Report on Clinical Guidelines activities and Recommendation: Good Practice to be implemented at National Level

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Berlin, Germany
REPORT ON CLINICAL GUIDELINES ACTIVITIES AND RECOMMENDATION: GOOD PRACTICE TO BE IMPLEMENTED AT NATIONAL LEVEL

Europe Region of the World Confederation for Physical Therapy (WCPT)

Professional Issues WG

Introduction

Based on the strategic plan of ER-WCPT the Professional Issues Working Group worked in the period 2008-2010 on three objectives in relation to the development and implementation of clinical guidelines:

1. Monitor the procedures for Adopting existing foreign Guidelines
2. Promote further collaboration in Clinical Guideline development, especially in collecting the evidence
3. Update the database of clinical guideline development in ER-WCPT

Monitor the procedures for Adopting existing foreign Guidelines and Promote further collaboration in Clinical Guideline development, especially in collecting the evidence

The WG had discussed the situation in their different countries and agreed to recommend developing evidence-based recommendations for physical therapy practice. ER-WCPT will play a proactive role to stimulate and participate in an international collaborative programme. According to it agreed to provide annual recommendations regarding good practice to be implemented at national level.

Clinical guidelines are important tools to improve quality in health care by providing evidence-based recommendations for daily practice. The European Region of the WCPT has stimulated the development of clinical guidelines in several activities. In 2006 the General Meeting of ER-WCPT adopted a Framework for guideline development. Also at worldwide level WCPT promotes the development and implementation of clinical guidelines to stimulate evidence-based practice.

One of the objectives of the Framework for guideline development is to stimulate international collaboration. For many countries it is not possible to develop clinical guidelines due to lack of resources. International collaboration within WCPT could avoid duplication of work and the results may be used for adaptation and implementation at national level.
However, it appeared that the complexity of a full guideline development procedure and formal adaptation of existing guidelines hinders joint international activities.

**Option for international collaboration:** An attainable option for international collaboration might be the development of concise evidence-based recommendations for daily physical therapy practice. An example an evidence-based recommendation about the prevention of ankle sprains is described in Annex 1. ER-WCPT could play a stimulating role to establish an international collaborative program at worldwide level. During the WCPT 2011 conference in Amsterdam a symposium will be held to explore the possibilities of such an international collaborative program (Annex 2). The Professional Issues working group could be assigned to have a proactive role in stimulating and participating in the expected international collaborative program.

**Annex 1:** Example of evidence-based recommendation to prevent ankle sprains

**Annex 2:** Abstract of focused symposium to develop evidence-based recommendations for physical therapy diagnosis and treatment

**Guidelines International Network (G-I-N)**

In 2007, ER-WCPT became a full member of G-I-N. The Guidelines International Network is a major international initiative involving organisations from around the world. G-I-N seeks to improve the quality of health care by promoting systematic development of clinical practice guidelines and their application into practice.

In 2009, the ER-WCPT participated in the 6th International G-I-N Conference which took place in Lisbon, Portugal, on 1 – 4 November 2009. The ER-WCPT and the Portuguese Association were deeply involved in the G-I-N Conference. The two abstracts submitted and accepted were organized to discuss participation of Allied Health Professionals (AHP) and Nurses in multidisciplinary guideline development. The first workshop focused on participation of AHP and Nurses in multidisciplinary guideline development, while the second workshop focused on integration of evidence and recommendations related to AHP and Nurses in multidisciplinary guidelines. Philip van der Wees, Sarah Bazin and Antonio Lopes conducted them and the outcomes were presented to the meeting.

At this Conference, Philip Van der Wees was elected to the Board of the Guideline International Network Executive Committee with the support of the European Region.
The 7th International GIN conference will take place in Chicago, USA, August 2011.

2nd Conference on Clinical Guidelines
The 2nd Conference on Clinical Guidelines will be held in Amsterdam (the Netherlands), on 2nd December 2010. The topic will be: *Implementation of clinical guidelines: improving the quality of physical therapy care within chronic disease management*. As an example, COPD, (Chronic Obstructive Pulmonary Disease) in conjunction with the Smoking cessation and Staying Clean project will be used.

At the 2010 General meeting, the full programme and registration details will be presented.

