ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

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ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

Overview

In February 2005, the Section Board of Directors approved the development of the ICF-based Clinical Practice Guidelines (CPG) Project. The purpose of the project is to develop evidence-based clinical practice guidelines utilizing the framework of the International Classification of Functioning, Disability and Health (ICF). A Work Group for a specific body region, recommended by the ICF Editor and approved by the Board of the Directors, have developed, and/or are working on guidelines that address examination, evaluation, diagnosis, prognosis, and assessment of outcome for the most common musculoskeletal conditions treated by orthopaedic physical therapists. External stakeholders, such as the Agency for Health Care Research and Quality's National Guidelines Clearinghouse, require that the recommendations in the guidelines be reviewed, and revised if the literature dictates, at least every 5 years. Thus, an ongoing review and revision process for the recommendations of each clinical practice guideline is required for guideline to remain current. As of 2015, there were 10 CPGs published and 9 more under development. It is expected that the 9 CPGs under development will be published by 2021.

I. ICF-BASED CLINICAL PRACTICE GUIDELINES ADVISORY PANEL

A. Panel Structure

The International Classification of Functioning, Disability and Health based Clinical Practice Guidelines (ICF-based CPG) Advisory Panel consists of the ICF-based CPG Editor, the Section Board of Directors Liaison, and 5 members with a broad-based content expertise in the development of Clinical Practice Guidelines (CPGs).

B. ICF-based CPG Advisory Panel Roles

a. Periodically assist the ICF-based CPG Editor to review and edit the ICF-based CPG Program Policies
b. Review each CPG draft to ensure quality, accuracy, usefulness, and relevance to clinical practice and external stakeholders, and consistency with Orthopaedic Section and JOSPT standards.
c. Make judgments on any unresolved disputes between the ICF-based CPG Editor, CPG Authors, Reviewers, Orthopaedic Section Administration/Directors, or the JOSPT Administration/Boards.

C. Meetings

The ICF-based CPG Advisory Panel will meet when deemed necessary by the ICF-based CPG Editor.

D. Terms

a. Members of the ICF-based CPG Advisory Panel are appointed by the Orthopaedic Section Board of Directors.
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

b. Panel members serve 3-year terms. Advisory Panel members can serve no more than three 3-year terms.

c. As the Orthopaedic Section's CPG processes transition guideline development to guideline revisions, the CPG Advisory Panel will be dissolved. Thus, it is estimated that this panel will no longer have substantive roles to be performed by approximately the year 2021.

II. ICF-BASED CLINICAL PRACTICE GUIDELINE REVISIONS ADVISORY PANEL

A. Panel Structure

The ICF-based Clinical Practice Guideline Revisions (CPG Revisions) Advisory Panel consists of the ICF-based CPG Editor, the Section Board of Directors Liaison, and 5 members with broad content expertise in the standards, methods, processes, production, and publication of CPG Revisions.

B. ICF-based CPG Revisions Advisory Panel Roles

a. Annually assist the ICF-based CPG Revisions Editor to review and edit the CPG Revisions Procedural Manual. This Manual will be physical therapy-specific and responsive to evolving standards in the field, including the requirements of the Institute of Medicine and the Agency for Healthcare Research and Quality (www.guideline.gov).

b. Serve as reviewers for each CPG Revision draft to ensure quality, accuracy, usefulness, and relevance to clinical practice and external stakeholders, and consistency with Orthopaedic Section standards.

c. Make judgments on any unresolved disputes between the ICF-based CPG Revisions Editor, CPG Revision Authors, Reviewers, Orthopaedic Section Administration/Directors, or the JOSPT Administration/Boards.

d. Maintain currency with the evolving standards and requirements of producing and publishing of CPG Revisions, which includes periodically, attending the Guidelines International Network (GIN) Annual Conference or another, appropriate CPG-related conference.

