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SPECIAL ARTICLE

Methodology of "Physical and Rehabilitation Medicine practice, Evidence Based Position Papers: the European position" produced by the UEMS-PRM Section

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ABSTRACT

Since 2009 the Professional Practice Committee of the Physical and Rehabilitation Medicine (PRM) Section of the European Union (EU) of Medical Specialists (UEMS) is producing Position Papers (PPs) on the role of PRM physicians for patients with different health conditions or related topics of PRM Interest. These PPs represent the Official Position of the EU in the specific field. Until now, sixteen papers have been produced, recently collected in an e-book. To proceed with the future PPs, the UEMS PRM Section defines with this paper the methodological approach to a PP, so to have a common and validated scientific structure. The final aim is to increase the quality, representativeness and visibility of this production for the benefit of all PRM specialists in (and out) of Europe. The Position Papers must be Evidence Based (EBPP). Therefore it comprises a systematic review as well as a Consensus procedure among the EU Countries delegates. All the sections of an EBPP are presented in details (title, authors, abstract, introduction, material and methods, results, discussion, conclusion). The systematic review must focus on Cochrane reviews, randomised controlled trials and guidelines of PRM professional practice interest. The Consensus on the recommendations must be reached through a Delphi procedure, usually in four major rounds (each round can have repeated voting). The EBPP must produce Final Recommendations for Physical and Rehabilitation Medicine Professional Practice in Europe. The following overall structure for recommendations is suggested: one overall general recommendation on PRM professional practice; PRM physicians' role in Medical Diagnosis – ICD; PRM diagnosis and assessment according to ICF; PRM process (Project definition, Team, PRM interventions, Outcome criteria, Length and continuity of treatment); future research on PRM professional practice.

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Key words: Methods - Physical and Rehabilitation Medicine - Guidelines as Topic.

Since 2009 the Professional Practice Committee (PPC) of the Physical and Rehabilitation Medicine (PRM) Section of the European Union of Medical Specialists (UEMS) is producing Position Papers (PPs) on the role of PRM physicians for people with different health conditions or related topics of PRM Interest.[1-3]

A conceptual framework of these PPs is the International Classification of Functioning, Disability, and Health (ICF),[4] that is part of the "family" of international classifications developed by the World Health Organization (WHO). The ICF classification system focuses on human functioning and provides a unified, standard

language and framework that captures how people with a health condition function in their daily life rather than focusing on their diagnosis or the presence or absence of disease.

These PPs are of particular interest in professional terms: in fact, the UEMS is the Official European Body representing Medical Specialists of the European Union (EU); consequently, these PPs represent the Official Position of the EU in the specific field.

Until now, the following papers have been produced:

— a position paper on physical and rehabilitation medicine in acute settings;[5]

— a position paper on Physical & Rehabilitation Medicine programmes in post-acute settings;[6]

— european models of multidisciplinary rehabilitation services for traumatic brain injury;[7]

— generalised and regional soft tissue pain syndromes. The role of physical and rehabilitation medicine physicians;[8]

— inflammatory arthritis. The role of physical and rehabilitation medicine physicians;[9]

— interdisciplinary team working in physical and rehabilitation medicine;[10]

— local soft tissue musculoskeletal disorders and injuries. The role of physical and rehabilitation medicine physicians;[11]

— musculoskeletal perioperative problems. The role of physical and rehabilitation medicine physicians;[12]

— new technologies designed to improve functioning: the role of the physical and rehabilitation medicine physician;[13]

— osteoarthritis. The role of physical and rehabilitation medicine physicians;[14]

— osteoporosis. The role of physical and rehabilitation medicine physicians;[15]

— position paper on PRM and persons with long term disabilities;[16]

— role of the physical and rehabilitation medicine specialist regarding of children and adolescents with acquired brain injury;[17]

— spinal pain management. The role of physical and rehabilitation medicine physicians.[18]

The methodology followed until now included the following steps:

— draft (Author(s)) (circulation by e-mail to the task force members);

— Professional Practice Committee consensus (to be circulated within the PPC committee) (circulation by e-mail to the committee members);

— approval by Professional Practice Committee (to be circulated within the section and board to all delegates).