Database of clinical guideline development
The first version of the database of clinical guideline development was presented at the General Meeting in 2008 in Sibenik, Croatia. The database was also updated and presented at the General Meeting in 2008 in Athens, Greece. During the period 2008 -2010 the database has been updated and will be presented in a separate document to the Member Organisations.
Annex 1

Example of Evidence-Based Recommendation to Prevent Ankle Sprains
Example of evidence-based recommendation to prevent ankle sprains

Introduction

Ankle sprain is one of the most common sports injuries. In the Netherlands the annual incidence of sports injuries is around 3.5 million. Ankle sprains contribute to 16% of these injuries, with 750,000 ankle sprains per year (1). After acute ankle sprains people are at risk for recurrent injuries, and it is very important to identify effective measures to prevent (recurrent) ankle sprains. We therefore formulated the next research question to develop this evidence-based recommendation: How can (recurrent) ankle sprains be prevented?

This example is derived from the Dutch multidisciplinary guideline Ankle sprain, for which the Royal Dutch Society for Physical Therapy (KNGF) performed the systematic review and formulated the (draft) scientific conclusions. The conclusions were discussed in the guideline development group, and recommendations were formulated. This example therefore resembles an evidence-based recommendation as part of an (updated) national multidisciplinary clinical guideline.

Methods

To identify the effectiveness of preventive measures, we specifically looked at the effectiveness of exercise therapy. We used the previous Dutch multidisciplinary clinical guideline Acute ankle sprain and the clinical guideline Ankle sprain of the Royal Dutch Society for Physical Therapy (KNGF) as basis for this evidence-based recommendation (2;3). We performed an additional literature search in the period 1999-2009 in Medline, Embase, Cinahl, PEDro. Key words were: ankle sprains, recurrent injuries, prevention, exercise therapy, training, balance, coordination.

The search resulted in 11 (systematic) reviews (4-14). We also searched for controlled studies (RCT's and CCT's) that were not included in the published reviews. This resulted in 9 new studies about exercise therapy (15-23), and three new studies about tape or brace (24-26).

Best evidence synthesis

We performed a best evidence synthesis by assessing the quality of the included systematic reviews and individual studies using a hierarchy of four levels (A-D). We formulated conclusions by assessing the strength of the evidence of combined studies, which is also expressed in four levels (1-4). The levels of evidence are derived from the methodology used
in clinical practice guidelines and are shown in Table 1.

**Exercise therapy to prevent ankle sprains**

Table 2 shows an overview of the systematic reviews that studied exercise therapy to prevent ankle sprains. Three different reviews show a positive effect of training of coordination and balance. Verhagen (11) concluded in his review about preventive measures (with two studies using exercise therapy (27;28)) that training of coordination and balance reduced the risk of ankle sprains in athletes with recurrent ankle sprains, to the level of athletes without recurrent ankle sprains. A review by Stomp (7) showed a positive effect of exercise therapy (four studies were included (28-31)), to prevent recurrent injury. Van der Wees (9) included five studies in a review to study the effectiveness of exercise therapy (28-32). The meta-analysis of two studies of patients with acute ankle sprain (Holme 1999 (30), Wester 1996 (31)) showed a protective effect of exercise therapy compared to usual care (2 RCTs; n=130) (RR 0.37; 95% 0.18 to 0.74) with a follow up of 8-12 months. Pooling of the results of two studies with athletes with recurrent ankle sprains (28;32) resulted in a Relative Risk (RR) of 0.38 (95% CI: 0.23-0.62). The results of these reviews are confirmed by a review of Bleakley (4). However, another review by Van Os showed limited effects based on studies that partly overlapped with the other reviews (10).

Table 3 shows the effects of exercise therapy to prevent (recurrent) ankle sprains based on results of RCT’s and CCT’s. Two studies of high quality (16;19), and one study of moderate quality (21) showed a positive effect of exercise therapy to prevent recurrent injuries in athletes. There seems to be no positive effect on the prevention of primary ankle sprains, although most studies presented no results of subgroups of athletes with primary ankle sprains.

