

Clinical Prediction Rules... Can't We All Just Get Along?

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Clinical prediction rules (CPRs) are tools which aid in identification of specific dysfunction or in the identification of characteristics of individuals who may benefit from specific interventions. These CPRs have been gaining increased attention in the physical therapy (PT) literature. Some CPRs have made a significant contribution to the entire orthopedic field,¹⁻⁴ not just PT.

CPRs of particular significance to the orthopedic and sports PT for examination procedures have included those for cervical radiculopathy,⁵ and carpal tunnel.⁶ CPRs of significance for specific treatment have included those utilizing manipulation for LBP,⁷⁻⁹ neck pain,^{10, 11} and most recently patellofemoral pain.¹² There also exists a CPR for the clinician to determine which patients will most likely benefit from lumbar stabilization programs,¹³ as well as pelvic traction.¹⁴ While these are all very promising contributions to the orthopedic PT profession, only one of these CPRs has currently been validated.⁸ This will have to be improved to determine the true benefit of CPRs.

With continued increased emphasis on evidence based treatment and treatment based classification, CPRs seem like the next logical step in the sequence. The problem with CPRs, and the highest levels of evidence, is the stringent nature that comes with them. Validation of CPRs and performing meta-analyses is a major, detailed process. Therefore, the current highest levels of evidence for the orthopedic and sports PT is somewhat limited.

CPR development will assist this process, especially with the various methods of their marketing. Have you been on youtube lately? While these videos^{15, 16} demonstrate creativity and have increased the clinician's awareness of CPRs, they are not without their detractors. Arguments against the use of CPRs, and especially the use of youtube for their promotion, has brought about such comments as "stooping to a

new low”, and that the use of CPRs will make PTs “mere technicians following a recipe format of treatment” that lack “sound clinical reasoning”.

As I am reminded on a daily basis in the classroom, there is a new age of PT. There will continue to be additional CPRs and those currently present will be improved and potentially validated. Manipulation will continue to be a large component of these CPRs. Youtube and other media outlets will continue to be utilized. Professional responsibility dictates the PT clinician to implement current “best evidence”, whether it is case studies or meta-analyses. It is also the professional responsibility of the clinician to see the entire picture. Use the information gleaned in these groundbreaking CPRs as a component of your “toolbox” of evaluation/examination/treatment procedures. They are an adjunct to the clinical reasoning skills that all therapists should be striving to develop and fine-tune.¹⁷

Several of the current CPRs require manipulation skills. Will the “experienced” clinician not possessing these manipulation skills learn and implement them? Is it not difficult to fully support best evidence if you are not willing to implement it? Will the students who are learning these skills develop and utilize clinical reasoning? The youtube videos give exposure to a couple of the CPRs, but are they for the best of the profession? Probably depends on who you ask. I think though that we can all agree that implementing manipulation skills is not as simple as watching youtube and counting the number of predictor variables in a CPR.

We can all get along, as long as we see the “big picture”....our profession and our patients getting better!

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