

Tests, treatments and procedures at risk of inappropriateness in Italy
that Health Professionals and Patients should talk about

Five Recommendations from the Italian Association of Physiotherapists (AIFI)

1	<p>Do not use continuous passive mobilization (CPM) devices for postsurgical treatment of knee ligament reconstructions or uncomplicated hip or knee arthroplasties.</p> <p>Some systematic reviews and some recent randomized clinical trials highlight the ineffectiveness of continuous passive mobilization (CPM) in patients following total knee or hip prosthesis surgery or anterior cruciate ligament (ACL) reconstruction. The only studies that show a possible temporary benefit and, in any case, not clinically relevant, use CPM for several hours per day, while in Italy it is generally prescribed only for 1-2 hours per day, making the therapy completely useless.</p>
2	<p>Do not use mechanical or manual traction, as single treatment or in combination with other treatments, in patients with low back pain, in presence or absence of radicular pain.</p> <p>Some systematic reviews and international guidelines show that tractions have no or minimal impact on pain intensity, functionality, overall improvement and return to work in patients with low back pain, in presence or absence of radicular pain. Minimal positive effects, clinically not relevant, have been demonstrated in some studies with reduced samples and high risk of bias. On the contrary, over 20% of the studies considered reported negative effects of traction, such as increased pain, worsening of neurological signs and consequent surgical treatment. On the basis on these evidences, the use of this therapeutic approach is therefore not recommended.</p>
3	<p>Do not use specific exercises of selective strengthening of the vastus medialis obliquus (VMO) in patellofemoral pain syndrome.</p> <p>Many studies have shown that it is not possible to selectively activate the vastus medialis obliquus (VMO) with respect to vastus medialis longus or even to vastus lateralis. At the same time, no correlation between vastus medialis symptoms and its level of strength or activation has been demonstrated, while a general quadriceps strengthening program has the same effectiveness as selective strengthening programs, considerably more complex, expensive and time-consuming.</p>
4	<p>Do not use ultrasound therapy for rotator cuff tendinopathy, ankle sprains and low back pain.</p> <p>Some reviews show the ineffectiveness of therapeutic ultrasound in the treatment of these disorders. Its therapeutic efficacy on pain or functionality is not superior to placebo in rotator cuff tendinopathy, while in ankle sprains the effect is clinically negligible, in particular at 2-4 weeks after the injury. The available evidences on low back pain do not highlight the effectiveness of this therapeutic approach. For all the considered disorders, there is a lack of high-quality randomized controlled trials comparing the treatment with appropriate control groups. In absence of such evidences, the clinical use of ultrasound for the treatment of these disorders is not justified and should be discouraged.</p>
5	<p>Do not teach or have patients with acute or chronic respiratory diseases practice diaphragmatic breathing.</p> <p>There are very limited evidences regarding the benefit of diaphragmatic breathing administered in order to improve the distribution of ventilation by reducing energy consumption, decrease dyspnea and increase exercise capacity. On the other hand, it has been shown that, in patients with moderate to severe chronic obstructive pulmonary disease (COPD), this practice may cause some adverse effects such as an increase in asynchronous and paradoxical breathing movements of the rib cage, decreased efficiency of respiratory mechanics and consequently of breathing work and burden imposed on respiratory muscles, dyspnea worsening, with the lack of improvements in lung function and the ability to maintain physical exercise.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

How this list was created.

The Italian Association of Physiotherapists (AIFI) contacted all regional offices and Special Interest Groups (GIS), asking for contributions from all its representatives and members to identify the less effective physiotherapy practices which are still being widely used. A working group was established to evaluate the proposals received, extensively analyze the literature in order to verify the reliability of proposals, and select the top five treatments in clinical physical therapy practice associated with high costs and/or possible side effects. The results have been shared among the members of AIFI Executive Board and National Direction and the latest proposed changes have been collected prior to final approval by the working group.

Sources

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2	<ol style="list-style-type: none"> Chou R, Huffman LH. Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline. <i>Ann Intern Med.</i> 2007;147:492-504. Delitto A, George SZ, Van Dillen LR, Whitman JM, Sowa G, Shekelle P, Denninger TR, Godges JJ; Orthopaedic Section of the American Physical Therapy Association. Low back pain. <i>J Orthop Sports Phys Ther.</i> 2012 Apr;42(4):A1-57 Wegner I1, Widyahening IS, van Tulder MW, Blomberg SE, de Vet HC, Brønfort G, Bouter LM, van der Heijden GJ. Traction for low-back pain with or without sciatica. <i>Cochrane Database Syst Rev.</i> 2013 Aug 19;8:CD003010.
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4	<ol style="list-style-type: none"> Desmeules F, Boudreault J, Roy JS, Dionne C, Frémont P, MacDermid JC. The efficacy of therapeutic ultrasound for rotator cuff tendinopathy: A systematic review and meta-analysis. <i>Phys Ther Sport.</i> 2015 Aug;16(3):276-84 Verhagen EA. What does therapeutic ultrasound add to recovery from acute ankle sprain? A review. <i>Clin J Sport Med.</i> 2013 Jan;23(1):84-5. van den Bekerom MP1, van der Windt DA, Ter Riet G, van der Heijden GJ, Bouter LM. Therapeutic ultrasound for acute ankle sprains. <i>Cochrane Database Syst Rev.</i> 2011 Jun 15;(6):CD001250. Seco J, Kovacs FM, Urrutia G. The efficacy, safety, effectiveness, and cost-effectiveness of ultrasound and shock wave therapies for low back pain: a systematic review. <i>Spine J.</i> 2011 Oct;11(10):966-77.
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<p>Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign “Doing more does not mean doing better- Choosing Wisely Italy” in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it</p>	<p>The Italian Association of Physiotherapists (AIFI) is a non-profit, voluntary association that represents, protects and promotes the category of Physiotherapists by developing the knowledge and in-depth scientific understanding of the profession, including professional practice, training and research, in the interest of all citizens. AIFI Association is the sole representative of the Physiotherapy Profession (as set for by Ministry of Health Decree dated July 30, 2013) and is composed of regional representatives, who, together with ten members of the Executive Board nationally elected, constitute the National Direction. GIS (special interest groups) are specialist interest subgroups representing colleagues with training in specific areas of the physiotherapist profession.</p> <p>https://aifi.net/</p>
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