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Too Fit To Fracture

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Too Fit To Fracture

Exercise recommendations for individuals with osteoporosis or osteoporotic vertebral fracture

Date of latest update: March 2014. **Date of next update:** Unknown.

Patient group: Older adults with osteoporosis and no history of fracture; and older adults with a history of an osteoporotic vertebral fracture. **Intended audience:** Primary care clinicians, rheumatologists, physiotherapists, physical therapists and personal trainers. **Additional versions:** Version one. **Expert working group:** An expert panel of researchers and clinicians was selected by the following criteria: previous experience of guideline development; prior experience in conducting clinical trials in exercise and in people with osteoporosis or vertebral fracture; or having clinical or anatomy/biomechanics expertise related to exercise. Members of the panel were from Australia, Canada, Finland and the United States, and included stakeholders from Osteoporosis Canada. The expert panel had a wide range of expertise, including: biomechanics, endocrinology, geriatrics, gerontology, internal medicine, kinesiology and physical therapy. Four patient advocates were chosen from the Canadian Osteoporosis Patient Network to inform outcomes on patient preference. **Funded by:** The University of Waterloo, Osteoporosis Canada, the Ontario Osteoporosis Strategy and Schlegel-University of Waterloo Research Institute for Aging supported the project. **Consultation with:** Stakeholders from the Osteoporosis Canada Clinical Practice Guidelines committee, Canadian Osteoporosis Patient Network, National Osteoporosis Foundation Exercise and Rehabilitation Advisory Council, International Osteoporosis Foundation, Finnish Osteoporosis Association, Osteoporosis Australia, and Canadian Physiotherapy Association were consulted for input about utility and clarity of the report. **Approved by:** Endorsed

by Osteoporosis Canada, the National Osteoporosis Foundation, and Osteoporosis Australia's Medical and Scientific Advisory Committee. **Location:** Osteoporosis International (Vol 25, No. 3, March 2014, pp. 821-835); <http://doi.org/10.1007/s00198-013-2523-2>

Description: These recommendations were published as a 15-page journal article. They provide a consensus about exercise recommendations for two target groups: older adults with osteoporosis and no history of fracture; and older adults with a history of an osteoporotic vertebral fracture. An international expert panel used the Grading of Recommendation Assessment, Development, and Evaluation (GRADE) approach to evaluate the quality of existing evidence and generate recommendations. A number of reviews, meta-analyses, observational studies and systematic reviews from peer-reviewed journals were used to inform this project. A clear summary of the exercise recommendations is provided for the two target groups. The recommendations are followed by a short summary of the evidence and the rationale underlying it. The recommendations have most direct relevance to physicians who prescribe exercise or professionals who design exercise programs. Table 4 provides a comprehensive summary of the key recommendations. Tables 5 and 6 provide details of exercises used in clinical trials and exercise prescription details, respectively.

Provenance: Invited. Not peer reviewed.

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Knee osteoarthritis

Surgical Management of Knee Osteoarthritis Evidence-Based Clinical Practice Guideline

Date of latest update: December 2015.

Patient group: Adult patients with suspected or confirmed osteoarthritis of the knee. **Intended audience:** Primarily orthopaedic surgeons and secondarily a variety of healthcare professionals, including physiotherapists. **Additional versions:** This is an updated version of a previous guideline. The full 661-page version, including all summary tables and brief summaries of the key recommendations, is available. **Expert working group:** The group was chaired by an assistant clinical professor of medicine and consisted of 13 members representing additional professional societies, including: four from the American Academy of Orthopaedic Surgeons; three from the American Association of Hip and Knee Surgeons; and one from each of the Arthroscopy Association of North America, American Orthopaedic Society for Sports Medicine, Society of Military Orthopaedic Surgeons, American Physical Therapy Association, Society of Hospital Medicine, and American Society of Anesthesiologists. **Funded by:** The American Academy of Orthopaedic Surgeons. **Consultation with:** The professional associations represented and within the American Academy of Orthopaedic Surgeons organisation. **Approved by:** The American Academy of Orthopaedic Surgeons. Endorsed by: Arthroscopy Association of North America, American College of Radiology, Society of Military Orthopaedic Surgeons, The Knee Society, American Geriatric Society, and

American Association of Hip and Knee Surgeons. **Location:** <http://www.orthoguidelines.org/topic?id=1019>. **Description:** This guideline is intended to enhance musculoskeletal care for adult patients undergoing surgical management of knee osteoarthritis. The guideline provides evidence-based recommendations that address 42 questions generated by the working group to define risk factors, types of anaesthesia, surgical approaches, postoperative mobilisation/supervised exercises that affect outcomes, including pain and complication rates. For physiotherapists, the most relevant points are recommendations suggesting strong evidence for that rehabilitation initiated on the day of arthroplasty reduces length of hospital stay, and that postoperative continuous passive motion does not improve outcomes. This guideline for surgical management of knee osteoarthritis is the most recent among a number of guidelines related to orthopaedic conditions that have been funded by the American Academy of Orthopaedic Surgeons. All of which are freely available at <http://www.aaos.org/guidelines/?ssopc=1>.

Provenance: Invited. Not peer reviewed.

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