

Getting evidence into practice: getting it right

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Background

- Getting good quality research into practice is a challenge
- Some estimates suggest it can take up to 17 years
- Lack of time, skills and technology are cited as barriers
- This can result in outdated, ineffective or harmful care

Purpose

- A group of musculoskeletal physical therapists and researchers established a model to address this research to practice gap
- Our model aimed to:
 - Ensure practice was based on best evidence
 - Increase critical appraisal skills of clinicians
 - Foster partnership between clinician and researchers
 - Generate practice based questions that required further research
 - Create an online learning environment

Methods

- Over 60 musculoskeletal clinicians (physical therapists, occupational therapists, pharmacists, podiatrists, rheumatologists) have linked with researchers, librarians and systematic reviewers across 3 National Health service organisations
- A critically appraised topic (CAT) process is utilised to search for, appraise, summarise and implement best evidence

Results

Our model has:

- **Generated 44 evidence based recommendations for musculoskeletal clinical care (CATS) Fig 1**
- **Of these 44:**
 - **29 reassured clinicians that no change in practice was needed**
 - **12 recommended changes in practice**
 - **3 resulted in clear future research recommendations and were subsequently developed into 3 funded trials**
- **Ensured our evidence is used in commissioning process**
- **Formed a network of 'Evidence into practice groups' Fig 2**
- **Won a UK National Award for Best Practice**
- **Offered annual training days to clinical staff**
- **Supported change in practice through clinical leadership**
- **Been the template for other groups e.g. practice nurses**
- **Created a website to share our work Fig 3**

Conclusion:

Using this model can facilitate the translation of best evidence into clinical care and could be easily replicated in a variety of settings.

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Getting Evidence into Clinical Practice
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Specific Question:
Are image-guided injections more clinically effective than palpation-guided injections for acromioclavicular joint (ACJ) pain?

Clinical bottom line
There is limited evidence that steroid injections to the ACJ administered under ultrasound guidance (US-guidance) are no more effective than those using a palpation-guidance method in terms of reducing pain and increasing function in the short (3 weeks) and medium term (6 months). There is no evidence for long term outcomes (12 months onwards). Further research is needed to justify the additional cost and wait times of US-guided over palpation-guided injections in light of similar clinical outcomes.

Why is this important?
ACJ pain, often as a result of osteoarthritis, is a common clinical presentation in musculoskeletal practice. Intra-articular steroid injections are frequently used as an intervention in the management of ACJ pain. There is variation among clinicians when administering steroid injections with some using palpation-guided techniques and others using image guided techniques such as ultrasound or fluoroscopy. Image-guided techniques can result in a patient having a delay to receiving treatment and incur higher costs. It was not known whether image-guided ACJ injections had a preferential clinical outcome to palpation-guided methods to justify additional wait times and cost.

