

Physical Medicine and Rehabilitation

Seven Things Physicians and Patients Should Question

by

Canadian Association of Physical Medicine and Rehabilitation

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1 **Don't order urine cultures or treat bacteriuria in persons with neurogenic bladder unless there are signs or symptoms of urinary tract infection.**

Patients with spinal cord injury and other conditions that cause neurogenic bladder are at higher risk of developing complications of urinary tract infections, which can drive over-investigation and over-treatment. However, several high-quality studies have demonstrated that screening for and treating asymptomatic bacteriuria (outside of pregnancy and urologic procedures) increase the risk of microbial resistance and the emergence of symptomatic urinary tract infection (UTI). Clinicians should order urine cultures if there are signs and symptoms of a urinary tract infection. Clinicians should treat suspected UTI only with evidence bacteriuria with accompanying signs or symptoms.

2 **Don't recommend more than a brief period of physical and cognitive rest (i.e., 24-48 hours) before encouraging patients to gradually resume activity following concussion (mild traumatic brain injury).**

There is insufficient evidence that a mandatory period of physical and cognitive rest following concussion (mild traumatic brain injury) minimizes concussion symptoms or promotes recovery. Patients, rather, should be counselled to return to normal activity as tolerated after a brief period of rest. Athletes should return to competitive sport on a graduated basis following concussion.

3 **Don't start opioid analgesics for management of chronic noncancer pain without thorough trials of non-opioid medications and non-pharmacologic treatments.**

There is insufficient evidence that opioids for chronic pain management improves symptoms or enhances function. Conversely, opioid usage is associated with side effects and carries substantial risks, including of dependency and poisoning. Opioids for chronic noncancer pain should be initiated only after other nonopioid options have been exhausted. Prescribers are encouraged to escalate opioid doses judiciously with a view to stabilizing patients on the lowest effective dose that will enable patients to achieve their treatment goals. Moreover, opioids should be discontinued if clinically important goals, such as reduction in pain or improved function, are not achieved.

4 **Don't order diagnostic imaging for low back pain without red flag signs or symptoms.**

In the absence of red flags, most patients with acute low back pain will improve, and do not require imaging for diagnosis. Patients without red flags should be treated with at least a 4-6-week trial of conservative management. Red flags for low back pain include but are not limited to severe or progressive neurologic deficit, cauda equina syndrome, or suspected cancer, infection, compression fracture, epidural abscess, or hematoma.

5 **Don't order repeat injections without evaluating the individual's response to previous injections.**

Interventional pain treatments can include injections in or around joints, bursae, nerves, and tendons, with or without the guidance of imaging modalities such as fluoroscopy or ultrasound. Risks and side effects are uncommon but can be serious. Injections should only be repeated if previous injections have demonstrably resulted in the achievement of goals such as reduction of pain or functional improvement.

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

Carpal tunnel release is a highly effective treatment for Carpal Tunnel Syndrome (CTS). 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). More recently, ultrasound has also been established as an accurate test in diagnosing CTS. Clinical tests together with a supportive diagnostic investigation, such as EDx or ultrasound, have a better association with surgical outcome than either alone. Surgery for CTS is typically reserved for patients who fail conservative measures, such as an adequate trial of splinting.

7 Don't dispose of adaptive equipment, mobility devices, orthoses, and prostheses that can be reused or recycled.

In rehabilitation medicine, the premature disposal of adaptive equipment such as orthoses, prostheses, and mobility devices (such as wheelchairs or walkers) is commonplace, often occurring before the end of their useful lifespans. Despite some efforts within the rehabilitation sector to promote reuse and recycling, there likely remains a significant communication gap between patients and healthcare providers regarding the importance of these practices. Beyond their environmental benefits, reuse offers benefits to patients by increasing access to vital equipment they may otherwise struggle to afford or obtain. By raising awareness and facilitating action towards extending the usefulness of adaptive devices or repurposing of components, stakeholders not only reduce waste but also ensure continued support for individuals through their rehab journeys, locally and/or globally.

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.

September 2022 update: Dr. Chris Fortin and Dr. Wendy Levinson presented a Webinar on the Choosing Wisely movement in October 2021, which included a review of existing PM&R recommendations and a survey that canvassed attendees' familiarity with them and their ideas for updates. Thereafter, a committee consisting of three staff physiatrists and a PM&R resident from different academic centres was formed. They surveyed general CaPM&R membership and used the results to draft updated recommendations. These were presented to the CaPM&R special interest group (SIG) in Quality Improvement and Patient Safety in early 2022. They then consulted individual SIG group leads based on the subject matter of the individual items. The updated list was finalized with added rationales and references. The new items were approved by the CaPM&R Executive Committee in August 2022.

Sources

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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.



About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

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