

Resource IIa: Letter of Introduction to Section on Pediatrics (SoP) Process of Evidence Based Practice Guideline Development: Sample

Section on Pediatrics
Evidence Based Guideline Development Committee
Congenital Muscular Torticollis

Introduction to SoP Process of EBP Guideline Development

Hello Colleagues,

As an outgrowth of the APTA Section on Pediatrics' Knowledge Translation Task Group, this committee has been charged with developing both the procedures for and examples of evidence based clinical practice guidelines (CPGs). Due to the prevalence of congenital muscular torticollis (CMT), this diagnosis has been chosen as the first example to both clarify the procedures for CPG development and provide guidance for pediatric physical therapists who work with children with CMT.

We acknowledge the previous work in the establishment of clinical guidelines. Our efforts hope to solidify a process and structure for future CPGs that Pediatric Section members and clinical scholars will find useful, and that will be recognized by other professions as meeting the criteria of evidence-based practice.

In brief, we have adapted established recommendations for the development of guidelines from a variety of organizations [Institute of Medicine,¹ Scottish International Guidelines Network (SIGN),² National Institute for Health and Clinical Excellence (NICE),³ Rosenfeld & Shiffman,⁴ Grading of Recommendations Assessment,

¹ Institute of Medicine (IOM). Clinical Practice Guidelines We Can Trust. <http://www.iom.edu/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust.aspx> ; March 23, 2011. Accessed March 26, 2013.

² Scottish International Guidelines Network (SIGN). SIGN 50: Guideline Developer's Handbook. <http://www.sign.ac.uk/guidelines/fulltext/50/index.html>; January 2008. Accessed March 26, 2013.

³ National Institute for Health and Clinical Excellence (NICE). How NICE clinical guidelines are developed: an overview for stakeholders, the public and the NHS 4th Ed. http://www.nice.org.uk/aboutnice/howwework/developingniceclinicalguidelines/developing_nice_clinical_guidelines.jsp?domedia=1&mid=62F02D9B-19B9-E0B5-D4A26EC9A934FDC7; December 23, 2008. Accessed March 26, 2013.

⁴ Rosenfeld RM, Shiffman RN. Clinical practice guidelines: a manual for developing evidence-based guidelines to facilitate performance measurement and quality improvement. *Otolaryngol Head Neck Surg*. 2006; 135(4 Suppl), S1-28.

Development and Evaluation (GRADE) Working Group,⁵ National Health and Medical Research Council (NHMRC),⁶ and the American Physical Therapy Association (APTA) Section on Orthopedics] to address the SoP goals for knowledge translation. The following outline is a brief description of the process we are following adapted from the GRADE Working Group.⁵ We have completed Phase 1 and are beginning Phase 2.

Phase 1- Establish process

1. Establishing the process of producing CPGs including organization of content

Phase 2 – Find evidence

2. Systematic search and critical review of relevant literature including grading levels of individual articles
3. Prepare evidence tables for important outcomes

Phase 3 – Summarize evidence

4. Summarize the quality of evidence for each process or outcome
 - a. Determine the relative importance of processes or outcomes
 - b. Determine the overall quality of evidence
 - c. Identify and balance the benefits and harms if relevant
 - d. Identify and balance the net benefits and costs
5. Identify the strength of each recommendation
6. Identify best practice points

Phase 4.

7. Recommend strategies for implementation and evaluation/audit
8. Submit manuscript of guidelines for review and publication
9. Submit evidence table as separate product for member access
10. Develop educational materials on the use of the guidelines

You are receiving this update because you have expressed an interest in knowledge translation, torticollis and/or the development of CPGs. We invite you to participate in Phase 2 - the systematic identification of relevant literature and the critical appraisal of that literature.

One criterion for minimizing professional bias in evidence-based CPGs is a transparent process of literature identification, including an explicit search strategy, defined inclusion and exclusion criteria, and use of a consistent set of standards for judging levels of evidence.² To that end, our intention for the CMT CPG is to:

1. Use operational definitions of levels of evidence and grade classifications.
2. Describe the entire search strategy used to identify sources of evidence
3. Include all levels of literature on CMT, as this is a rather limited field of literature.

⁵ GRADE Working Group. Grading quality of evidence and strength of recommendations. *BMJ* 2004;328:1-8.

⁶ National Health and Medical Research Council. A guide to the development, implementation and evaluation of clinical practice guidelines. <http://www.nhmrc.gov.au/publications/synopses/cp30syn.htm>; 1999. Accessed March 26, 2013.

4. Acknowledge all searchers and critical appraisers in the methods section of the published guideline.

Please indicate your interest in participating in Phase 2 of this project by providing the following information to Sandra Kaplan at torticolliscpg@gmail.com with “Volunteer for CPG” in the subject line. This information will be used for communication and citation purposes.

