



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

Mir, MO, Cooney, C, O'Sullivan, C, Blake, C, Kelly, P, Kiely, P, Noel, J & Moore, D 2016, 'The efficacy of an extended scope physiotherapy clinic in paediatric orthopaedics', *J Child Orthop*, vol. 10, pp. 169–175. DOI 10.1007/s11832-016-0725-9.

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Article Methodology: Cohort Study



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Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p>Did the study address a clearly focused issue?</p> <p>To evaluate the efficacy of an extended scope physiotherapy clinic in paediatric orthopaedics (wait times) over a 3-year period from January 2011 to December 2013.</p> <p>The aims of this study were to evaluate the reduction in waiting times for the elective patient cohort managed in the Physiotherapy Orthopaedic Triage Clinic (POTC), and investigate the clinic outcomes, particularly the proportion of patients who were managed without consultant referral.</p>
2	✓			<p>Did the authors use an appropriate method to answer their question?</p> <p>The study used a prospective longitudinal cohort study design, which is appropriate as it allowed for the service to be assessed over time (as referrals, assessment and treatments occur).</p> <p>Is it worth continuing? YES</p>
3	✓			<p>Was the cohort recruited in an acceptable way?</p> <p>As it is an evaluation of a service instead of 'recruitment' a more relevant question may be have they included the correct cases? In this instance they have included children who had either not yet been seen (and retrospectively included their details to assess when they were seen) or as children were referred.</p> <p>Ethical approval for this study has been granted by Our Lady's Children's Hospital Ethics (Medical Research) Committee Study. Informed consent was obtained from all individual participants included in the study.</p>
4	✓			<p>Was the exposure accurately measured to minimize bias?</p> <p>The 'exposure' ie. attendance at the POTC, was 'measured' from the initial attendance -patients either attended the clinic or not which is when their information was included in the database.</p>
5	✓			<p>Was the outcome accurately measured to minimize bias?</p> <p>Outcomes such as reduction in waiting times for the elective patient cohort managed in the POTC, and clinic outcomes, particularly the proportion of patients who were managed without consultant referral were measured through medical charts and records and the purpose built database.</p> <p>An electronic database was established to prospectively record the following variables: date of birth, gender, date of referral, date of first appointment offered, referring</p>



			<p>diagnosis, diagnosis after assessment in the POTC and clinical care pathway outcomes.</p> <p>To allow for statistical analyses, referring diagnosis was categorised as one of the following: pes planus, rotational variation, limb deformity, toe deformity, pain, gait abnormality and other. Similarly, diagnosis after assessment in the POTC was recorded as one of ten categorical variables, which were established in accordance with ICD-10 diagnostic codes. Four clinical care pathway outcomes were established.</p> <p>Data cleaning was performed and patient charts were reviewed to obtain missing data. All data recorded were cross-referenced with the hospital patient administration system (PAS) to ensure the accuracy of the data.</p>
6		✓	<p>Have the authors identified all important confounding factors?</p> <p>This has not been reported</p> <p>Have they taken account of the confounding factors in the design and/or analysis?</p> <p>This has not been reported</p>
7	✓		<p>Was the follow up of subjects complete enough?</p> <p>The authors described the patient journey as relevant to the study aims throughout the results.</p> <p>Initially a total of 2650 patients were offered first appointments with the POTC between January 2011 and December 2013. Six hundred and sixty-two (23 %) patients failed to attend their appointment. The remaining 2028 subjects form the basis of this study.</p>
8			<p>What are the results of this study?</p> <p>2650 patients were managed by the clinic over the 3-year period. A total of 77 % of patients were managed without consultant intervention. Fifty-three percent of patients were diagnosed as having a normal presentation.</p> <p>The mean waiting time reduced from 101.9 weeks pre-2010 to 15.4 weeks in 2013 for those patients managed by the Physiotherapy Orthopaedic Triage Clinic.</p>
9			<p>How precise are the results?</p> <p>It is difficult to determine the precision of the results as confidence intervals were not reported in this study.</p>
10	Discuss this in your Journal Club		Do you believe the results?
11			Can the results be applied to the local population?
12			Do the results of this study fit with other available evidence?



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A member of the Sansom Institute

10		What do the study findings mean to practice (i.e. clinical practice, systems or processes)?
11		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.)
12		What is required to implement these next steps?

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