

## Appraisal

## Appraisal of Clinical Practice Guideline: Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline

**Date of latest update:** 2017. **Date of next update:** Not specified. **Patient group:** Patients with degenerative knee disease, including those with or without radiographic evidence of osteoarthritis, mild to severe osteoarthritis, mechanical symptoms, acute onset knee pain, and meniscal tears. **Intended audience:** Patients with degenerative knee disease and clinicians involved in their management. **Additional versions:** In addition to this rapid recommendation published in the *BMJ*, a more detailed version, including decision aids, is available from MAGICapp ([www.magicapp.org](http://www.magicapp.org)). **Expert working group:** The panel included orthopaedic surgeons, a rheumatologist, physiotherapists, a general practitioner, general internists, epidemiologists, methodologists, and people with lived experience of degenerative knee disease (including those who had undergone and those who had not undergone arthroscopy). **Funded by:** This guideline was not funded. **Consultation with:** No mention of consultation beyond the working group. **Approved by:** Not specified. **Location:** The guidelines and additional documents are available at: <https://www.bmj.com/content/357/bmj.j1982>. **Description and key recommendations:** This clinical practice guideline is presented as a *BMJ* rapid recommendation. The recommendations are based on two systematic reviews: one assessing the net benefit of knee arthroscopy compared with non-operative care and rate of complications; and the other addressing what level of individual change is considered important to patients – the minimum important difference. The summary guideline in the *BMJ* uses infographics to simplify the key results, recommendations, absolute benefits

and harms of arthroscopy, and key practical issues for both clinicians and patients. The main objective of the guideline was to answer the clinical question: What is the role of arthroscopic surgery in degenerative knee disease? The guideline makes a strong recommendation against arthroscopic knee surgery in patients with degenerative knee disease; strong recommendations favouring conservative management compared with surgery in patients with degenerative knee disease; and that further research is unlikely to alter this recommendation. The GRADE approach was used to rate the quality of evidence. Quality of evidence was rated as high for the outcome of pain in the long term (1 to 2 years), and as moderate for the outcome of function in the long term (1 to 2 years). The guideline concluded that compared with conservative management there is no important benefit of arthroscopic knee surgery for the outcomes of pain and function at 1 to 2 years follow-up. Harms associated with arthroscopic knee surgery were also investigated. Based on the low quality available evidence, the rate of serious harms such as venous thromboembolism and infection were five and two per 1000 people, respectively.

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

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## Appraisal of Clinical Practice Guideline: Centers for Disease Control and Prevention Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury Among Children

**Date of latest update:** September 2018. **Date of next update:** Not stated. **Patient group:** Paediatric athletes who have sustained a mild traumatic brain injury (sometimes known as concussion). **Intended audience:** Healthcare professionals involved in the management of paediatric mild traumatic brain injuries. **Additional versions:** This is the first published version. **Expert working group:** The Pediatric Mild Traumatic Brain Injury Guideline Working group as established by the Centers for Disease Control and Prevention (CDC). This included a range of clinicians (eg, neurologists, neuropsychologists, athletic trainers, physiotherapists and emergency medicine physicians) representing various settings (eg, clinical, research, sports and education). **Funded by:** The CDC provided complete financial support for the evidence review and to support the working group's meetings. The CDC authors did not assist with the development and preparation of the systematic review that underpinned this guideline. **Consultation with:** Ad hoc experts were invited to provide consultation, where necessary, to the workgroup. **Approved by:** The CDC authors reviewed and approved the present guideline for publication. **Location:** The guideline and additional documents are available at: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2698456>. **Description and key recommendations:** This clinical practice guideline was presented as a *Journal of the American Medical Association* (JAMA) paediatrics special communication. The recommendations are based upon a systematic review that aimed to answer six clinical questions. The main objective of the review was to provide the first broad evidence-based guideline on the diagnosis and management of mild traumatic brain injury in children aged  $\leq 18$  years. Findings from the review were synthesised into 46 recommendations (divided into 19 sets). Eleven recommendations pertained to diagnosis, 12 to prognosis and 23 to treatment/management.

Each recommendation was assigned a level of confidence in the research ('high' to 'very low'), and an indication of how often the recommendation should be followed ('almost always' to 'may sometimes'). A short summary of the evidence follows each set of recommendations. The guideline recommends the use of the term 'mild traumatic brain injury', as opposed to 'concussion' or 'minor head injury', in order to remove different interpretations between families, researchers and healthcare professionals. Of interest to physiotherapists, the guideline does not recommend the use of any imaging modality to diagnose mild traumatic brain injury but does recommend using clinical decision rules and, potentially, imaging to exclude intracranial injury (eg, subdural haemorrhage). The strongest recommendations pertain to the education that patients and families should receive following an instance of mild traumatic brain injury in children. The working group recommend providing education about the warning signs of more serious injuries, prevention of further injury, expected course of recovery, instructions on monitoring symptoms, and management of mild traumatic brain injury. The additional 22 treatment/management recommendations pertain to cognitive/physical rest, aerobic exercise, psychosocial support, post-traumatic headache treatment, vestibulo-oculomotor dysfunction, sleep, cognitive impairment and return to school.

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