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March 22, 2022

Barb Krause
Quality Improvement Specialist
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons
9400 W. Higgins Road, Rosemont, IL 60018
Submitted Via Email: krause@aaos.org

RE: AAOS Clinical Practice Guideline for the Management of Hip Fractures in Older Adults

Dear Barb Krause,

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) appreciates the opportunity to have participated in the development of the American Academy of Orthopaedic Surgeons (AAOS) Clinical Practice Guideline (CPG) for the Management of Hip Fractures in Older Adults. We also appreciate the opportunity to review the CPG for endorsement consideration. AAPM&R is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

We are pleased to inform you that the AAPM&R Clinical Practice Guideline (CPG) Committee has voted to **endorse** the AAOS CPG for the Management of Hip Fractures in Older Adults. The Committee evaluated this guideline using the Appraisal of Guidelines for Research & Evaluation (AGREE) II Tool. Overall, the Committee agreed that the guideline is well done and provides pertinent recommendations for managing hip fractures. However, the Committee did express concern with certain aspects regarding the methodology and development of the guideline.

There was concern that the CPG states that the GRADE framework was used to evaluate the evidence and formulate recommendations; however, the minimal criteria required to state GRADE was used (per the GRADE working group) were seemingly not met. GRADE methods are standardized, and it is not recommended that any modifications to them be made to them. There were no evidence profiles or summary of findings tables indicating how the overall quality of the evidence ratings were determined using GRADE methods. In addition, there is no documentation showing the GRADE EtD methods were followed for formulating recommendations and the recommendations themselves made are not in any of the standard formats recommended by GRADE. The Committee also highlighted that the guideline does not

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discuss patient representation or engagement, or how conflicts of interests were managed. Attached you will find an AGREE II analysis from the AAPM&R CPG Committee with domain scores and additional feedback.

Ultimately, the Committee believes this guideline is highly valuable and supports endorsement of the guideline. This endorsement implies permission for the AAOS to officially list our organization as an endorser of this clinical practice guideline and reprint our logo in the introductory section of the clinical practice guideline review document. AAPM&R would also like your permission to post the most updated version of the guideline on our website or, if you prefer, to provide a link to the guideline on your website.

Thank you, again, for the opportunity to review the AAOS CPG for the Management of Hip Fractures in Older Adults. If you have any additional questions or concerns, please contact Brit Johnson, Health Policy and State Legislative Affairs Manager, Department of Health Policy and Practice Services, at bjohnson@aapmr.org or (847) 737-6004.

Sincerely,

David W. Lee, MD
Clinical Practice Guidelines Committee, Chair

Tally for AAOS Management of Hip Fractures in the Elderly CPG														
			(Note - 1 is lowest and 7 is highest)	Rev 1	Rev 2	Rev 3	Rev 4	Rev 5	Rev 6	Tally	Max Score	Min Score	Domain Score
	Question		Reviewer/ Score 1-7										
Domain 1	1	The overall objective(s) of the guideline is (are) specifically described.		7	7	6	7	7	7	41			
	2	The health question(s) covered by the guideline is (are) specifically described.		7	7	7	7	7	7	42			
	3	The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.		7	7	7	7	7	7	42			
										125	126	18	99.00%
Domain 2	4	The guideline development group includes individuals from all relevant professional groups.		7	7	5	6	7	7	39			
	5	The views and preferences of the target population (patients, public, etc.) have been sought.		1	7	1	2		1	12			
	6	The target users of the guideline are clearly defined.		7	7	6	7	7	7	41			
										92	126	18	69.00%
Domain 3	7	Systematic methods were used to search for evidence.		7	7	1	7	6	7	35			
	8	The criteria for selecting the evidence are clearly described.		6	7	5	5	6	7	36			
	9	The strength and limitations of the body of evidence are clearly described.		6	6	2	5	6	5	30			
	10	The methods for formulating the recommendations are clearly described.		6	7	3	6	7	7	36			
	11	The health benefits, side effects, and risks have been considered in formulating the recommendations.		6	5	5	6	7	6	35			
	12	There is an explicit link between the recommendations and the supporting evidence.		7	7	1	6	7	7	35			
	13	The guideline has been externally reviewed by experts prior to its publication.		7	7	4	7	7	7	39			
	14	A procedure for updating the guideline is provided.		7	7	7	7	6	7	41			
										287	336	48	83.00%
Domain 4	15	The recommendations are specific and unambiguous.		7	7	3	7	7	7	38			
	16	The different options for management of the condition or health issue are clearly presented.		6	7	5	5	7	5	35			
	17	Key recommendations are easily identifiable.		7	7	6	7	7	7	41			
										114	126	18	89.00%
Domain 5	18	The guideline describes facilitators and barriers to its application.		6	7	4	6	6	5	34			
	19	The guideline provides advice and/or tools on how the recommendations can be put into practice.		6	6	1	6	6	6	31			
	20	The potential resource implications of applying the recommendations have been considered.		6	7	3	5	6	6	33			
	21	The guideline presents monitoring and/or auditing criteria.		6	4	1	5	7	3	26			
										124	168	24	62.00%
Domain 6	22	The views of the funding body have not influenced the content of the guideline.		7	1	4	7	7	1	27			
	23	Competing interests of guideline development group members have been recorded and addressed.		7	3	2	7	7	4	30			
										57	84	12	63.00%
	Overall:												
	1	Rate the overall quality of this guideline.		7	6	2	6	6	6	33	42	6	75%
	2	Overall Assessment: Endorsement / Affirmation / Rejection		Endorse	Endorse	Reject	Endorse	Endorse	Endorse				