C. Meetings

a. The ICF-based CPG Revisions Advisory Panel will meet when deemed necessary by the ICF-based CPG Revisions Editor

b. One ICF-based CPG Revisions Advisory Panel member per year will be expected to participate in Guidelines International Network (GIN) Annual Conference or another, appropriate CPG-related conference. Participation in these meetings may include submitting an abstract and making a presentation to the meeting attendees regarding a topic relevant to CPG publication for common musculoskeletal disorders. The ICF-based CPG Revisions Editor will facilitate presentation preparation, submission, and presentation at these CPG-related conferences.
c. The ICF-based CPG Revisions Editor will request funding for travel, lodging, and per diem expenses for participation in this CPG-related meeting using the customary Orthopaedic Section budgeting processes.

D. Terms

a. Members of the ICF-based CPG Revisions Advisory Panel are appointed by the Orthopaedic Section Board of Directors.
b. Panel members serve 3-year terms. ICF-based CPG Revisions Advisory Panel members can serve no more than three 3-year terms.

III. ICF-BASED CPG PATIENT/CONSUMER ADVISORY PANEL

A. Panel Structure

The ICF-based Clinical Practice Guideline Patient / Consumer Advisory Panel consists of the patient representative, 1 physical therapy claims reviewer, and 1 payment policy/coding specialist.

B. ICF-based CPG Patient / Consumer Advisory Panel Roles

a. Review the ICF-based CPG Policies and Procedures on an annual basis and provide recommendations, as appropriate and needed to improve the development processes.
b. Serve as stakeholder reviewers for all newly developed CPGs and CPG revisions.
c. Closely review and comment on any patient-oriented implementation tools, such as the "Patient Perspectives" information page that routinely follows a newly published CPG - or - a guidelines-based mobile app of condition-specific therapeutic exercises.

C. Meetings

a. The ICF-based CPG Patient / Consumer Advisory Panel will meet when deemed necessary by the ICF-based CPG Editor or Revisions Editor. However, it is not expected that this panel will have any face-to-face meetings.
b. One ICF-based CPG Patient / Consumer Advisory Panel member may occasionally be requested to participate in Guidelines International Network (GIN) Annual Conference or another, appropriate CPG-related conference. Participation in these meetings may include submitting an abstract and making a presentation to the meeting attendees regarding a topic relevant to CPG publication for common musculoskeletal disorders. The ICF-based CPG Editor or Revisions Editor will facilitate presentation preparation, submission, and presentation at these CPG-related conferences.
c. The ICF-based CPG Editor or Revisions Editor will request funding for travel, lodging, and per diem expenses for participation in this CPG-related meeting using the customary Orthopaedic Section budgeting processes.

D. Terms
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

a. Members of the ICF-based CPG Patient / Consumer Advisory Panel are appointed by the Orthopaedic Section Board of Directors.
b. Panel members serve 3-year terms. ICF-based CPG Patient / Consumer Advisory Panel members can serve no more than three 3-year terms.

IV. ICF-BASED CPG IMPLEMENTATION ADVISORY PANEL

A. Panel Structure

The ICF-based Clinical Practice Guideline Implementation Advisory Panel consists of the 4 physical therapists in varied practice settings and 1 lead author or workgroup leader from each ICF-based CPG Workgroup.

B. ICF-based CPG Implementation Advisory Panel Roles

a. Review the ICF-based CPG Policies and Procedures on an annual basis and provide recommendations, as appropriate and needed to improve the development processes.
b. Serve as stakeholder reviewers for all newly developed CPGs and CPG revisions.
c. Review and assist with making judgments on guideline adherence for any CPG implementation tool or product that will be distributed by the Orthopaedic Section or JOSPT in a revenue-sharing contractual arrangement with the vendor that produced the implementation tool/product.

