

## Appraisal

## Appraisal of Clinical Practice Guideline: Clinical Practice Guideline for Physical Therapist Management of People With Rheumatoid Arthritis

**Date of latest update:** February 2021. **Date of next update:** Not stated. **Patient group:** Adults with rheumatoid arthritis. **Intended audience:** Physiotherapists. **Additional versions:** Revision of 2008 Royal Dutch Society for Physical Therapy guideline for physical therapy for patients with rheumatoid arthritis. **Funded by:** Dutch Society of Physical Therapy. **Expert working group:** Expert clinical and research physiotherapists. **Consultation with:** Representatives of consumer groups, Dutch National Health Care Institute, health insurers, and 15 Dutch professional associations for physiotherapists, rheumatologists, orthopaedic surgeons, clinical nurse specialists in rheumatology, sports doctors, general practitioners, hand therapists, podiatrists, and exercise therapists. **Approved by:** All representatives. **Location:** <https://doi.org/10.1093/ptj/pzab127>. **Description:** Assessment and treatment guidelines were developed through author focus groups, guideline panels and review panels. Assessment recommendations (n = 4) include: subjective interview regarding health status, disease impact, disease history and medical treatment; physical examination of disease activity, structural joint damage, deformities, exercise tolerance and muscle function; use of recommended patient-reported and performance-based instruments (eg, Patient-Specific Complaint Instrument, Pain and Fatigue rating scales, Health Assessment Questionnaire Disability Index, and 6-minute walk test); and classification of patients into one of three treatment profiles. Treatment recommendations (n = 4) include: education, comprising tailored advice to support self-management, health and wellbeing; and three recommendations for exercise according to treatment profile group. Profile

1 require brief education and exercise/movement instruction to encourage self-management. Profile 2 require brief supervised exercise to address condition complexity/severity, or limited self-management skills. Profile 3 require an intensive period of supervised exercise due to serious comorbidities or complications of the disease or its treatment. Exercise should: address functional needs; align with the patient's request for help; align with public health recommendations for physical activity; and adhere to FITT principles (frequency, intensity, type and time-related characteristics of exercises). Passive interventions such as massage, electrotherapy, thermotherapy, low-level laser therapy, ultrasound and taping should be limited or avoided.

**Provenance:** Invited. Not peer reviewed.

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### Reference

1. Peter WF, et al. Clinical Practice Guideline for Physical Therapist Management of People With Rheumatoid Arthritis. *Phys Ther.* 2021:101.

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## Appraisal of Clinical Practice Guideline: Physiotherapy for epidermolysis bullosa

**Date of latest update:** November 2020. **Date of next update:** 2023 to 2025. **Patient group:** People with epidermolysis bullosa (EB). **Intended audience:** Physiotherapists, patients with EB and their caregivers, healthcare workers, educational staff and employers of individuals with EB. **Additional versions:** None. **Expert working group:** Thirteen members (physiotherapists, occupational therapist, nurses, dermatologists, parent/caregiver, person with EB) of the International Dystrophic EB Research Association (DEBRA). **Funded by:** DEBRA of America. **Consultation with:** External reviewer panel (healthcare providers and healthcare consumer groups). **Approved by:** DEBRA International CPG Network for EB-CLINET. **Location:** Journal article: <https://ojrd.biomedcentral.com/articles/10.1186/s13023-021-01997-w>. **Webinar:** <https://www.debra-international.org/physiotherapy-cpg>. **Description:** Epidermolysis bullosa is a rare genetic disorder characterised by skin fragility with blister formation spontaneously occurring or following minor trauma such as gentle pressure or friction. A survey was conducted within the EB community and six outcomes were identified as a priority to address in physiotherapy management: attaining developmental motor milestones (eg, prevent contracture, handle carefully to avoid blisters); identifying safe and functional mobility in the natural environment (eg, exercise the feet to keep them in good health); encouraging ambulation endurance (eg, provide mobility aids for safe longer distance use); supporting safe ability to bear weight (eg, knee padding and soft special shoes to prevent blistering in infants); improving access to physiotherapy services;

and optimising interaction with the community (eg, environmental modifications when necessary). A systematic literature review was conducted and articles were critically analysed by an international panel. The strength of the recommendations was graded as 'D' and based on quality of evidence level 3 (case reports) and 4 (expert opinion). Recommendations 1 to 5 were judged as 'desirable consequences probably outweigh undesirable consequences', while for recommendation 6 'desirable and undesirable consequences were closely balanced or uncertain'. This guideline lays the foundational work for physiotherapists throughout the world to provide high-quality services, while improving and maintaining functional mobility and independence within the EB community. The Clinical Practice Guideline outlines limitations in the available evidence and possible future research needed to improve physiotherapy practice.

**Provenance:** Invited. Not peer reviewed.

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