Also, rules for authorship and a template of the papers have been proposed and voted by the UEMS PRM Section assembly in Coimbra (Portugal), 17 March 2012. All these PPs have been recently collected in an e-book (http://issuu.com/parisstylianides/docs/section_of_physical_and_rehabilitat/0).[19]

To proceed with the future PPs, the PPC felt the need to better define the methodological approach to a PP, in order to have a common and validated scientific format to be proposed to the various authors. The final aim is to increase the quality, representativeness and visibility of this production for the benefit of all PRM specialists and other health professionals in (and out) of Europe.

The aim of this paper was to present the details of the methodological structure of future PPs produced by the UEMS-PRM Section. Obviously, other European and International Bodies, either of PRM or not, can use this methodological contribution.

Structure of position papers

The aim of a PP is to define the professional position of PRM specialists among Europe. This position comes from two different needs: evidence and national practice of each single EU Country. A PP must reflect both these requirements, that can methodologically be satisfied through a systematic review (for evidence) and a formal Consensus procedure (for everyday clinical practice). Consequently, a PP will be a systematic review in the first part, joined in a second part with a Delphi Procedure to reach a Consensus among all the EU National Societies members of the UEMS PRM Section.

Due to the existing mutual agreement between the UEMS-PRM Section and the *European Journal of Physical and Rehabilitation Medicine* (EJPRM), the overall format proposed here is that accepted by the EJPRM. Nevertheless, minor editorial changes can be made according to the Journal where each single PP will be submitted.

Title

For uniformity reasons, all the papers must have the same title: "Evidence Based Position Paper on Physical

and Rehabilitation Medicine (PRM) professional practice for persons with… The European PRM position (UEMS PRM Section)" (EBPP), where the PRM specific topic should be reported in the title. The PRM specific topic can be health condition, activity limitation, but also body structure/function or participation restriction;[20] other possibilities could include PRM settings (acute, post-acute, chronic, community) legislation, or others.

Authorship and participations

Authorship rules of the International Committee of Medical Journal Editors will be followed, specifically:

— substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

— drafting the work or revising it critically for important intellectual content; AND

— final approval of the version to be published; AND

— agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Authors of an EBPP should be all PPC members who actively contributed to the writing and data collection for the paper, with the chairperson of the PPC and the UEMS Section president: they will publicly take responsibility for the EBPP in the name of the PPC and the Section. If PPC members feel the need to have other competences involved, they can include among the authors other delegates and/or external European recognised experts of the field. The PPC must be listed as a group author, including the names of all PPC members in notes to the text. Also all national delegates and/or representatives of each single EU Country involved in the Consensus gathering (Delphi) procedure must be listed into the text in a specific table and/or note. The PRM specific topic could be linked to a pathology (ICD) for example Stroke, to functioning (ICF) for example swallowing disorders or the role of environmental factors, to heath intervention (ICHI) such as the use of ultra sounds in PRM.

Abstract

The abstract must be structured as follows: Introduction, Aim, Material and Methods, Results, Conclusion. In the Introduction (and/or Conclusion) it must be clearly stated that it is the EBPP representing the official position of the European Union through the UEMS PRM Section. The aim of the paper must clearly state "*the aim of the paper is to improve Physical and Rehabilitation Medicine specialists' professional practice for…*" defining the specific health condition, body structures/functions, activity limitations, or participation restrictions. In the Material and Methods section the Databases searched in the systematic review process, with the period of time considered, must be reported; the number of EU Countries actively involved in the Delphi procedure, and the number of those finally voting and approving the EBPP should be reported as well. In the Results sections the number of recommendations and their overall organization should be reported; it is suggested to have a general recommendation such as "*The professional role of PRM physicians in favor of persons with… is…*"; also the most important recommendations can be reported.