C. Meetings

a. The ICF-based CPG Implementation Advisory Panel will meet when deemed necessary by the ICF-based CPG Editor or Revisions Editor. However, it is not expected that this panel will have any face-to-face meetings.
b. One ICF-based CPG Implementation Advisory Panel member may occasionally be requested to participate in Guidelines International Network (GIN) Annual Conference or another, appropriate CPG-related conference. Participation in these meetings may include submitting an abstract and making a presentation to the meeting attendees regarding a topic relevant to CPG publication for common musculoskeletal disorders. The ICF-based CPG Editor or Revisions Editor will facilitate presentation preparation, submission, and presentation at these CPG-related conferences.
c. The ICF-based CPG Editor or Revisions Editor will request funding for travel, lodging, and per diem expenses for participation in this CPG-related meeting using the customary Orthopaedic Section budgeting processes.

D. Terms

a. Members of the ICF-based CPG Implementation Advisory Panel are appointed by the Orthopaedic Section Board of Directors.
b. Panel members serve 3-year terms. ICF-based CPG Implementation Advisory Panel members can serve no more than three 3-year terms.
V. WORK GROUP ASSISTANCE

A. Expenses for CPG Development

a. CPG Development Work Groups will be budgeted $4,000 per CPG for expenses required to complete the guideline. These expenses include, but are not limited to, 1) travel and lodging expenses for workgroup authors to meet, 2) software for workgroup members to manage storage and referencing of journal articles, and 3) honoraria for graduate/administrative assistants to perform systematic review and critical appraisal bookkeeping tasks as directed by the Work Group Leader or Designated Lead Author(s). (Although $4,000 is budgeted per CPG, this amount is only rarely used. Most Work Groups complete their GPG using extensive volunteer contributions of time and effort, and minimal use of Section funding).

b. Receipts must be submitted using the CPG Reimbursement Request Form at the time of the expense reimbursement request. CPG Reimbursement Request Forms should be sent to the ICF-based CPG Revisions Editor as well as to the Executive Director at the Orthopaedic Section Office. Graduate/administrative assistants, if utilized, will be compensated as an independent contractor with the Orthopaedic Section and receive a 1099 in January following the year of work.

c. The ICF-based CPG Editor will budget for $1,000 per year for each guideline Work Group, starting in the year when expenses could potentially be incurred. Given that the CPG development process is commonly 2 to 4 years and the requests for funding variable, it is most efficient to have development funds placed in one line item for all Work Groups to allow the needed funding to be available for Work Groups during the year it is requested.

B. Expenses for CPG Revisions

a. CPG Revision Work Groups will be budgeted an average of $2,000 per year for each CPG for expenses required to complete the following tasks:
   i. Conduct a systematic review of the relevant literature
   ii. Make judgments related to the relevance and quality of the literature
   iii. Adjust the CPG recommendations appropriate to the review and appraisal of the relevant literature.
   iv. Submit documentation of the revision process and outcomes to the AHQR's National Guidelines Clearinghouse (www.guidelines.gov) - ensuring that our guidelines remain current.

b. These expenses include, but are not limited to 1) honoraria for graduate/administrative assistants to perform systematic review and critical appraisal bookkeeping tasks as directed by the CPG Revision Workgroup Leader or Designated Lead Author(s), 2) software for workgroup members to manage storage and referencing of journal articles, and 3) travel, lodging, per diem, or meeting room expenses for workgroup member to meet.
c. Receipts must be submitted using the CPG Reimbursement Request Form at the time of the expense reimbursement request. CPG Reimbursement Request Forms should be sent to the Orthopaedic Section Executive Director, the ICF-based CPG Revisions Editor. Graduate/administrative assistants, if utilized, will be compensated as an independent contractor with the Orthopaedic Section and receive a 1099 in January following the year of work.
d. As with the CPG development process, the utilization of Section funding is variable between CPG Revision Work Groups as well as being variable within the Work Group from year to year. Thus, it is most efficient to have development funds in one line item for all revision groups to allow for supportive funding to a Work Group, when needed.

VI. COPYRIGHT

A. Copyright Ownership

The Orthopaedic Section, APTA, Inc and the *Journal of Orthopaedic & Sports Physical Therapy* own the copyright for all guidelines developed under the ICF-Based Practice Guidelines.

