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Clinical Practice Guidelines: The Roadmap to Better Care

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Earlier this year, I wrote about the worth of systematic reviews in rehabilitation literature.¹ Systematic reviews and meta-analyses are important tools in translating research evidence into clinical practice as they critically evaluate and summarize the body of evidence on clinical topics. Clinicians can use these studies to quickly survey the current literature base to increase understanding of a clinical diagnosis they treat, with the intent of using this information to improve their clinical practice. A well-written systematic review or meta-analysis, with critical evaluation of study quality, is then that Cliffs Note version of what to know and what to do. Therefore, with the proliferation systematic reviews and meta-analyses, we should see a corresponding change in clinical practice with more effective and more efficient ways to help those with cancer recover function and quality of life. However, in the two decades since the Institute of Medicine called on a new health system for the 21st century,² the translation of evidence into practice still occurs at a snail's pace, with an average lag of 17 years from research publication to clinical adoption.^{3,4,5} How then do we move the needle on providing evidence-based care?

Knowledge translation and implementation is helped through the development and publication of quality clinical practice guidelines (CPGs). A CPG takes the systematic review process to the next level by moving from reporting what the literature says to making recommendations for practice based on an extensive review of the literature analyzed by experts in the field. CPGs should be rigorously conducted and meet the following criteria: an extensive and systematic search of the

literature on the specific topic, critical analysis of the quality of the included studies, a synthesis and analysis of the cumulative results of those studies, and a clear set of recommendations for clinical practice based on weighing the benefits, harms, and alternatives to care. Experts in the field construct these documents and important stakeholders give their input on the questions to be answered and the clarity of the documents produced. This process of carefully searching and evaluating the literature, determining risks and benefits, and then synthesizing the quality and findings of the studies with the cumulative risk:benefit ratio leads to making recommendations that, when implemented, improve patient care. These qualities are the hallmark of a good CPG.^{6,7}

CPGs, like systematic reviews, are only useful if the conclusions drawn and recommendations made are used in clinical practice. To effect clinical care, a good-quality CPG must be adopted. The primary way to move CPGs into practice is by their incorporation into educational curricula across the spectrum including curriculum for entry-level professional programs, residency training, continuing education courses, and educational resources⁷ for practicing clinicians. The depth and breadth of the evidence coalesced into a CPG provides definitive recommendations for best practices and only by embedding them into education at all levels, from entry-level to advanced practice, can we move clinical practice forward.

Our Academy (APTA Oncology), has sponsored the development of CPGs for the oncology population. Through the support of the American Physical Therapy Association, APTA Oncology has completed the third Academy CPG focusing on screening and diagnosis of cancer-related fatigue (CRF). Published in *Physical Therapy and Rehabilitation (PTJ)*, (DOI link pending), this issue presents the Executive Summary of the CPG for Screening and Assessment of Cancer-related Fatigue.⁸ Included are useful tables summarizing best measures for use at different points in the cancer care continuum, with specific cancer populations, and in what languages the tools are available. A figure depicting the decision-making path provides useful algorithm for clinicians. All of these tools are

important for successful clinical implementation. This Executive Summary, and the other research reports in this issue, provide useful evidence to improve the rehabilitative care of the individual with cancer. Using CPGs as a roadmap to better care depends on practicing clinicians and educators; we can only move practice forward by implementing the CPG recommendations.

Just as our profession is moving forward with developing CPGs, *Rehabilitation Oncology* is moving forward as well. As the official journal of APTA Oncology, we will transition to an online-only journal with the first issue of 2023. This change reflects our fiduciary responsibility to you and our environment by reducing expenses related to the increasing costs of print, and reducing use of valuable resources. Readers will still be able to access all of the content in the print version, with an increase in digital pages to publish more relevant research, but will now be available exclusively online at www.rehabonc.com.

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