Introduction

This section must shortly give the reason why an EBPP is produced in this specific topic. We suggest the following minimum structure (paragraphs):

— *Epidemiology* and general details on the topic;

— importance for PRM and reasons for having an EBPP (mandate by UEMS PRM Section, differences among the different EU Countries…). Background on what is the PRM Field of Competence according to other official documents, such as UEMS White Books,[21–25] ICF,[20] World Health Organization (WHO) World Report on Disability,[26, 27] WHO Action Plan on Disability,[28] United Nations (UN) Convention on the Rights of Persons with Disabilities [29] and so on.

— actual differences among the EU Countries, and actual specific problems of PRM in the specific topic;

— other reasons for the EBPP.

The Introduction must classically conclude with the aim of the paper.

Material and methods

The methods to develop an EBPP must include two sections:

— Systematic review of the literature;

— Consensus among UEMS PRM Section National Societies.

If a different structure is used, it must be thoroughly justified in the EBPP and preliminarily voted by the UEMS-PRM Section General Assembly. In this case, the procedure followed must be reported in detail. All what follows relates to a classical structure as suggested here.

Systematic review of the literature

The following inclusion criteria must be considered and listed in the paper: type of studies, type of participants including level of health service if relevant, and type of interventions. The search should include at least the following type of studies published in the literature:

— Cochrane reviews, systematic reviews and meta-analysis;

— Randomized Controlled Trials;

— Guidelines.

The main criterion for including the studies should be professional relevance for PRM physicians as judged by at least two of the authors of the EBPP (whose initials must be reported). Any other inclusion criterion must be listed. A flow chart such as the one presented in Figure 1 must be completed including all inclusion criteria used.