VII. ICF-BASED CLINICAL PRACTICE GUIDELINES COORDINATOR

A. Job Description

Oversee multiple project activities to manage the production process of Clinical Practice Guidelines (CPGs) from inception to *Journal of Orthopaedic and Sports Therapy* (JOSPT) publication and acceptance by the US Department of Health & Human Services', Agency for Healthcare Research and Quality's, National Guideline Clearinghouse (www.guideline.gov). The coordinator will manage the master schedule of development of new CPGs and updates/revisions of the current CPGs and assist the Editors to develop new methods to continually improve the quality of the CPGs, maintain compliance with current standards, and produce high quality CPGs and related products.

B. Training, skills and experience requirements

Bachelor’s degree is required. Experience with project coordination and research tools and software (e.g. reference management, Excel, document sharing systems) is required. The applicant must possess excellent project organization and execution, interpersonal, and communication skills. The ideal candidate is highly organized, pays exceptional attention to detail, and enjoys working within and across multiple groups. Experience with orthopaedic physical therapy or related field is preferred.

C. Duties and Responsibilities
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

1. Manage the master schedule of all CPGs to ensure production adheres to timelines developed by ICF-based CPG Development and Revisions Editors.

2. Assist with completion and thereafter update the current draft of the ICF-based CPG Development and Revisions Handbook. The Handbook will provide guidance on the CPG development process and timeline, as well as the process, quality, and formatting requirements for submission. The Handbook includes master documents and templates to be used by CPG team members during the production process, including:
   a. Project Timeline with Key Milestones
   b. Team Contact Information and Affiliations Spreadsheet
   c. Conflict of Interest Forms
   d. Expense Accounting and Reimbursement Form
   e. Current Inclusion Criteria For National Guidelines Clearinghouse
      i. Systematic Literature Search and Review requirements
      ii. Evidence Tables Requirements
      iii. Benefits and Harms Consideration Requirements
   f. Guidance for Approaches for Literature Searches
      i. Recommended Databases and Methods
      ii. Content Requiring Systematic Search and Review
      iii. Content Appropriate for Non-systematic Review
      iv. Inclusion/Exclusion Criteria Templates for Systematic Review
   g. Systematic Review Procedures
   h. Critical Appraisal, Levels of Evidence, and Strength of Recommendation Tables and Procedures
      i. Endnote/Reference Management Procedures for Independent Review and Documentation
      j. Evidence Table Templates

3. Manage each stage of the production process for individual CPGs including:
   a. Initiate Development or Revision process by:
      i. Contacting the Work Group Leader
      ii. Guiding assessing resource needs (e.g. expert librarian assistance, research assistant assistance, etc.)
   b. Serve as liaison between:
      i. ICF-based CPG Editors
      ii. Work Group Leader
      iii. Librarians
   c. Assist Team Lead with organizational tasks such as scheduling team meetings and with planning to maintain timeliness of achievement of project milestones
   d. Set up and maintain sharing site (e.g. Dropbox) and shared files containing all materials to be used by team members in the production of the CPG
   e. Tailor master documents/templates as needed to provide appropriate, condition specific content for each CPG project
   f. Upload documents onto document sharing site
   g. Provide support for Team lead in management of EndNote libraries at multiple levels of screening and review processes.
      i. Naming conventions to assist with tracking
      ii. Storage to assist with tracking

F:\executive\motions and policies\policies\BOD approved\ICF-based CPGs Policy.doc
(BOD approved 11-9-15)
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

iii. Update/edit existing Endnote set-up and procedures documents for each phase

h. Assist with document management as needed. For example:
   i. Solicit “important articles to be included” from team members for search validation
   ii. Prompt and assist with hand-search of included articles
   iii. Assist with tracking of additional articles found by other means

4. Facilitate effective and timely communication between all members of the CPG program and teams throughout the production process, including the CPG Editors, Team leaders, team members, reference librarians, and Orthopaedic Section staff.