**Population**

It is important to realize that two types of patients were included in the different studies: (a) patients after acute ankle sprains, and (b) cohorts of athletes including recognizable subgroups with previous ankle sprains. In the studies with cohorts of athletes, usually a period of 12 months was used to identify previous ankle sprains (16-18;20;21). One study included athletes with a history of previous sprains of maximal 2 months (19).
Conclusions

| Level 2 | It is likely that exercise therapy, compared to usual care, can prevent recurrent injuries after acute ankle sprains with a long term effect of 8-12 months (2 RCTs; n=130; RR 0.37; 95% 0.18 to 0.74)  
| B: Van der Wees 2006 (SR) |
| Level 2 | It is likely that exercise therapy prevents recurrent ankle sprains in athletes until 12 month after initial injury.  
| B: Van der Wees 2006 (SR); Verhagen 2000 (SR), Emery 2005, Hupperets 2009 |
| Level 2 | It is likely that exercise therapy is not effective to prevent primary ankle sprains.  
| B: Cumps 2007, McGuine 2006, Verhagen 2004 |

Other considerations

Most studies used a balance board within a program to train balance and coordination. It is not clear what the specific effect is of a balance board. Stasinopoulos (33) found no difference in the incidence of recurrent injuries between three different preventive programs (balance board, technical training, orthosis) for athletes with a history of ankle sprain. Because most programs use a balance board, it seems plausible to use a balance board in training programs.

The study by Verhagen (32) shows that exercise therapy is effective for athletes during a prolonged period after acute ankle sprains. He suggests that exercise therapy for athletes can be considered as adequate treatment after acute ankle injury. It is important to include exercises in regular training activities.
Recommendation

After acute ankle injury it is recommended to exercise balance and coordination, especially for athletes, within 12 months after initial injury. It is recommended to include these exercises in regular training activities.
Reference List


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Table 2: Systematic reviews exercise therapy

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<th>Author</th>
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<th>Study</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
<th>RR [95 % CI]</th>
<th>Effect</th>
<th>Remarks</th>
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Table 3: Effects of exercise therapy to prevent (recurrent) ankle sprains based on results of RCT’s and CCT’s

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<tr>
<th>Author</th>
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<th>Study</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome measure</th>
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Annex 2

Abstract of Focused Symposium to Develop Evidence-Based Recommendations for Physical Therapy Diagnosis and Treatment
Abstract of focused symposium to develop evidence-based recommendations for physical therapy diagnosis and treatment

**Primary Track:** Professional Issues

**Other relevant tracks:** Professional Practice; Research Methodology

**Title:** DEVELOPMENT OF EVIDENCE-BASED RECOMMENDATIONS FOR PHYSICAL THERAPY DIAGNOSIS AND TREATMENT

**Presenter(s):** van der Wees P.,1,2,3, Maher C.,4,5, Powers C.,6, Stewart A.,7, Moore A.P.8

**Affiliation(s):** 1Royal Dutch Society for Physical Therapy (KNGF), Quality & Implementation, Amersfoort, Netherlands, 2Maastricht University, Caphri Research Institute, Maastricht, Netherlands, 3Radboud University Nijmegen Medical Center, IQ healthcare, Nijmegen, Netherlands, 4The George Institute for International Health, Musculoskeletal Division, Sydney, Australia, 5The University of Sydney, Sydney Medical School, Sydney, Australia, 6University of South California, Division of Biokinesiology & Physical Therapy, Los Angeles, United States of America, 7University of the Witwatersrand, Faculty of Health Sciences, School of Therapeutic Sciences, Department of Physiotherapy, Johannesburg, South Africa, 8University of Brighton, Clinical Research Centre for Health Professions, Eastbourne, United Kingdom

**Learning objectives:** 1. To develop and publish evidence-based recommendations for physical therapy practice 2. To expand the international body of knowledge of clinical guideline development in physical therapy 3. To strengthen the existing network of clinical guideline developers in Physical Therapy, by creating an international collaborative program