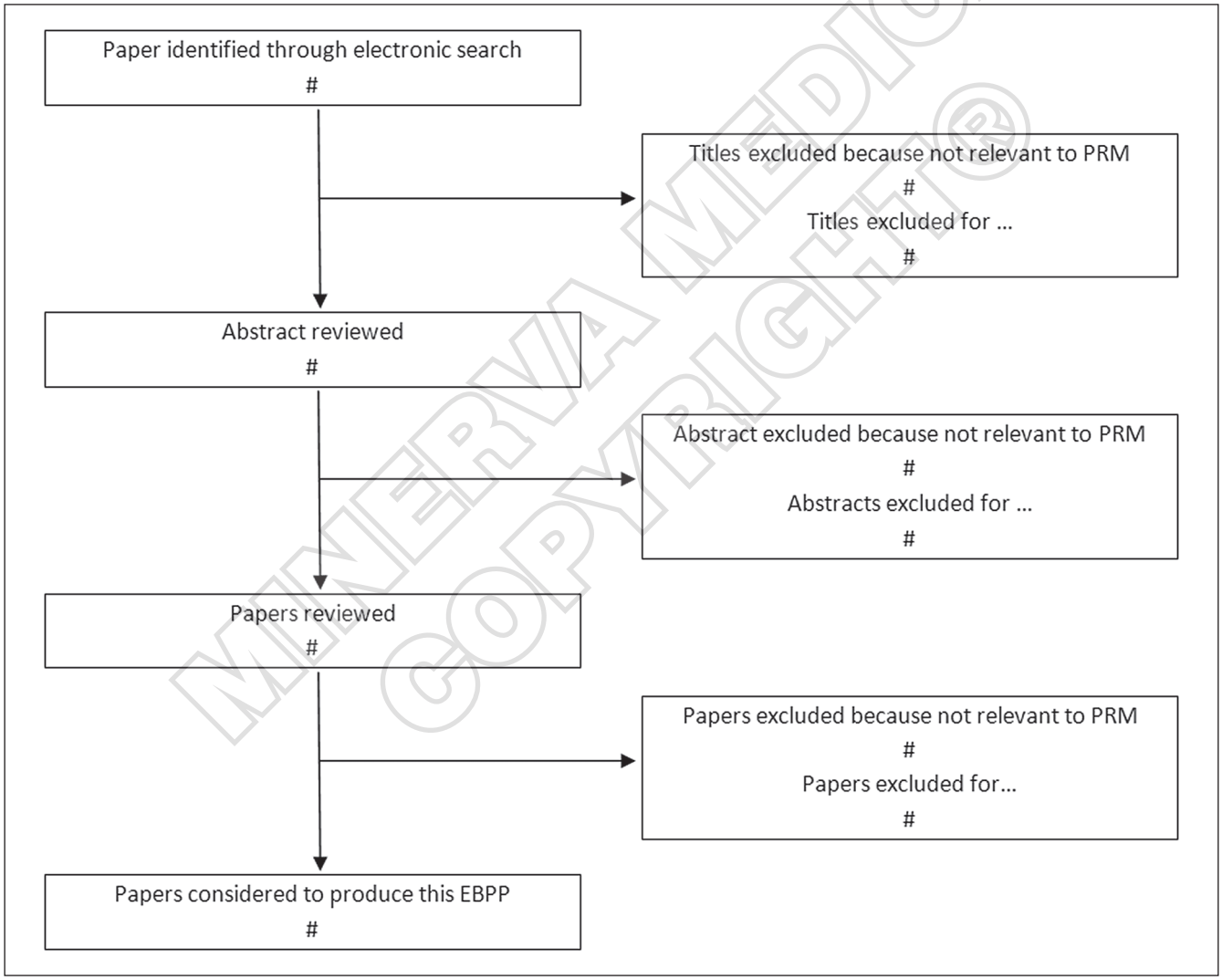

Figure 1.—Flow Chart of papers selection.

The literature search methods for identification of studies must be described. It should usually include an electronic search of the main databases (minimum MEDLINE, suggested also EMBASE, CINAHL, PEDro,…). The key words used and the date in which the search was run must be reported. Any language restriction should be listed, even if all European languages should be normally included. Details on any other search performed in the literature (other databases, grey literature, search from references) must be reported.

The systematic review must be used to prepare the Introduction section of the final paper, as well as the literature premises to the recommendations to be reported in the Results section.

Consensus with Delphi procedure

The Delphi procedure [30] must be organised in well-defined rounds of voting. It is suggested to use electronic means (emails and/or e-questionnaires), even if other procedures can be used. The procedure finally used must be reported in detail in the Material and Methods section of the EBPP. The UEMS PRM Section and Board could provide a platform to develop specific internet questionnaires.

Initial development of the recommendations

Two authors (initials to be possibly reported) must independently develop a document with the recommendations for each paragraph according to the literature review performed. Each draft recommendation must report the Importance of the Recommendation (IR) according to Table I. These should be based on the literature references (if there is any), and the Strength of Evidence (SE) (Table II).

The recommendations must be organised with the following structure in paragraphs:

— one overall general recommendation such as: "*The professional role of PRM physicians in…*" (PRM topic as defined above) "*… is…*";

— recommendations on PRM physicians' role in Medical Diagnosis according to ICD,[31] PRM diagnosis and assessment according to ICF; [20]

— recommendations on PRM management and process:

— inclusion criteria (*e.g*. when and why to prescribe PRM interventions);

— project definition (definition of the overall aims and strategy of PRM interventions);

— team work (professionals involved and specific modalities of team work);

— PRM interventions;

— outcome criteria;

— length/duration/intensity of treatment (overall practical PRM approach);

— discharge criteria (*e.g*. when and why to end PRM interventions);

— follow up criteria and agenda.

— Recommendations on future research on PRM professional practice.

First round

The first Delphi round must be performed within the group of authors of the EBPP. The two documents for each paragraph must be evaluated through:

— votes and suggestions for changes of the existing recommendations;

— fusion of duplicates;

— development of new recommendations.

All proposals will be sent to one author, who must resume them and eventually propose a second similar voting inside the commission. As soon as an acceptable draft will be ready, it will be sent out for the Second Round.

Table I.—*Strength of Recommendations grading.*

Strength of recommendation	Meaning
A	It must be normally applied
B	It is important, but can be applied not in all situations
C	Less important, it can be applied on a voluntary basis
D	Very low importance

Table II.—*Strength of Evidence grading.*

Strength of evidence	Meaning
I	Multiple Randomized Controlled Trials or Systematic Reviews of such studies
II	One Randomized Controlled Trial
III	Multiple Controlled nonrandomized Studies or Systematic Reviews of such studies
IV	Other studies

Second round

The first set of recommendations will be circulated among all UEMS-PRM Section delegates to collect other suggestion for new recommendations, as well as proposals to improve the actual recommendations.

