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Appraisal of: Role of physical therapists in the management of individuals at risk for or diagnosed with venous thromboembolism: evidence-based clinical practice guideline

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Appraisal of: Australian and New Zealand Pulmonary Rehabilitation Clinical Practice Guideline

Date of latest update: February, 2017. **Patient group:** Patients with chronic respiratory disease, primarily chronic obstructive pulmonary disease (COPD) and other chronic lung conditions such as bronchiectasis, interstitial lung disease and pulmonary hypertension. **Intended audience:** Primarily written for health practitioners providing pulmonary rehabilitation and other health professionals who refer to pulmonary rehabilitation. **Expert working group:** The working group comprised 28 healthcare professionals, including 22 physiotherapists, two respiratory physicians, one health psychologist, two nurses, and one exercise physiologist. **Funded by:** The process was supported and coordinated by Lung Foundation Australia. **Consultation with:** The COPD consumer group, and externally reviewed by a panel of experts. **Approved by:** The Thoracic Society of Australia and New Zealand, and Lung Foundation Australia. **Location:** <http://onlinelibrary.wiley.com/doi/10.1111/resp.13025/full>

Description: The Guideline methodology adhered to the Appraisal of Guidelines for Research and Evaluation (AGREE) II criteria. For the purpose of this guideline, pulmonary rehabilitation was defined as 'Any in-patient, out-patient, community-based or home-based rehabilitation programme of at least four weeks' duration that included exercise therapy with or without any form of education and/or psychological support delivered to patients with exercise limitation attributable to COPD'.

The working group initially developed nine key questions, which were constructed in accordance with the Population, Intervention, Control, and Outcomes (PICO) format. The questions were reviewed and agreed to by a COPD consumer group. Systematic reviews were performed for each key question and recommendations made based on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria.

Eight of the nine key questions relate specifically to people with COPD and one key question addresses pulmonary rehabilitation for people with bronchiectasis, interstitial lung disease, and pulmonary hypertension. The key questions focus on the effectiveness of pulmonary rehabilitation in different populations and whether effectiveness is impacted by factors such as the setting, duration of program and disease severity. Each key question is presented with a background section, summary of evidence, recommendation and justification. The guideline includes a helpful one-page summary of recommendations.

Provenance: Invited. Not peer reviewed.

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<http://dx.doi.org/10.1016/j.jphys.2017.07.008>

Appraisal of: Role of physical therapists in the management of individuals at risk for or diagnosed with venous thromboembolism: evidence-based clinical practice guideline

Date of latest update: October 2015. **Date of next update:** 2020. **Patient group:** Adult patients who are at risk of or have a diagnosed venous thromboembolism across all practice settings, excluding children or pregnant women. This guideline does not discuss the management of pulmonary embolism, upper extremity deep vein thrombosis, or chronic thromboembolic pulmonary hypertension. **Intended audience:** Primarily written for physical therapists. **Additional versions:** Version one. **Expert working group:** The American Physical Therapy Association (APTA) in conjunction with the Cardiovascular and Pulmonary and Acute Care sections of the American Physical Therapy Association. **Funded by:** The Cardiovascular and Pulmonary Section and the Acute Care Section of the American Physical Therapy Association. **Consultation with:** Stakeholders representing the American College of Chest Physicians, Society for Vascular Nursing, physical therapy clinicians and researchers, and patient representatives. **Approved by:** The American Physical Therapy Association. **Location:** *Phys Ther* 2016;96(2):143-166. <https://academic.oup.com/ptj/article-lookup/doi/10.2522/ptj.20150264>

Description: These recommendations were published as a 24-page journal article. They used the best available evidence between 2003 and 2014, and developed a clinical practice guideline for the management of individuals at risk of or diagnosed with venous

thromboembolism. The guideline development group, along with clinicians and academics who volunteered from both the Cardiovascular and Pulmonary Section and the Acute Care Section reviewed the identified literature. Evidence obtained from high-quality diagnostic studies, prognostic or prospective studies, cohort studies or randomised, controlled trials, meta-analyses or systematic reviews were considered when developing this guideline. This clinical practice guideline was evaluated using the AGREE II tool to assess the methodological quality of the guideline. This clinical practice guideline contains 14 key action statements that can be applied to adult patients (except pregnant women) across all practice settings. Each key action statement is followed by a rating of level of evidence, grade of the recommendation, and a summary of the relevant evidence. Included are strategies to implement and disseminate the guideline recommendations. Table 1 provides the 14 key action statements. The guideline has an electronic link to the AGREE II review of this clinical practice guideline.

Provenance: Invited. Not peer reviewed.

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