



TOP-FIVE RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

The Australasian Faculty of Rehabilitation

Medicine (AFRM) is a Faculty of the Royal Australasian College of Physicians (RACP). AFRM provides training and continuing education for Rehabilitation Medicine Fellows and trainees throughout all stages of their career. AFRM trainees and Fellows are committed to providing high quality rehabilitation care to individuals and communities in Australia and New Zealand.

The Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ)

is a membership driven, not for profit organisation which was initially formed to maintain the professional identity of Rehabilitation Physicians; advocate for their patients in a way that is flexible and allows them to maintain control; preserve and build external relationships with allied health and nursing colleagues, with other bodies including governments and in the international rehabilitation arena; and promote professional education.

1

Do not discharge patients with osteoporotic fractures without an assessment and/or treatment for osteoporosis

2

Discourage the use of lumbar supports or prolonged periods of bed rest in patients with non-specific low back pain

3

Do not use Mini Mental State Examination as the only tool to assess cognitive deficit in acquired brain injury

4

Do not routinely use splinting for prevention and/or management of contractures after stroke

5

Do not use imaging for diagnosing non-specific acute low back pain in the absence of red flags



1

Do not discharge patients with osteoporotic fractures without an assessment and/or treatment for osteoporosis

Studies of patients with osteoporotic fractures have found that they are at significantly greater risk of suffering a new fracture compared to the general population. This risk is particularly marked in but not restricted to elderly patients, particularly given that recent clinical guidelines recommend that all individuals over the age of 50 who sustain a fracture following minimal trauma (such as a fall from standing height or less) should be considered to have a presumptive diagnosis of osteoporosis. Despite this, there have been reports of insufficient provision for the management of these patients before discharge.

Osteoporosis assessments and/or treatments before discharge are clinically very important and moreover may be highly cost effective even after taking account of the additional resources associated with providing these services.





2

Discourage the use of lumbar supports or prolonged periods of bed rest in patients with non-specific low back pain

There is insufficient and conflicting evidence on the effectiveness of spinal orthotics and other forms of lumbar support for treating or preventing low back pain, either as an intervention in its own right or as a supplement to other interventions.

While there is no evidence that short term bed rest is harmful, long periods of bed rest can lead to complications such as muscular atrophy. The only randomised control trial to assess optimal periods of bed rest suggests two days is as effective as any longer period but the evidence is of low quality. There is evidence to support other approaches, such as advice to stay active and exercise which help with pain relief and improved function and which encourage ambulation and maintenance of mobility despite the presence of pain.

3

Do not use Mini Mental State Examination as the only tool to assess cognitive deficit in acquired brain injury

Numerous studies suggest that the Montreal Cognitive Assessment (MoCA) is one of the most effective means of assessing cognitive deficits in acquired brain injury (for instance after transient ischemic attack and stroke) and is to be preferred to the Mini Mental State Evaluation (MMSE). MMSE may under-detect cognitive impairment in acquired brain injury; it is more appropriate for assessing dementia.

4

Do not routinely use splinting for prevention and/or management of contractures after stroke

Reviews of the evidence and individual case studies on the use of hand splinting for stroke patients have been unable to find conclusive evidence that it leads to improvements in managing spasticity and preventing contractures or more generally improving upper limb function. Moreover, there is high quality evidence that stretch, whether administered from splints or other means, does not have clinically important effects on joint mobility in people with or without neurological conditions, at least for the periods it is typically prescribed of less than seven months.



5

Do not use imaging for diagnosing non-specific acute low back pain in the absence of red flags

The majority of acute low back pain episodes are benign, self-limited cases that do not warrant the use of imaging (e.g. X-rays, CT or MRI). There is evidence that early imaging for low back pain in the absence of red flags does not facilitate improvements in primary outcomes such as pain and function, even for older patients. If anything such imaging may be harmful insofar as it may reveal incidental findings that divert attention and increase the risk of having unnecessary interventions and invasive treatments including unnecessary surgery.



For the list of references supporting these recommendations and further information on the development process, see evolve.edu.au/recommendations/afmr-rmanz.
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WHAT IS EVOLVE?

As part of a global movement, Evolve is a flagship initiative led by physicians, specialties and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand.

Evolve aims to reduce low-value care by supporting physicians to:

- be leaders in changing clinical behaviour for better patient care
- make better decisions, and
- make better use of resources.

Evolve works with specialties to identify their 'Top-Five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. Evolve 'Top-Five' recommendations on low-value practices

are developed through a rigorous, peer-reviewed process; led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

Evolve is a founding member of Choosing Wisely Australia® and Choosing Wisely New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.