Third round

The Third round will involve all members of the PPC, and will require to vote each recommendation as follows:

— accept;
— accept with modifications;
— reject.

Usually, all recommendations with 30% or more of "Reject" must be withdrawn at this stage: any other level of withdrawal must be specified. All the other recommendations will be adjusted by one author according to the suggestions received and submitted to a second similar voting in the PPC, together with eventual new recommendations suggested. The process will be repeated until all Recommendations will be enough refined.

Fourth round

The Fourth round will involve all the National Delegates of the UEMS-PRM that will vote (one vote per European country) the final recommendations as follows during the General Assembly:

— accept;
— reject.

At this stage it is still possible to give some suggestions for adjustment of the recommendations, even if in this case they must be voted and accepted immediately. All recommendations not reaching at least 80% of positive answers will be withdrawn. Final recommendations also will report the Level of Agreement obtained (Table III).

Fifth round

The final paper will be voted to be approved by the PPC first, and by the General Assembly of delegates of the UEMS-PRM Section.

Results

The Results section must be split in two parts: results of the systematic review and Consensus, and recommendations.

Results of the Systematic Review and the Consensus Procedure

In part 1 the number of relevant papers found during the systematic review, and all the results of the Consensus procedure, round by round, must be reported. The results of the Consensus procedure must preferably be reported in a Table such as Table IV.

Final Recommendations for Physical and Rehabilitation Medicine Professional Practice in Europe

In the second part the recommendations must be listed progressively numbered, eventually with a literature premise as previously suggested (it can be general and/or for each paragraph as listed above), according to the results of the systematic review. Each recommendation must be reported in this format:

Table III.—*Results of the Consensus procedure*

Round	Number of recommendations	Accept	Accept with suggestions	Reject
1		%	%	%
2		%	%	%
3		%		%

Table IV.—*Level of Agreement grading.*

Level of agreement	Abbreviation	Meaning
Unanimous	U	100%
Very High	VH	95-99.9%
High	H	90-94.9%
Good	G	80-89.9%

TABLE V.—*Overall view of the recommendations.*

Content	Number of recommendations		Strength of Recommendations				Strength of Evidence				Level of Agreement			
	Number	%	A	B	C	D	I	II	III	IV	U	VH	H	G
Overall recommendation			%	%	%	%	%	%	%	%	%	%	%	%
PRM physicians role in Medical Diagnosis - ICD			%	%	%	%	%	%	%	%	%	%	%	%
PRM diagnosis - ICF			%	%	%	%	%	%	%	%	%	%	%	%
PRM process			%	%	%	%	%	%	%	%	%	%	%	%
Future research on PRM professional practice			%	%	%	%	%	%	%	%	%	%	%	%
TOTAL														

Recommendation (literature references – if any), IR: letter as in Table I for the Importance of the Recommendation; SE: roman number as in Table II for the Strength of Evidence if appropriate; LA: Abbreviations as in Table IV for the Level of Agreement.

Discussion

A Discussion section can be added, if felt appropriate by the authors. In this section a summary of the recommendations can be given, in term of number and overall importance and agreement can be reported (Table V), together with comments on the systematic reviews results, on the Delphi procedure (difficulties, etc), as well as the differences among the various EU Countries on the specific topic considered.

Suggestions concerning the implementation of the recommendations in clinical practice could be given; stressing the role of PRM specialists in the process: these statements can have a strategic function to emphasise the role of the PRM Specialist. Finally, indications for future research could be added.

Figures and graphs

Beyond the figure and table reported in this paper, three boxes should be included: one for the recommendations, one for the implementation in clinical practice and another box for the indication for research.

Conclusion

In the Conclusion section the overall general recommendation must be reported, eventually together with some of the key recommendations and/or other conclusions.

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