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# Physical Medicine and Rehabilitation

## Six Things Physicians and Patients Should Question

by

Canadian Association of Physical Medicine and Rehabilitation

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### 1 **Don't treat asymptomatic urinary tract infections in catheterized patients.**

Urinary tract infections (UTIs) in catheterized patients are considered “complicated UTIs”. However, this term can be misleading and prompt clinicians to over treat infections in this population. It is generally recommended that persons with spinal cord injury (SCI) be treated for bacteriuria only if they have symptoms. Specifically, the 2006 Consortium for Spinal Cord Medicine Guidelines for Healthcare Providers require that the following three criteria be met before an individual with SCI is diagnosed with a UTI: (1) significant bacteriuria, (2) pyuria, and (3) signs and symptoms of a UTI.

### 2 **Don't regularly prescribe bed rest and inactivity following injury and/or illness unless there is scientific evidence that harm will result from activity.**

Bed rest is often used to treat a variety of medical conditions. Prolonged bed rest causes major cardiovascular, respiratory, musculoskeletal and neuropsychological changes. Negative effects include thromboembolism, pneumonia, muscle wasting and physical deconditioning. Many of the negative effects begin within days of confinement, but consequences can last much longer. Specifically, in acute DVT/PE, bed rest has no impact on the risk of developing new PE. Furthermore, in acute low back pain, advice to stay active compared to rest in bed showed benefits in pain relief and functional improvement. Therefore, it is important to limit bed rest as much as possible.

### 3 **Don't order prescription drugs for pain without considering functional improvement.**

Prescription pain medications have been shown to be effective for pain relief. However, a number of adverse events have been established. While pain reduction is an important outcome measure for patients, they also highly value improved function and quality of life. The addition of prescription pain medications does not always improve functional outcomes, or even pain. There is also a significant risk of long-term addiction. It is imperative that providers work with patients to establish treatment goals, regularly reassess pain and function, and taper or discontinue medications as able or if patients experience harm.

### 4 **Don't order CT scans for low back pain unless red flags are present.**

Low back pain is one of the leading causes of disability, with a lifetime prevalence of 40%. Routine imaging for low back pain in the absence of red flag symptoms does not change clinical outcomes including pain, function, quality of life and mental health. Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. In comparing early versus late imaging for non-specific low back pain, there is no difference between groups in terms of overall treatment plan. Imaging can result in “labeling” of patients, exposure to radiation, and unnecessary invasive procedures.

### 5 **Don't use benzodiazepines for the treatment of agitation in the acute phase of traumatic brain injury after initial stabilization.**

After initial stabilization and when intracranial pressure is controlled, the use of benzodiazepines in the acute phase of traumatic brain injury should be limited to specific medical indications, such as alcohol withdrawal. In animal models of acute TBI, benzodiazepines have been associated with slowed or halted recovery. Moreover, benzodiazepines have adverse effects on cognition, and can cause respiratory depression, paradoxical agitation, and anterograde amnesia. Non-pharmacologic interventions are essential components of the management of agitation after TBI. Beta blockers, such as propranolol, are first line pharmacotherapeutic agents, and anticonvulsants can also be used to decrease agitated behaviours.

### 6 **Don't recommend carpal tunnel release without electrodiagnostic studies to confirm the diagnosis and severity of nerve entrapment.**

Carpal tunnel release is a highly effective treatment for Carpal Tunnel Syndrome. Clinicians considering referral for surgical management should be aware that good surgical outcome is best correlated with a combination of positive clinical and positive electrodiagnostic studies (EDX). Clinical tests together with EDX have a better association with surgical outcome than either alone. Pre-op nerve conduction study severity can also better predict time to resolution and degree of resolution of symptoms.

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## How the list was created

The Canadian Association of Physical Medicine and Rehabilitation (CAPM&R) established its Choosing Wisely Canada Top 6 recommendations as a result of a one-year long process. Special Interest Groups (SIGs) were asked to propose relevant items to be considered for Choosing Wisely Canada. As a result, 23 items were refined and distributed to all 385 CAPM&R members for ranking. The CAPM&R executive committee chose a final list of six items from the most highly ranked items on the national survey. At the May 2016 annual CAPM&R meeting, the six items with summary statements and literature reviews were presented to the CAPM&R membership and ultimately approved.

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## About The Canadian Association of Physical Medicine and Rehabilitation

The Canadian Association of Physical Medicine and Rehabilitation (CAPM&R) is a proud partner of the Choosing Wisely Canada campaign. The CAPM&R is a member service organization that represents Canadian physiatrists and promotes their pursuit of excellence in the field of physical medicine and rehabilitation. The CAPM&R was founded in 1952 and has over 380 members today.



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## About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

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