5. Coordinate administrative tasks, including collection of contact and affiliation information, conflict of interest forms, and process expense reports submitted by team members.

6. Track expenses by team and across the CPG development program and prepare summary reports for Editors.

7. Coordinate the draft CPG Review process to include:
   a. Assisting the Team Lead and Editors to identify, contact and invite stakeholder and content expert reviewers of the draft CPG.
   b. Manage the internal and external review process, including public comment for the draft CPG
   c. Upload draft CPG and commenting form to www.orthopt.org website
   d. Write, publish and send invitations to community to provide comments
   e. Deliver comments to Team Lead

8. Manage post-publication dissemination of the CPG:
   a. Participate in the planning process for creating implementation tools and strategies
   b. Coordinate with the Orthopaedic Section and JOSPT resources and potential vendors to distribute implementation tools to clinicians and patients, on a worldwide basis.
      Implementation tools include:
      i. Educational tools/apps for the students in the foundational knowledge required to optimally understand and implement the CPG’s recommendations
      ii. Educational tools/apps for clinicians linking the clinical findings, and examination procedures, and treatment procedures to the CPG conditions
      iii. Educational tools/apps for the clinicians and patients linking therapeutic exercises to the CPG’s conditions
   c. Organize and write press releases regarding upcoming CPG publications
   d. Coordinate the development of lay language summaries, physician and patient brochures, and other appropriate public relations materials

9. Assist Editors to document CPG project status and produce reports to the Orthopaedic Section and JOSPT Board of Directors

10. Assist the Editors with planning and execution of training program and activities for CPG reviewers and appraisers at the Orthopaedic Section’s Annual Conference

11. Assist the Editors with identification and selection of new CPG development standards, methods, and tools.

12. Assist the Editors with selection and implementation of a modular, real-time online CPG Development and Updating system.

13. Assist the Editors to identify, select, and implement procedures to automate existing literature searches within the online update system.
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

14. Perform tasks as needed to supplement the Orthopaedic Section's efforts in preparation and execution of membership meetings (e.g., CSM, Annual Conference)

E. Supervisory Structure

The ICF-based Clinical Practice Guidelines Coordinator will become a full time employee of the Orthopaedic Section beginning January 1, 2016. The CPG Editor, CPG Revisions Editor, and Executive Director of the Orthopaedic Section will coordinate the training, supervision, and annual performance review of the CPG Coordinator, soliciting input from the CPG Work Group Leaders.

VIII. ICF-BASED CLINICAL PRACTICE GUIDELINES EDITOR

A. Honorarium

The ICF-based Clinical Practice Guidelines Editor will not be compensated with an honorarium.

B. ICF-Based Clinical Practice Guidelines Editor Performance Evaluation

ICF guideline work group members, other Advisor Panel members, and the Board of Directors will evaluate the performance of the ICF Editor on an ongoing basis. The Section Board of Directors Liaison will oversee this performance evaluation.

C. ICF-Based Clinical Practice Guidelines Editor Duties and Responsibilities

1. Recommends to the Section Board of Directors the appointment of work group leaders, work group members, and potential advisory panel members.
2. Maintains a list of potential Reviewers with expertise in various content areas.
3. Assists work groups with identifying and delineating the content areas of their practice guidelines.
4. Edits the practice guideline submission from the work group so that guidelines have a consistent labeling system that follows both ICF and ICD taxonomies and are formatted for publication in JOSPT.
5. Following completion of the edits, returns the practice guideline to the work group for review of the edits.
6. After the work group agrees on their draft of the guideline, forwards the guideline to the ICF Advisory Panel members and Reviewers for additional comment and review. This review process may occur in stages such that selected Content Expert Reviewers may review the guideline first, and edits incorporated, prior to other members of the review team.
7. Works with the guidelines authors/work group to compile the suggestions from Advisory Panel and Reviewers and integrate, as appropriate, into the draft guidelines that are then sent to the JOSPT editor for review.
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

8. Works with work group leader to address all requests for changes suggested by the JOSPT editors, and upon completion of this task forwards the guideline to JOSPT publication.