**Description:** **Background**

Clinical guidelines are important tools to improve quality in health care by providing evidence-based recommendations for daily practice. In some countries clinical guidelines for physical therapists are being developed, and physical therapy treatment is sometimes included in multidisciplinary guidelines. In many other countries clinical guidelines are nonexistent, because of lack of resources for physical therapy guidelines, or because of lack of position for participation in multidisciplinary guidelines.
Outline
In this focused symposium we aim to explore possibilities for an international collaborative program to develop and publish concise evidence-based recommendations for daily physical therapy practice. We aim to establish an international network of researchers, clinical guideline developers and practitioners that will collaborate in producing these evidence-based recommendations. The evidence-based recommendations will be derived from current high quality clinical guidelines and systematic reviews. The recommendations should be concise (2-3 pages), and provide decision support for physical therapy diagnosis and treatment. The recommendations may include relevant information regarding screening in case of self-referral of patients (direct access) and treatment objectives in terms of function, activities and participation, based on the International Classification of Functioning (ICF). We aim to address the unique difficulties experienced in under-resourced health care systems. This necessitates the development of specific/adapted clinical guidelines using the existing evidence, but making appropriate changes to suit the unique situation of these health care systems. We will also look for ways to address language barriers, e.g. by translating the recommendations to multiple languages.

Rationale
At the WCPT congress in 2007 a workshop was held to stimulate international collaboration for development and implementation of clinical guidelines in physical therapy. The conclusion of that workshop was that the body of knowledge for clinical guideline development in physical therapy is accumulating, with an intent to further strengthen the existing network of clinical guideline developers. In the follow-up it appeared that the complexity of a full guideline development procedure and formal adaptation of existing guidelines hindered joint international activities.

Programme
In the introduction the objectives of the session will be explained, and the need will be stressed for active participation of all participants to establish an international collaborative program to develop evidence-based recommendations. Brief presentations will provide information about relevant activities in different countries that can be useful for the collaborative program:
- Using the PEDro database (Australia)
- Connecting to the ‘Hooked on Evidence’ program (USA)
- Involvement of low resource health care systems (South Africa)
- Developing Evidence-based statements (UK)

The main body of the symposium will be formed by an interactive
discussion with the audience to explore possibilities and commitment for the program and to formulate a strategy to make the necessary further steps. We will explore options for the development of evidence-based recommendations for physical therapy practice, and will identify possible barriers and facilitators. Elements of the exploration will be the involvement of low resource countries and how to address language barriers. We will conclude the symposium by formulating a clear assignment for a working group that should be installed to ensure a successful follow-up.

Implications / Conclusions:
At the symposium we aim to reach consensus to start an international program to develop concise evidence-based recommendations as an alternative to collaboration in full guideline development. A working group will be installed to work out the strategy for a collaborative program, including necessary resources and time investment. The working group will stay in contact with the participants and will seek for possible liaisons with the World Confederation for Physical Therapy.

Key-Words: Evidence-based recommendations; Clinical guidelines; Implementation

Funding acknowledgements: None

Do you wish to apply for funding assistance towards congress participation for a presenter from a low income country?
No

Has any of this work been/due to be presented prior to World Physical Therapy 2011?
Yes

In 2004 the European Region of WCPT published a framework for clinical guideline development. Two keynote papers about clinical guidelines were published by WCPT in 2006: An introduction; Publishing the guidelines. At the WCPT congress in 2007 a first workshop about clinical guidelines was held to stimulate international collaboration.

Relevance to WCPT and expected audience: Evidence-based practice is a central theme within WCPT policy, and resulted in the publication of several keynote papers. Clinical guidelines can play an important role in stimulating evidence-based practice. The proposed transition from full guidelines to concise evidence-based recommendations will make information easy accessible and aims to stimulate implementation.
**Symposium objectives:** The main objective of this focused symposium is to explore possibilities for an international collaborative program to develop and publish concise evidence-based recommendations for daily physical therapy practice. These evidence-based recommendations will be derived from published clinical guidelines and systematic reviews. We aim to establish an international network of researchers, clinical guideline developers and practitioners that will collaborate in producing these evidence-based recommendations.

**Target audience:** The target audience will be researchers, clinical guideline developers, practitioners and policy makers. The combined effort of these target groups makes a collaborative program possible.

**Summary of session format:** The convenor will introduce the objectives of the session and will stress the need for active participation of all participants to establish an international collaborative program to develop evidence-based recommendations. Three brief presentations will provide information about relevant activities in different countries that can be useful for the collaborative program. The main body of the symposium is to explore possibilities and commitment for the program and to formulate a strategy to make the necessary further steps.