



American Academy of
Physical Medicine and Rehabilitation

Guideline Endorsement Policy

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) acknowledges that many organizations are producing clinical guidance documents that are potentially relevant and useful to their membership. AAPM&R is committed to systematically evaluating these documents and then disseminating those found to be appropriate. This policy provides a scheme for different categories of AAPM&R endorsement of these documents. The primary criteria AAPM&R uses to assess documents submitted for endorsement is the quality of the processes used for their development. This includes an assessment of the methodology employed and the linkage of evidence to recommendations.

Clinical practice guidelines (CPGs) are defined by the Institute of Medicine (IOM) as “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”¹ All CPGs have two major components: the determination of the quality or certainty of a body (or bodies) of evidence and the development of recommendations. The latter involves equal consideration of the quality of evidence and other factors such as the balance of risks and benefits, feasibility, costs and patient preferences and values. This is achieved through consensus processes that are explicit and transparent.

Documents that fulfill the IOM’s requirements for a trustworthy guideline are eligible for AAPM&R endorsement. Documents that do not fulfill these criteria according to Committee standards may be endorsed with a majority decision. Recommendations based solely on consensus among experts or non-CPGs are eligible for a different category of endorsement—Affirmation of Value. Non-CPGs include, but are not limited to, consensus statements, practice parameters, position papers, expert opinions and clinical pathways. The Affirmation of Value category affirms the clinical guidance document may be of interest or potential benefit to the AAPM&R membership.

The Clinical Practice Guideline (CPG) Committee critically reviews and scores all clinical guidance documents using the standardized Appraisal of Guidelines for Research and Evaluation (AGREE II) tool. If the CPG Committee Endorses or Affirms a guidance document, the Quality and Research (Q&R) Committee must approve this decision. If there are diverging opinions, the guidelines and recommendations may be sent to the AAPM&R Board of Governors for review and a final vote.

If a CPG is endorsed, the CPG Committee may choose to endorse the follow-up Appropriate Use Criteria (AUC) documents with only discussion and consensus. The CPG Committee may also choose to complete a Guideline Commentary for high priority CPGs, intended to provide members with an overview of the guideline, highlighting the recommendations that are most relevant to the specialty or address concerns regarding discordant recommendations. The commentary evaluates the most relevant recommendations and describes how they may be implemented into practice, noting any barriers to translating the evidence into action.

Please see the attached workflow for details regarding AAPM&R’s overall process for reviewing external clinical guidance documents.

AAPM&R encourages other organizations to inform AAPM&R of their intent to request endorsement as early as possible in the process of developing any type of clinical guidance document. Direct participation of AAPM&R in the development of a clinical guidance document is not required for either endorsement or affirmation. However, the likelihood of either is increased by AAPM&R’s involvement in, and knowledge of, the development of the document.

At the CPG committee’s discretion, requests for review of clinical guidance documents may not be granted. Documents submitted and reviewed are not guaranteed endorsement, and endorsement does not guarantee publication in *PM&R: The Journal of Injury, Function and Rehabilitation*.

Documents submitted for AAPM&R endorsement should be emailed to:

- guidance@aapmr.org
- mablao@aapmr.org

¹ IOM (Institute of Medicine). 2011. Clinical Practice Guidelines We Can Trust. Washington, DC: The National Academies Press.

Actions that AAPM&R may take to endorse and disseminate guidelines:

- **Official AAPM&R endorsement** (*Fully meets AAPM&R standards defining clinical practice guidelines; AAPM&R endorses all the recommendations*):

- » If AAPM&R is a full partner in development of the document:
 - › May bear AAPM&R logo; may be published in *PM&R* - The journal of injury, function and rehabilitation as official AAPM&R policy.
 - › If an article is planned to be published in the *PM&R* Journal, and in journals of collaborating organizations, publication should occur simultaneously.
- » If AAPM&R provided an official representative to the development of the document:
 - › May bear AAPM&R logo; AAPM&R may disseminate the document to its members with the permission of the primary organization.
 - › AAPM&R may request permission to publish all, a portion of or a summary of the document on the AAPM&R website or a link to the article after publication of the article by the primary organization.
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 - › May bear AAPM&R logo; AAPM&R may disseminate the document with the permission of the primary organization.
 - › AAPM&R may request permission to publish all, a portion or a summary of the document on the AAPM&R website or a link to the article after publication of the article by the primary organization.
- » Considerations:
 - › Completely meets 8 IOM requirements of CPGs by CPG Committee review, AND
 - › Meets CPG Committee standards of reporting quality using AGREE II tool, AND
 - › Does not include inappropriately discordant recommendations.

- **Affirmation of Value to Physiatrists** (*Does not fully meet AAPM&R standards defining clinical practice guidelines; AAPM&R cannot endorse all the recommendations; AAPM&R leadership feels it is of benefit to the membership*):

- » If AAPM&R was a full partner in development of the document:
 - › AAPM&R may distribute the guideline to its membership via the AAPM&R website as an “educational tool.”
 - › The document may list the AAPM&R as an official contributor but not state that the AAPM&R endorses the document. AAPM&R logo may not be used.
- » If AAPM&R provided an official representative to the development of the document:
 - › AAPM&R may distribute the guideline to its membership via the AAPM&R website as an “educational tool.”
 - › The document may state that the AAPM&R provided a representative to the development of the guideline, but may not state that the AAPM&R endorses the document. AAPM&R logo may not be used.
- » If AAPM&R was not officially involved in the development of the document:
 - › AAPM&R may distribute the guideline to its membership via the AAPM&R website as an “educational tool.”
 - › The document may not state that AAPM&R endorses the document. AAPM&R logo may not be used.
- » Considerations:
 - › Meets some IOM requirements of CPGs by CPG Committee review, AND
 - › Meets CPG Committee standards of reporting quality using AGREE II tool, AND
 - › There are some inappropriate discordant recommendations.

- **No endorsement**

(*Does not meet AAPM&R standards; not felt to be of benefit to the membership of the AAPM&R*):

- » Whether AAPM&R was a full partner in development of the document, or AAPM&R provided an official representative to the development of the document, or AAPM&R was not officially involved in the development of the document:
 - › AAPM&R imprimatur may not be used. AAPM&R will not disseminate the document to its membership. The document may not state that the AAPM&R endorses the document.
- » Considerations:
 - › Does not meet the IOM requirements of CPGs by CPG committee review, AND/OR
 - › Does not meet CPG Committee standards of reporting quality using AGREE II tool, AND/OR
 - › There are inappropriate discordant recommendations.