

iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal club location:	FMC
Journal club Facilitator:	Ellen & Duncan
Journal club Discipline:	Physiotherapy

Background

We're looking at the role of the advanced scope physiotherapist in orthopaedic clinics to determine the efficacy of their practice and if there is any research to provide a framework for best practice. This would include what the advanced scope physiotherapist is used for e.g. do they see basic fractures or soft tissue injuries.

Any research around this would be great - it's a relatively new area so evidence would probably be coming in the past 5-10 years.

Review Question/PICO/PACO

P: orthopaedic clinics (adult or paediatric) OR emergency departments OR soft tissue clinic OR hospital

I: extended scope or advanced scope or advanced practice physiotherapists

C: nothing or normal practice

O: any - improved patient flow, reduced length of stay

Article/Paper

Samsson, KS, Bernhardsson, S & Larsson, MEH 2016, 'Perceived quality of physiotherapist-led orthopaedic triage compared with standard practice in primary care: a randomized controlled trial', *BMC Musculoskeletal Disorders*, vol. 17, p. 257. DOI 10.1186/s12891-016-1112-x.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology: Randomised Controlled Trial

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p>Did the trial address a clearly focused issue?</p> <p>The purpose of this paper was to evaluate patients' perceived quality of care in a physiotherapist-led orthopaedic triage in primary care compared with standard practice. Furthermore, the authors wanted to evaluate outcome-related aspects: whether patients' expectations were met, and patients' intention to follow advice and instructions.</p>
2	✓			<p>Was the assignment of patients to treatments randomised?</p> <p>The authors used a block randomisation with a 1:1 allocation and block sizes of 20 to ensure an equal allocation ratio. Sealed, opaque envelope containing details of the allocated group were mixed and put in a box by an administrator. After receiving verbal consent for participation, the administrator randomised the patient by drawing the next envelope from the box.</p>
3	✓			<p>Were all of the patients who entered the trial properly accounted for at its conclusion?</p> <p>All participants have been accounted for with the flow of participants shown in Figure 1 on p. 5.</p> <p>Is it worth continuing? YES</p>
4				<p>Were patients, health workers and study personnel 'blind' to treatment?</p> <p>Due to the nature of the intervention it was not possible to blind therapists or participants to their group allocation.</p>
5	✓			<p>Were the groups similar at the start of the trial?</p> <p>There were no significant baseline differences between the two groups with respect to sex, civil status, and country of birth, education or occupation; however, participants in the standard practice group were significantly older (shown in Table 1, P6).</p>
6	✓			<p>Aside from the experimental intervention, were the groups treated equally?</p> <p>Aside from the intervention groups were treated equally.</p>

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7			<p>What are the results?</p> <p>For this study, 163 patients (80 %) were analysed (physiotherapist-led triage (n = 83), standard practice (n = 80)).</p> <p>Participants perceived significantly higher quality of care with the triage than with the standard practice in regards to receiving best possible examination and treatment (medical-technical competence) (p < 0.001). This was also found in regards to receiving information about examination and treatment (p < 0.001), results (p < 0.001), and self-care (p < 0.001), the caregiver's understanding (p < 0.001), respect (p < 0.001) and commitment (p < 0.001) as well as the opportunity to participate in decision-making (p = 0.01) (identity-orientated approach).</p> <p>Participants in the physiotherapist-led triage group reported to a significantly higher extent that their expectations of the treatment were met (p < 0.001), as well as the intent to follow the advice and instructions received (p = 0.019).</p>
8			<p>How precise was the estimate of the treatment effect?</p> <p>The <u>significance</u> of the results is shown by the P-Values reported.</p> <p>The precision of the results are unable to be determined as confidence intervals were not reported in this study.</p>
9	Journal club to discuss		<p>Can the results be applied in your context? (or to the local population?)</p> <p>Consider whether</p> <p><input type="checkbox"/> Do you think that the patients covered by the trial are similar enough to the patients to whom you will apply this?, if not how to they differ?</p>
10			<p>Were all clinically important outcomes considered?</p> <p>Consider</p> <p><input type="checkbox"/> Is there other information you would like to have seen?</p> <p><input type="checkbox"/> If not, does this affect the decision?</p>
11			<p>Are the benefits worth the harms and costs?</p> <p>Consider</p> <p><input type="checkbox"/> Even if this is not addressed by the review, what do you think?</p>
12			<p>What do the study findings mean to practice (i.e. clinical practice, systems or processes)?</p>

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13	What are your next steps? (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)
14	What is required to implement these next steps?

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