



# Effective Health Care Standards for Physical, Occupational and Speech Therapy Nomination Summary Document

## Results of Topic Selection Process & Next Steps

- Standards for physical, occupational, and speech therapy was found to be addressed by an in-process review on physical therapy for knee osteoarthritis by the Effective Health Care (EHC) Program, a review which is expected to inform the broader question of how to assess the categories of therapy mentioned in the nomination. Given that the existing review addresses this nomination, no further activity will be undertaken on this topic.
  - In-process: *Comparative Effectiveness of Physical Therapy for Knee Pain Secondary to Osteoarthritis*. To view a description and status of the research review, please go to: <http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/>.
  - To sign up for notification when this and other EHC Program topics are posted, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

## Topic Description

**Nominator:** Public payer

**Nomination Summary:** The nominator's original nomination represents an interest in various outcomes as a result of physical, occupational, and/or speech therapy for a range of indications. However, early discussions with the nominator revealed an interest in moving forward with a focus on physical therapy.

**PICO from Nomination:**

**Population(s):** Patients requiring therapy, including disabled children receiving recurrent or continual therapy, adults particularly with back pain, and pre- and post-op orthopedic surgical patients.

**Intervention(s):** Therapy provided in a rehab setting. Also, timing of above interventions is of interest (i.e., early intervention vs. intervention in the chronic patient).

**Comparator(s):** Family support, other behavioral interventions, therapies, and activity level.

**Outcome(s):** Shortened treatment time, results of treatment such as return to previous function without long-term deficits. Return to work or daily activities, quality of life, appropriate expenditures of limited funds. Prevention of or recovery from surgery.

**Key Questions from Nominator:** None

## Considerations

- Physical, speech, and occupational therapies are an important part of treatment for a wide range of medical conditions. However, there is little consensus on how these types of interventions should be evaluated or how to assess when therapy should end.
- Early discussions with the nominator revealed a need to narrow the focus of this nomination so that it represents a feasible topic for a potential EHC comparative effectiveness review. The EHC Program has since begun focused work on physical therapy that would likely meet the initial needs of the nomination.
- Two similar nominations to the EHC Program have been combined into an in-process comparative effectiveness review on physical therapy for knee osteoarthritis. Osteoarthritis of the knee is a common condition for which physical therapy is often prescribed. This review topic will provide an opportunity to explore the best way to synthesize information on outcomes and evaluation for therapy. If this initial report appears to be an effective approach for addressing the problem of consistent and meaningful assessment, additional reports for other indications and types of therapy may be considered by the program. Thus, the in-process review may serve the broad interest of the original nomination that was to be focused on physical therapy by serving as a preliminary step to addressing the question of how to assess the types of therapy mentioned in the nomination. Draft key questions for the in-process report on physical therapy for knee pain secondary to osteoarthritis include:
  1. What are the effectiveness and comparative effectiveness of physical therapy modalities available for adult patients with chronic knee pain due to osteoarthritis on improved intermediate and patient-centered outcomes when compared to no active treatment or another active physical therapy modality?
    - (a) Which patient subpopulations, including age, gender, race, baseline activities of daily living (ADL)/instrumental activities of daily living (IADL) disability, comorbidity, concomitant/prior treatments, activity level, occupation, and other subgroups predict the benefits of examined modalities of physical therapy on intermediate and patient-centered outcomes?
    - (b) Do changes in intermediate and patient-centered outcomes differ by the dose, duration, intensity, and frequency of examined modalities of physical therapy?
    - (c) Do changes in intermediate and patient-centered outcomes differ by duration of examined modalities of physical therapy and the time of followup?
  2. What is the association between changes in intermediate outcomes with changes in patient-centered outcomes?
    - (a) What are the validity, reliability, and minimal clinically important differences of the tests and measures to determine intermediate outcomes? Which intermediate outcomes meet criteria of surrogates for patient-centered outcomes?
  3. What are the harms from physical therapy modalities available for adult patients with chronic knee pain due to osteoarthritis when compared to no active treatment or active controls?
    - (a) Which patient subpopulations, including age, gender, race, baseline ADL/IADL disability, comorbidity, concomitant/prior treatments, activity level, occupation, and other subgroups may predict the harms of examined physical therapy modalities?
    - (b) Do harms differ by the duration of the treatment and time of followup?