Occupational Therapy Clinical Guidelines for Rheumatology

Devised by the Clinical Guidelines Working Party of the National Association of Rheumatology Occupational Therapists

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Guidelines

1 CLINICAL GUIDELINES: OCCUPATIONAL THERAPY IN THE MANAGEMENT OF INFLAMMATORY RHEUMATIC DISEASES

2 JOINT PROTECTION AND ENERGY CONSERVATION

3 PSYCHOLOGICAL WELL-BEING AND SELF-MANAGEMENT

4 SEXUALITY, PARENTING AND FAMILY RELATIONSHIPS

5 SPLINTING GUIDELINES:

   Resting Splints

   The Non-Surgical Splinting Management of the Boutonnière Deformity in Inflammatory Arthritis

   The Non-Surgical Splinting Management of Swan Neck Deformity in Inflammatory Arthritis

   Ulnar Deviation Splinting Guidelines

   Functional Wrist Splints in Rheumatoid Arthritis

6 INFLAMMATORY ARTHRITIS AND EMPLOYMENT
Acknowledgements

The National Association of Rheumatology Occupational Therapists (NAROT) would like to extend thanks and appreciation for the hard work of all those who have participated in the development of these guidelines.

Clinical Guideline Development

The clinical guidelines working party was established by NAROT in August 1999. This followed a nationwide request for volunteers.

During the first meeting, it was agreed that the group would devise guidelines for inflammatory arthropathies and that these guidelines would be in the areas of:

- Activities of Daily Living and Assistive Devices
- Hand Assessment
- Joint Protection and Energy Conservation
- Leisure
- Psychological Wellbeing
- Relaxation
- Sexuality, Parenting and Family Relationships
- Splinting
- Employment
- Patient Education

It was acknowledged that many members of the group were not familiar with reviewing and critically appraising research. Individuals within the group accepted responsibility for their own learning needs and obtained training from their employers wherever possible. Funding was not available for formal training, although NAROT has provided funding for travel and accommodation.

Following the development of the guidelines, the College of Occupational Therapists agreed to endorse and produce the guidelines on behalf of NAROT.

The working party consisted of senior practitioners, researchers and lecturers from around the UK. During the last three years some members have left the group due to work commitments and other experts have been co-opted as necessary.
Current group members:

L Blount, Senior Occupational Therapist
M Grant, Senior Lecturer in Occupational Therapy, Coventry University
H Griffiths, Senior Occupational Therapist, Cornwall Health Trust, Penzance
A Hammond, Senior Research Therapist, Derbyshire Royal Infirmary
J Harkess, Head Occupational Therapist, Rheumatic Diseases, Cameron Hospital, Fife
R Haworth, Senior Occupational Therapist, Derriford Hospital, Plymouth
T Rushton, Lecturer in Occupational Therapy, Derby University

Other Contributors:

A Allan, Senior Occupational Therapist, Derbyshire Royal Infirmary
L Blenkiron, MRC Research Fellow, University of Bristol
J Reed, Senior Occupational Therapist, Nottingham City Hospital
J Rayner, Senior Occupational Therapist, Kings Mill Centre, Sutton in Ashfield
M Wade, Senior Lecturer, School of Health and Social Sciences, Coventry University.

Why Develop Guidelines?

In the current political climate, within Health and Social Services, the need for occupational therapists to base their interventions upon best current evidence is clear. Taylor (2000) suggested that evidence-based practice is "not about doing research, it is about using research very explicitly to underpin the intervention decisions we make on a daily basis as practitioners".

There is a clear need to establish services that are proven to be valuable and to eliminate ineffective interventions. Of equal importance is to demonstrate the effectiveness of the practice of rheumatology occupational therapists.

Objectives

• to provide a source of evidence-based information to support the clinical decision-making process
• to promote a consistent approach to best practice for occupational therapists working with people who have inflammatory arthropathies.

In order to accommodate specific needs or circumstances it may be necessary to develop further local guidelines. Newly qualified staff may benefit from more detailed protocols. These guidelines should only be considered as guidance and their utilisation will not provide a positive outcome for all individuals with inflammatory arthropathies.

Dissemination and Implementation

The existence of these guidelines will be highlighted in journals such as the British Journal of Occupational Therapy (BJOT) and the Journal of National Association of Occupational Therapists (JNAROT). Awareness of the guidelines will also be raised at the NAROT conference and through the NAROT regional groups.
Review of Guidelines

The guidelines will be reviewed and updated every five years by a working party convened by NAROT. The relevance and effectiveness of the guidelines will be investigated, following a survey of users.

Methodology

Each individual responsible for the development of a guideline completed their own search for literature.

In addition to the extensive literature search completed, the working party reached a consensus on what constitutes good practice where the literature did not provide any evidence. This was based on extensive experience in the speciality of inflammatory arthopathies.

Levels of Evidence and Grades of Recommendations

The level of evidence found to support each guideline was graded using the Muir Gray (1997) System:

Level I   systematic review of multiple well-designed Randomised Controlled Trials (RCTs)
Level II  one properly designed RCT of appropriate size
Level III well-designed trials without randomisation single group pre – post cohort, times series or matched control studies
Level IV  well-designed non-experimental studies from more than one centre or research group
Level V   opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees.

To examine the quality of the studies, the working party created criteria that were adapted from the Scottish Intercollegiate Guidelines Network (SIGN).

The criteria were:
• clear aim stated
• appropriate sampling strategy
• valid and reliable measurement tools
• adequate literature review
• all participants accounted for adequately
• statistical methods described/appropriate
• statistical significance assessed
• outcomes clearly stated
• population similar to ours
• bias addressed.
Plus, for studies with interventions:
- intervention clearly described
- intervention transferable to our setting
- occupational therapists have skills necessary for intervention
- control group similar initially
- adequate sample size.

<table>
<thead>
<tr>
<th>Criteria for literature reviews:</th>
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<tbody>
<tr>
<td>clear aim stated</td>
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<tr>
<td>appropriate selection of studies (to answer the aim)</td>
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<tr>
<td>relevant studies included (sources for search acknowledged)</td>
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<tr>
<td>criteria for assessing quality described</td>
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<tr>
<td>statistical tests used to assess studies</td>
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<tr>
<td>studies selected sufficiently similar to combine</td>
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<tr>
<td>an overall conclusion reached</td>
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<tr>
<td>conclusion sufficiently significant.</td>
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</tbody>
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| ++ all or most of the criteria met | 8 or more | 11 or more |
| + some of the criteria met        | 5–7       | 6–10       |
| - few criteria met                | 4 or less | 5 or less  |

Good practice recommendations are not graded but are denoted by ✓

All correspondence and requests for further information regarding the guidelines should be forwarded to NAROT. Contact details are available from the College of Occupational Therapists.
References