

Clinical guidelines 1

– an introduction

Physical therapists want to do their best for their patients, which means offering interventions known, through high quality research, to be effective. Clinical guidelines are a useful practical tool to help this process.

This Keynotes by Judy Mead and Philip van der Wees introduces clinical guidelines as a tool for evidence based practice (EBP). It is the first in a series of Keynotes on developing and implementing clinical guidelines. WCPT's website (www.wcpt.org) includes further information on EBP and clinical guidelines.

What are clinical guidelines?

They are systematically developed statements which help the practitioner and patient make decisions about appropriate health care in specific circumstances.^[1] They set out the most effective means of managing a condition or clinical problem, by finding, appraising and summarising (synthesising) relevant research on the topic. Clinical guidelines uniquely provide recommendations for practice that are derived from the comprehensive assessment of available evidence.

Clinical guideline developers not only review all the available evidence in order to summarise it; they also formulate recommendations for practice. Recommendations are based on the strength of evidence for particular interventions, estimating the relative effectiveness of each option. This information provides a resource for physical therapists and patients, to help them make decisions about treatment.

Clinical guidelines and systematic reviews

There is a difference between clinical guidelines and systematic reviews. Systematic reviews also find, appraise and synthesise the relevant research. However, they usually try to answer a single clinical question: "For patients with whiplash associated disorder, does exercise reduce pain?" In contrast, a clinical guideline answers a series of questions to help patients and physical therapists make decisions about a range of interventions, or a package of care. A recent clinical guideline for the physical therapy management of whiplash associated disorder carried out reviews of evidence, and made recommendations on a range of possible interventions.^[2]

So clinical guideline developers not only review all the available evidence in order to summarise it, they also formulate recommendations for practice. Recommendations are based on the strength of evidence for interventions, estimating the relative effectiveness of each strategy.

Where the research evidence is weak, inconclusive or absent, rigorous and transparent consensus processes of finding consensus, using patient experiences, can be used in order to provide guidance on a package of care.

Herbert et al have discussed other differences between systematic reviews and clinical guidelines.^[3]

Why do we need clinical guidelines?

With the increasing volume of high quality clinical research available to physical therapists, it can be a


challenge to determine which study outcomes are sufficiently reliable to be applied in practice. But high quality clinical guidelines do the work for you. The implementation of clinical guidelines should provide more consistent, as well as more effective care for patients.

They also provide an important resource for patients, helping them understand their condition and treatment options. Good clinical guideline development programmes involve patients in determining which aspects of health care are most important to them, and interpreting research from a patient's perspective.

Where to find clinical guidelines

One of the best places to look is PEDro, a database of randomised controlled trials (RCTs), systematic reviews and clinical guidelines in physical therapy. The database is freely available at www.pedro.fhs.usyd.edu.au. For access to clinical guidelines, click on Advanced search and choose "clinical guidelines" in the drop-down menu of the Methods field. At the time of writing (Jan '06), the database includes details of 447 clinical guidelines. These have already been assessed against specific criteria that they include a systematic review, there is at least one RCT in the review and they meet the definition of a CG.^[4]

Other sources of clinical guidelines are listed in the box below. A number of countries have programmes of clinical guideline development - these are mainly multi-professional, but are still of relevance to physical therapists.



In addition, some WCPT Member Organisations have embarked on guideline development programmes and publish clinical guidelines which are physical therapy specific.

How do I know if a guideline is reliable?

Clinical guidelines need to be assessed for their relevance, how well they have been developed and the reliability of the recommendations for practice. The AGREE instrument (available at www.agreecollaboration.org) is designed to provide a means of appraising this. Designed and subjected to validation by an international team of experts, this tool provides an easy-to-use checklist of things to look for when assessing the quality of a clinical guideline. It covers six aspects of the guideline development process:

- scope and purpose
- stakeholder involvement
- rigour of development
- clarity and presentation
- applicability
- editorial independence.

How are guidelines developed?

Developing good clinical guidelines requires significant resources – experts to review and write, and funding to support them through a potentially long and complex process. Because of this, clinical guidelines are usually developed by national organisations. This has the advantage of meaning that the clinical guidelines carry more authority than if they had been developed locally.

Uni- or multi-professional guidelines?

Uni-professional clinical guidelines examine evidence for the effectiveness of physical therapy for specific clinical problems, and provide a profession-specific consensus if high quality clinical research is not available.

However, some argue that uni-professional clinical guidelines only deal with one component of a patient's care and that all components should be examined together to ensure the optimum management of a condition is recommended. For ankle sprain, for example, cryotherapy may be an immediate treatment of choice but, to be comprehensive, the clinical guideline might also consider the criteria for taking an X-ray and pain relief medications. Multi-professional clinical guidelines provide recommendations for a complete package of care, rather than looking at the contribution of a single profession in isolation, and advocates say that this provides a more patient-centred approach.

Some multi-professional clinical guideline development groups can be medically orientated. However, physical therapists should be involved to ensure that the clinical guideline includes physical therapy components of the care package.

Physical therapists will need to be conversant with high quality clinical research in the topic area and be able to assert the quality and limitations of relevant research. It is important that they play their part in ensuring that all aspects of care are considered with equal importance, and value other people's perspectives, including those of patients themselves. High quality clinical research should drive the recommendations in a clinical guideline, not professional rivalries.

Uni- and multi-professional clinical guidelines are complementary. Multi-professional clinical guidelines reflect the complete package of care but, because of their scope, they may not be able to provide sufficient detail on a single aspect, such as physical therapy. A physical therapy-specific clinical guideline can usefully build on the multi-professional, providing a more detailed analysis of the evidence and more specific recommendations for practitioners.

International perspectives

The Guidelines International Network is a not-for-profit association of organisations and individuals involved in clinical guidelines. It seeks to improve healthcare quality by promoting the development and use of clinical practice guidelines and supporting international collaboration. It helps people share information and harmonise methodologies for developing guidelines. For more information see www.g-i-n.net.

It is important that resources are shared internationally. Clinical guideline developers need to make international audiences aware of new guidelines and these audiences should be willing to assess and use other's work. It makes no sense for different countries to use scarce resources to systematically assess the same evidence. Indeed, it may be valuable to include other countries' perspectives when making judgements about clinical guideline recommendations.

Reading List

1. Field MJ, Lohr KN (1992). Guidelines for clinical practice: from development to use. National Academy Press, Washington DC.
2. Moore A, Jackson A, Jordan J, Hill J, Mercer C, Smith C, Thompson J, Woby S, Hudson A (2005). Clinical guidelines for the physiotherapy management of whiplash associated disorder. Chartered Society of Physiotherapy, London.
3. Herbert R, Jamtvedt G, Mead J, Hagen KB (2005). Practical Evidence-Based Physiotherapy. Elsevier Butterworth Heinemann, Oxford, p181.

Judy Mead retired as Head of Research and Clinical Effectiveness from the Chartered Society of Physiotherapy, UK, in 2005. Philip van der Wees is Head of Quality, Research and Education at the Royal Dutch Society for Physical Therapy.

Keynotes is a series of occasional papers dealing with important professional, practice and policy issues relevant to physical therapists across the world, and to the development of physical therapy internationally. *Keynotes* are written by independent authors and do not necessarily represent WCPT's opinion. For further information contact:
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