Comments:

Domain 1: Scope and Purpose

Domain 2: Stakeholder Involvement

Q5. No attempt whatsoever to engage target population in selecting or prioritizing outcomes and no mention of any qualitative studies that document views and preferences. - R3

Q5. Did not see it in the CPG - R6

Domain 3: Rigor of Development

Q7. Can't really tell if this is true. No details provided about methods used for study selection (ie, how many independent reviewers, involved and processes for resolving discrepancies) search included .
Therefore cannot be confident that comprehensive search was performed or that no bias was introduced in the study selection process. - R3

Q9. They only describe strength/limitations based on numbers of studies of certain designs. GRADE methods for evaluation of the overall certainty of a body of literature make this determination based not only

on study design but by other factors such as including risk of bias, imprecision, indirectness, inconsistency, and publication bias. RCTs and NRSIs are given starting level of RoB as high and low, respectively. Based on these other factors, the overall quality of a body of evidence is updgraded or downgraded. This results in a rating of high, moderate, low, and very low overall quality or certainty. Judgments for each of these should be transparently reported on evidence summary tables. This document does not describe that methodology. In fact, they do not explain how the RoB results listed in APpendix are used to come up with "quality" rating. onfuses q- R3
Q10. They say they used GRADE EtD framework but they really did not use it the way GRADE intends to be used; moreover, GRADE specifically advises against any modifications or adaptations of its methodology. In GRADE, quality of evidence is not up or downgraded on the basis of factors used to develop recommendations (eg, resources, patient preferences, harms vs benefits etc) - R3
Q11. Discuss harms vs benefits specifi
cally, but it is unclear what the overall quality of evidence is for harms as opposed to effectiveness. - R3
Q12. It is impossible to judge this. They do not describe what methods were used to evaluate the "quality" of individual included studies, and exactly how this was used to then inform the "overall" evidence quality rating on a topic. For example, they provide "quality appraisal" tables but do not identify what tool is being applied. It appears (by the categories of the assessment listed) that the Cochrane RoB tool was used for "randomized" studies but yet the tables refer to quality not RoB (and they are not the same thing!). Do not recognize the tool they use for "observational" studies but does not appear to matter as all of these are rated "low certainty"so not sure why they did this. Their quality ratings may very well be correct but I cannot have any confidence they are because they don't transparently present that information. - R3
Q13. Appears it was only reviewed only by clinical experts but not any methodology or GRADE experts. - R3

Domain 4: Clarity of Presentation
Q15. The recommendations are specific in terms of the clinical scenarios; however they are very confusing because do not present EtD framework as recommended by GRADE. In GRADE, recommendations are either for vs against and conditional vs strong. The whole point of using GRADE is to the use of a common language for recommendations in actionable terms. Their creation of an "opitons" category that is also "GRADE-d" further muddles things. - R3

Domain 5: Applicability
Q18. Some description of acceptability issues for patients and physicians. was included - R3
Q19. - No information provided. - R3
Q20. Some mention of feasibility issues, but not investigated specifically with any data from economic or other studies. - R3
Q21. No information provided. - R3
Q21. Did not find info on the procedure and personnel involved to address monitoring or auditing. - R6

Domain 6: Editorial Independence
Q22. AAOS is the funding source for this documentation - R2
Q22. Assume not, but not explicitly addressed. - R3
Q22. Not explicitly described. - R6
Q23. They did record ad provide the disclosure information. However, at least half of the guideline development group disclose financial COIs of high or moderate levels of seriousness. No information provided about how this was managed or justified. - R3
Q23. Not found in the CPG - R6

Overall:
I enjoyed reading and learning this CPG. I particularly liked the summary of the recommendations for quick review. - R2

Cannot recommend because of significant methodological concerns:
1) lack of confidence in the evaluation of the certainty of evidence. Significant confusion about individual study "quality" vs overall "quality" ratings; in addition, RoB appears to be assessed in the "Quality appraisal" tables but is not mentioned at all in the document.
2) Did not apply GRADE methods for determining the overall quality of a body of evidence even though they indicate they followed some aspects of that process (eg, rating all observational studies (actually should be all NRSIs) low quality based on study design).
3) Did not apply GRADE methods for formulating recommendations which is not done by upgrading and downgrading. They did use some of the GRADE criteria for consideration in the Evidence to Decision framework (eg, feasibility, resources, etc) but did not actually follow GRADE methods for this.
4) They did not even acknowledge the fact that they used some variation of GRADE methodology (which is well described and has distinct components) let alone describe any justification for deviating from it (which GRADE advises against).

Important guideline related concerns as well:
1) No patient representation or involvement, direct or indirect
2) COI concerns
3) Did not address implementation issues
R3

This CPG is well defined and described the pertinent aspects of Hip fractures. It is clearly one of the best CPGs I have reviewed. - R6