Figure 1

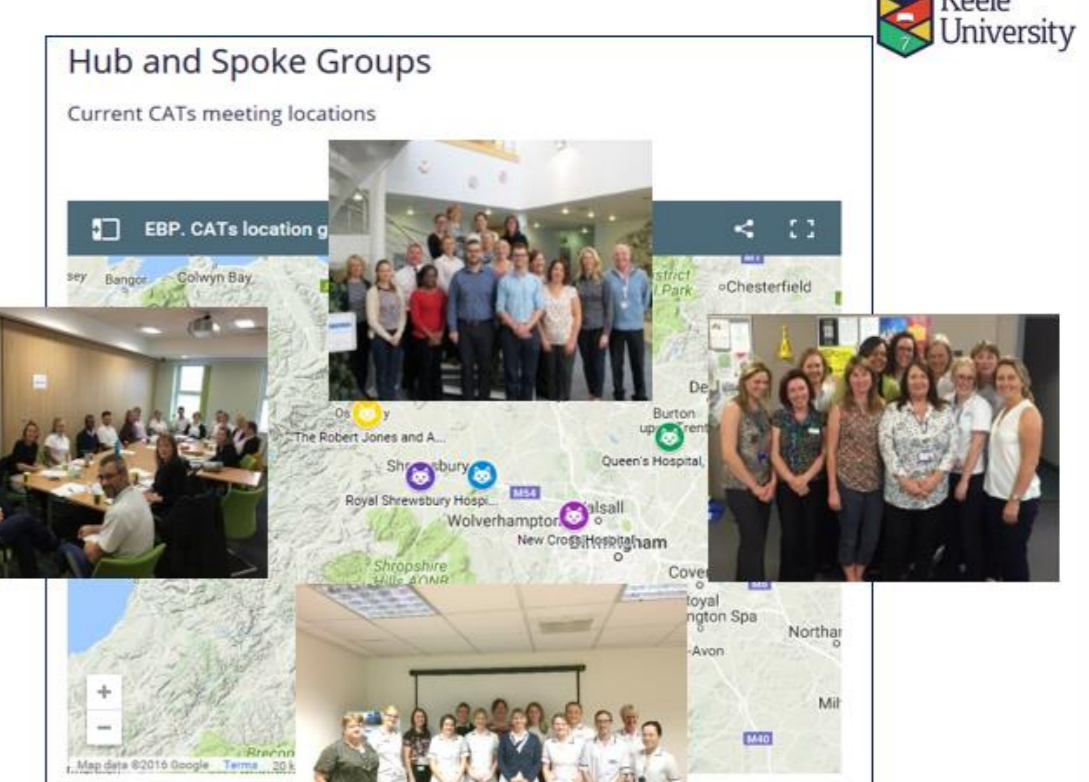


Figure 2

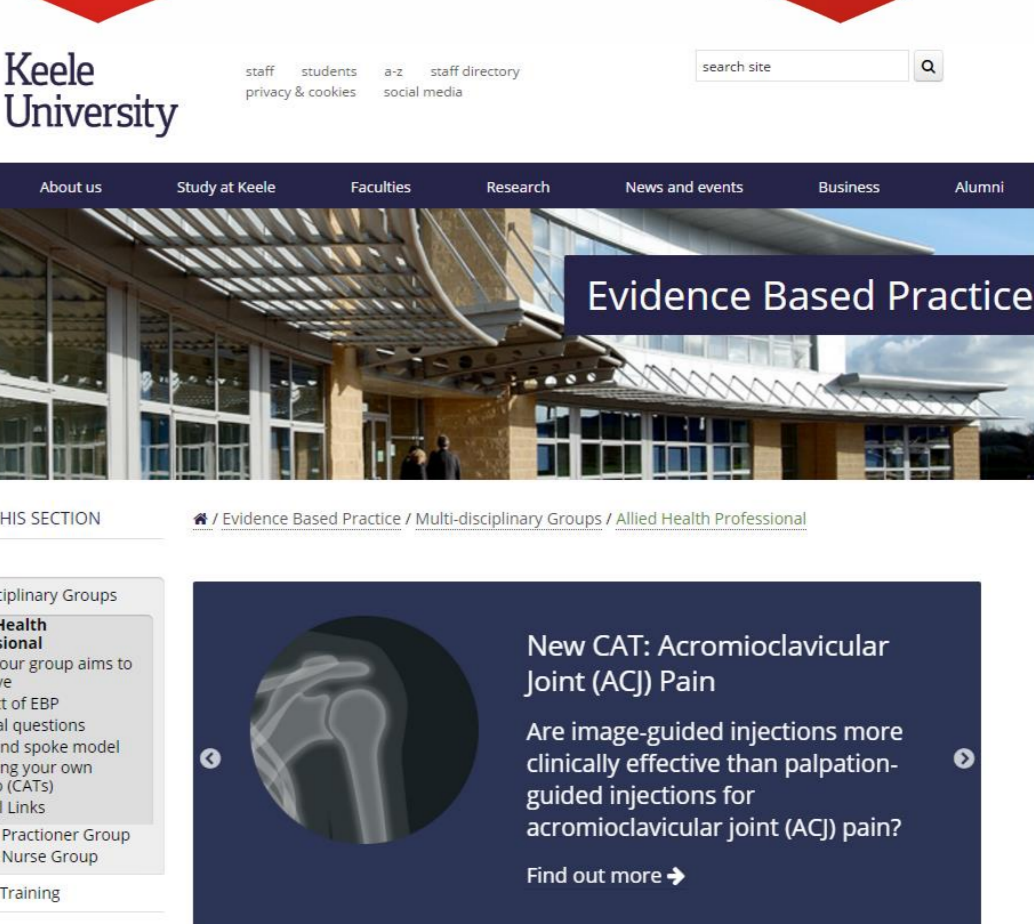


Figure 3