Name, credentials

Title(s) (if appropriate)

Institution or Home Address

Phone number for daytime contact

Email address

Upon receiving your information, you will be sent a topical outline of the planned CPG on CMT, and a description of the methods we would like you to follow.

If you are not interested in participating in Phase 2 but would like to be kept on the email list for future invitations and updates, or would like to be removed from the group email, please send an email to that effect as well. Thank you for your interest.

The CPG Working Committee
Sandra Kaplan PT, DPT, PhD
Linda Feters PT, PhD, FAPTA
Colleen Coulter PT, DPT, PhD, PCS

References

Resource IIb: Letter and Instructions for Those Conducting Literature Searches - Sample

Section on Pediatrics Evidence Based Guideline Development Committee Congenital Muscular Torticollis Instructions for Literature Searchers

Introduction

This packet has been compiled to assist physical therapists that have volunteered to search for literature related to the management of congenital muscular torticollis (CMT). This packet includes the following:

1. A description of the purpose and scope of the intended guidelines.
2. A tentative outline of the topics to be addressed in the guideline, to assist you with search parameters (additional topics/headings may be suggested).
3. Instructions for submitting search histories.
4. Instructions for submission of article pdfs.

Our first step is to identify the universe of relevant literature. In this step of Phase 2, you are asked to conduct literature searches or identify in any way possible, relevant literature citations. You will need to submit the search history, or methods of identifying articles if not through an online search, so that we can fully represent the process in the published guidelines. We also ask that if you have free access to a pdf of an article, that you submit that as well. We expect a lot of overlap, but also expect that some will find articles that others cannot access, due to differences in resource availability. The article pdfs will be stored and made available to assigned appraisers on an individual basis, but not distributed as a collection due to copyright restrictions. A full reference list will be published as part of the guideline. Please submit your searches and available pdfs as attachments to torticolliscpg@gmail.com by August 31, 2010.

We hope to complete an initial search and compilation by mid-September, and will conduct monthly searches thereafter to identify new publications.

Following the identification phase, we will conduct a reliability training session on Skype with all of those interested in the critical appraisal process, before we begin the actual appraisals to be used in the guideline. A Doodle meeting organizer will be sent out in mid-September to schedule that.

These procedures have been developed so that the published guideline can clearly describe the process of finding evidence and appraising the strength of that evidence. A transparent process improves the external validity of the guidelines and provides a history of decision-making, necessary for future updates of the guideline.

We realize that by inviting a broad spectrum of stakeholders into the process, educational background and familiarity with guideline development will vary. Having broad representation is a strength, so in order to ensure that we are all on the same page with terminology, process and product, we ask that you read the materials carefully, and contact us if you are struggling with any of the instructions. We are available by email or phone call for any support or clarification.

Your work will contribute to the evidence table that will be available to APTA Section on Pediatric members, and thus your efforts are most appreciated.

Lastly, please realize that there are many approaches to the development of evidence-based clinical practice guidelines, and this first effort by the Section on Pediatrics is a dynamic, living process. We have tried to learn from those who have published before us, and we welcome any advice, constructive criticism, and occasional cheering for support as we guide this process toward completion. Many of you have already completed extensive reviews of the literature on torticollis, so we are especially excited to have collected such a knowledgeable group. You may email us at torticolliscpg@gmail.com.

Thank you again for your commitment and willingness to serve your colleagues,
The CPG Organizing Committee:

Sandra Kaplan PT, DPT, PhD
Colleen Coulter PT, DPT, PhD, PCS
Linda Fettes PT, PhD, FAPTA

Torticollis CPG Instructions for Literature Searching

1. The goals and scope of the intended guidelines

1.1. Goals

The goals of the Section on Pediatrics Clinical Practice Guideline Development Committee are to:

- 1.1.1. Organize and describe a generic template process for creating evidence-based clinical practice guidelines (CPG);
- 1.1.2. Produce an evidence-based CPG on Congenital Muscular Torticollis (CMT) that illustrates the process and synthesizes the evidence to date;
- 1.1.3. Classify and define common conditions of CMT using the World Health Organization's terminology related to impairments of body function and structures, activity limitations and participation restrictions.
- 1.1.4. Produce a publicly available CPG in which the content delivery and layout is useful and informative to clinicians that addresses:
 - 1.1.4.1. The best tests and measures
 - 1.1.4.2. A hierarchy of interventions based on available evidence
 - 1.1.4.3. Recommended outcome measures and procedures
 - 1.1.4.4. The roles of physical therapists in management & follow-up of CMT
- 1.1.5. Produce an evidence table that supports the recommendations in the CPG and that provides a foundation for future revisions of the guideline.
- 1.1.6. Provide a reference publication for pediatric PTs, academic and clinical instructors, students, interns, residents and fellows, and other stakeholders regarding best practice in pediatric PT.
- 1.1.7. Provide a stimulus to research by identifying the gaps in current evidence.
- 1.2. Specifically, this CPG on CMT will address the following question (format adapted from Strauss et al, 2005):
 - P: For children diagnosed with CMT
 - I: who are treated by physical therapists, what are
 - O: the most valid, reliable and clinically useful examination tools or processes?
 - O: the efficacious interventions?
 - O: the expected outcomes of intervention?
 - O: the prognosis and natural progression of the condition?
 - O: the most effective service delivery models?
- 1.3. Scope of the Guideline
 - 1.3.1. This guideline addresses the physical therapy diagnosis and management of congenital muscular torticollis in infants and toddlers. It does not include management of acute, acquired or spasmodic torticollis. It is meant to define current approaches to CMT management and relate the types of examinations, interventions, measures and roles that a physical therapist would provide within current standards of practice.

