



## Appraisal

## Appraisal of Clinical Practice Guideline: Australasian Faculty of Rehabilitation Medicine (AFRM) standards for the provision of inpatient adult rehabilitation medicine services in public and private hospitals

**Date of latest update:** February 2019. **Date of next update:** Recommended, but date not stated. **Patient group:** Adult inpatients in specialist rehabilitation medicine units in public or private hospitals. **Intended audience:** Intended to guide Royal Australasian College of Physicians Fellows, government, health service planners and administrators. Content addresses medical, nursing, allied health and support services. **Additional versions:** Yes, current standards for Paediatric Services (2015) and Ambulatory Services (2014) (free downloads available); and previous standards for Adult Services (no citation or download available). **Expert working group:** Australasian Faculty of Rehabilitation Medicine Inpatient Standards Reference Group (Chair plus six members, all rehabilitation specialists) and Australasian Faculty of Rehabilitation Medicine Policy and Advocacy Committee and Council (membership not stated). **Consultation with:** Allied Health Professions Australia and other professional groups. **Funded by:** Not funded. **Approved by:** Royal Australasian College of Physicians. **Location:** Online, free download from: <https://www.racp.edu.au/fellows/resources/rehabilitation-medicine-resources/standards-for-rehabilitation-services>.

**Description:** The Standards are available as a succinct 19-page document that can be downloaded for free from the Royal Australasian College of Physicians website. The Standards cover seven aspects of service provision, which each include physiotherapy: Governance, involving provision of comprehensive, patient-centred interdisciplinary care to help patients achieve their optimal level of functioning and participation in society; Staffing, which specifies medical,

nursing, allied health and support staff with an appropriate skill base, training and hours (minimum 3 hours of allied health therapy per day, 5 days per week for patients ready for rehabilitation); Facilities and equipment, which should be appropriate for patient rehabilitation needs and provide a safe learning environment for retraining in lost skills; Policies and procedures, which covers documentation to ensure safe, appropriate, accountable, effective and measurable patient improvement; Quality improvement and risk management activities, which describes a framework with (multidisciplinary) activities and projects addressing consumer involvement, access and appropriate, effective, safe and efficient treatment programs; Education and teaching, including continuing education, teaching and continuing professional development; and Research, which mandates that the service promotes the importance of and is actively engaged in research activity and research hours are provided in addition to clinical service delivery hours.

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

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## Appraisal of Clinical Practice Guideline: Physical Activity and Diabetes

**Date of latest update:** 2018. **Date of next update:** Every 5 years. **Patient group:** Patients with diabetes. **Intended audience:** Patients with, or at risk of developing diabetes and their clinicians. **This version:** Physical Activity and Diabetes Clinical Practice Guideline (*Canadian Journal of Diabetes*, 2018). **Additional version:** Physical Activity and Diabetes Clinical Practice Guideline (published within the *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes*). **Expert working group:** Diabetes Canada Clinical Practice Guidelines Expert Committee, including expert health professionals and individuals with diabetes in Canada. **Consultation with:** Recommendations were reviewed by: an independent methods committee; external specialists; community primary care providers; and academic Departments of Family Medicine across Canada. **Funded by:** Expert committee members received grants from private and governmental sectors as declared in the International Committee of Medical Journal Editors (ICJME) disclosure form. **Approved by:** Diabetes Canada Steering and Executive Committees with 100% consensus. **Location:** Online at: <http://www.guidelines.diabetes.ca>. **Description and key recommendations:** Physical Activity and Diabetes Clinical Practice Guideline recommendations are based on a systematic review, which aimed to create evidence-based practice guidelines to improve healthcare quality and outcomes for Canadians living with diabetes. Each article was rated according to level of evidence, from Level 1 (strong) to Level 4 (very weak). Each recommendation was graded, from Grade A (Level 1 evidence) to Grade D (Level

4 evidence). This resulted in nine diagnostic, prognostic and therapeutic recommendations. For people with type 2 diabetes, moderate evidence (Grade B, Level 2) was available to suggest that: 150 minutes moderate-to-vigorous-intensity aerobic exercise 3 days per week can improve glycaemic control; shorter durations (90 to 140 minutes) are less beneficial; interval training, resistance training (2 to 3 times per week) combined with aerobic exercise, step count monitoring combined with counselling, goal-setting to increase physical activity, and structured exercise programs can improve glycaemic control, cardiovascular risk factors and physical fitness. For people with type 1 diabetes, it is moderately recommended to: reduce the single dose of insulin at the time of exercise; reduce basal insulin during exercise (or suspend if exercise is  $\leq$  45 minutes in duration); and lower the basal rate overnight after exercise by 20% to reduce the risk of hypoglycaemia.

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