



Appraisal

Appraisal of Clinical Practice Guideline: Clinical Practice Guidelines for Pain Management in Acute Musculoskeletal Injury

Date of latest update: 2018. **Date of next update:** Not specified. **Patient group:** Patients with acute pain following musculoskeletal injury. **Intended audience:** Patients with acute pain following musculoskeletal injury, orthopaedic practice clinicians in both operative and nonoperative settings and other specialties in charge of acute musculoskeletal pain management. **Additional versions:** Not specified. **Expert working group:** The panel included 15 members with expertise in orthopaedic trauma, pain management, orthopaedics, sports rehabilitation, and other. **Funded by:** Not specified. **Consultation with:** No mention of consultation beyond the working group. **Approved by:** This guideline was reviewed and approved by Orthopaedic Trauma Association on 16 October 2018. **Location:** The guidelines and additional documents are available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6485308/>. **Description and key recommendations:** This clinical practice guideline examines several strategies: pharmacological, cognitive, physical, and system strategies for acute musculoskeletal pain management. The recommendations for each topic area are based on literature searches conducted by one or two members of the panel in September 2018. The documents of each included reference are available at: <http://links.lww.com/JOT/A648>. This guideline aimed to address the lack of an evidence-based guideline for acute musculoskeletal pain management. The GRADE approach was used to rate the strength of the recommendations and

quality of the evidence. There is a strong recommendation in support of cognitive and emotional strategies (moderate-quality evidence) such as anxiety reduction, self-efficacy improvement, aromatherapy, music therapy, or cognitive behavioural therapy. The use of physical modalities, such as TENS, is recommended as adjunctive treatment for immediate pain reduction either after injury or postoperatively (low-quality evidence). The risk of misuse of opioids and their adverse clinical events was noted by the panel, and the lowest effective dose for the shortest period possible is also strongly recommended (high-quality evidence). According to the conclusions of this guideline, a multi-modal approach – including physical, pharmaceutical and cognitive strategies – based on patient safety and comfort is the best practice for acute musculoskeletal pain management.

Provenance: Invited. Not peer reviewed.

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Appraisal of Clinical Practice Guideline: Patellofemoral Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association

Date of latest update: September 2019. **Date of next update:** 2024. **Patient group:** Patients with patellofemoral pain. **Intended audience:** Physiotherapists and other healthcare professionals involved in the management of patients with patellofemoral pain. **Additional versions:** This is the first published version. **Expert working group:** The panel consisted of nine content experts, all physiotherapists who were appointed by the Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association (APTA). Additional feedback was sought from a panel of consumer/patient representatives and external stakeholders. **Funded by:** The APTA provided funding to the development team for travel and expenses. **Consultation with:** The guidelines were reviewed by a range of experts representing various settings (ie, research, clinical, sports) and were posted to members of the APTA for public comment. **Approved by:** APTA. **Location:** The guidelines and additional documents are available at: <https://www.orthopt.org/content/practice/clinical-practice-guidelines>. **Description and key recommendations:** This clinical practice guideline was published as a 95-page comprehensive set of recommendations on the assessment and management of patellofemoral pain. The main objective of the guideline was to describe evidence-based physiotherapy practice for the management of patellofemoral pain, including diagnosis, prognosis, intervention, and assessment of patient outcome. The recommendations are based on an extensive review of the scientific literature associated with patellofemoral pain, published between 1960 and May 2018. Authors reviewed 271 articles that addressed diagnosis and classification (n = 120), examination (n = 56) and interventions (n = 95). Strength of evidence was analysed, and recommendations were assigned letters according to the strength of the available evidence: A (strong), B (moderate), C (weak), D (conflicting), E (theoretical/foundational), and F (expert opinion). The strongest recommendations are that clinicians should include exercise therapy with combined hip-targeted and knee-targeted exercises to reduce pain and improve patient-reported outcomes and functional performance in the short, medium and long term (A).

Specifically, the treating clinician should assess, consider and address appropriate neuromotor control, along with muscular endurance, strength and power. Further guidance related to this is provided at: <https://ipfm.org/exercise-guide>. Interventions to consider in combination with exercise therapy include foot orthoses (A), patellar taping (B), running gait retraining (C), and patient education (F). Clinicians are discouraged from using manual therapy in isolation (A), including lumbar, knee, or patellofemoral manipulation/mobilisation, and advised against the use of dry needling (A) or using biophysical agents (B), including ultrasound, cryotherapy, phonophoresis, iontophoresis, electrical stimulation, and therapeutic laser. Of interest to clinicians, the authors propose a new classification consisting of four sub-categories according to predominant impairments previously documented in people with patellofemoral pain, associated with the International Classification of Functioning, Disability and Health, to assist in guiding patient management (F). These categories include: overuse/overload without other impairment; muscle performance deficits; movement coordination deficits; and mobility impairments. A 'Patellofemoral Pain Decision Tree' is included in the guideline to assist clinicians with classifications. Finally, strong evidence supports the use of patient-reported outcome measures (A) such as the Anterior Knee Pain Scale, the patellofemoral pain and osteoarthritis subscale of the Knee Injury and Osteoarthritis Outcome Score (KOOS-PF), and the visual analog scale for activity or the Eng and Pierrynowski Questionnaire as ways to measure pain and function.

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