting and context of treatment, including instructions to practitioners, and information and explanations to patients |
| 5. Practitioner background | 5) Description of participating acupuncturists (qualification or professional affiliation, years in acupuncture practice, other relevant experience) |
| 6. Control or comparator interventions | 6a) Rationale for the control or comparator in the context of the research question, with sources that justify this choice |
| | 6b) Precise description of the control or comparator. If sham acupuncture or any other type of acupuncture-like control is used, provide details as for Items 1 to 3 above. |

Note: This checklist, which should be read in conjunction with the explanations of the STRICTA items provided in the main text, is designed to replace CONSORT 2010’s item 5 when reporting an acupuncture trial.

doi:10.1371/journal.pmed.1000261.t001