This guideline is not intended to be construed or to serve as a standard of medical care. Standards of care are determined on the basis of all clinical data available for an individual patient and are subject to change as scientific knowledge and technology advance and patterns of care evolve. These parameters of practice

should be considered guidelines only. Adherence to them will not ensure a successful outcome in every patient, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgment regarding a particular clinical procedure or treatment plan must be made in light of the clinical data presented by the patient, the diagnostic and treatment options available, and the patient's values, expectations, and preferences. However, we suggest the rationale for significant departures from accepted guidelines be documented in a patient's medical record at the time the relevant clinical decision is made.¹

2. Topic Outline: Clinical Practice Guideline: Congenital Muscular Torticollis Management in Pediatrics
 - 2.1. Introduction
 - 2.1.1. Purpose and scope of the guideline
 - 2.1.2. Background and need for guideline on this dx
 - 2.1.3. Intended audience
 - 2.1.4. Levels of evidence
 - 2.2. Definitions and concepts
 - 2.3. ICF codes/ICD 10 codes
 - 2.4. Screen
 - 2.4.1. History
 - 2.4.2. Systems review
 - 2.5. Assessment
 - 2.5.1. Initial assessment
 - 2.5.1.1. Impairment measures
 - 2.5.1.1.1. Cervical ROM
 - 2.5.1.1.2. Strength tests
 - 2.5.1.1.3. Facial/skull symmetry
 - 2.5.1.2. Functional measures
 - 2.5.1.3. Standardized tests
 - 2.5.1.4. Special tests
 - 2.5.2. Differential diagnosis and classification
 - 2.5.3. Risk factors
 - 2.5.4. Parent interview
 - 2.5.4.1. Obstetrical history
 - 2.5.4.2. Developmental history
 - 2.5.4.3. Family history
 - 2.6. Conservative management
 - 2.6.1. Manual
 - 2.6.2. Micro current
 - 2.7. Pharmacological management
 - 2.7.1. Botox
 - 2.8. Surgical management
 - 2.8.1. Prognosis
 - 2.8.2. Pre surgical management
 - 2.8.3. Post-surgical management
 - 2.9. Interdisciplinary management and referral

- 2.10. Home program
 - 2.11. Family education and support
 - 2.12. Outcome measures
 - 2.13. Clinical course
 - 2.14. Development of the guideline
 - 2.14.1. Process
 - 2.14.2. Participants at each phase
 - 2.15. Implementation and audit recommendations
 - 2.16. References
 - 2.17. Abbreviations
 - 2.18. Evidence table
 - 2.19. Quick reference guide
3. Instructions for submitting search histories
- 3.1. Search histories and descriptions of other methods of evidence identification should be emailed to the torticolliscpg@gmail.com account. If the history can be emailed directly from the search engine, that is fine – we assume that the email will allow us to match the reviewer. We will need to identify the full list of search terms and databases used, any other strategies used to find references, as well as identify the full reference citation. We acknowledge that there will be overlap among so many reviewers, but that is our insurance for a complete and thorough ‘find’.
4. Instructions for submitting article pdfs
- 4.1. File naming of article pdfs: Please submit a pdf of each article you can find and have freely available to torticolliscpg@gmail.com, using the following file naming format. “FirstAuthor’sLastName_Year_Type_Topic.pdf.
- Please use 4 digits for the Year.
- By type of study, we mean Meta-analysis, Systematic Review, RCT, Outcome, Cohort, Case control, case series, or opinion.
- For topic, pick 1-2 words to summarize the main point of the article, for example: name of a test or psychometrics (Goniometer); type of treatment (Botox or Stretching).
- As we create a repository of the literature that supports the evidence table and the guideline publication, naming the files this way will help reduce the cross-matching on our end.
- 4.2. Cost of pdf copies – we are unable to reimburse individuals for pdfs of articles, so if you identify a citation but do not have free access to a pdf copy through work or through Open Door, please just include the reference in your search. The CPG Organizing Committee will acquire any outstanding pdfs to complete the collection.

Thank you again for your interest and excitement around this project. Feel free to contact us if you have any concerns.