9. Collaborates with the ISC Editor, the OP Editor, the Residency and Fellowship Education Coordinator, the Education Programming Chair, and the Section’s publication staff to integrate ICF publications into the Section’s a) conference education programming, b) continuing education offerings, c) clinical residency and/or fellowship curriculum development and implementation, d) support of entry-level/professional and post-professional academic curricula, e) Orthopaedic Section National Outcomes Database minimal data sets, and f) the remaining relevant components of the Orthopaedic Section’s current strategic plan.

10. Assists the guidelines Revision Editor with identifying and delineating the guidelines due for revision and the work group leaders and potential authors and reviewers of the ICF-based clinical practice guidelines revisions.

11. Assists the NCG Coordinator with identifying and delineating the guidelines due for submission to the National Guidelines Clearinghouse (www.guidelines.gov.)

12. Submit a budget annually to the Finance Committee with the following information/line items:

- Estimated salary and benefits for the ICF-based CPG Coordinator.
- Estimated total honorarium for the NGC Coordinator
- Travel expenses for the ICF-based CPG Editor to participate in the CSM Board of Director’s meeting and moderate the ICF guidelines update presentation, and meet with CPG workgroup leaders and authors (airfare, 3 days per diem)
- Travel expenses for the ICF-based CPG Revisions Editor to participate in the CSM Board of Director’s meeting and moderate the ICF guidelines update presentation, and meet with CPG workgroup leaders and authors (airfare, 3 days per diem)
- Travel expenses for the NGC Coordinator to participate in the ICF guidelines update presentation, participate (when requested) in the CSM Board of Director’s meetings, participate (when requested) in the JOSPT meetings, and meet with CPG workgroup leaders and authors (airfare, 2 days per diem)
- Estimate of the CPG Development workgroup expenses
- Estimate of the CPG Revisions workgroup expenses
- Travel expenses for participants participate in a one-day meeting to train volunteers in the process of literature searches, article review, article appraisals, and recommendation review - all skills required to comply with NCG and IOM CPG submission standards. (airfare and 1 day per diem x 16 participants)
- Travel expenses for the ICF-based CPG Editor and Revisions Editor to participate in the Orthopaedic Section’s Annual Conference meeting and teach the pre-conference course and meet with CPG workgroup leaders and authors (airfare, 3 days per diem)

D. Term of ICF-Based Clinical Practice Guidelines Editor

The initial appointment for the ICF-based CPG Coordinator/Editor will be a three (3) year term with the option to serve an additional three (3) year terms until the completion of the original 20 planned CPGs (2020)
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

IX. ICF-BASED CLINICAL PRACTICE GUIDELINES REVISIONS EDITOR

A. Honorarium

The ICF-based Clinical Practice Guidelines Editor will not be compensated with an honorarium.

B. ICF Guidelines Revision Editor Performance Evaluation

ICF-Based Clinical Practice Guidelines Editor, ICF-Based Clinical Practice Guidelines work group members, other Advisor Panel members, and the Board of Directors will evaluate the performance of the ICF-Based Clinical Practice Guidelines Revision Editor on an ongoing basis. The Section Board of Directors Liaison will oversee this performance evaluation.

C. ICF-Based Clinical Practice Guidelines Revision Editor Duties and Responsibilities

1. Assists work groups authors with revising their practice guidelines - every 5 years

2. Ensures that CPG revision methods are consistent with current standards - such as standards promoted by the Institute of Medicine (IOM) and the Agency for Healthcare Research and Quality's (AHRQ) National Guidelines Clearinghouse - and appropriately utilized for the relevant publications in these guidelines revisions

3. Edits the clinical practice guideline revision submission from the work group so that guidelines have a consistent labeling system that follows both ICF and ICD taxonomies and are formatted for publication in JOSPT.

4. Following completion of the edits, returns the practice guideline revision to the work group for review of the edits.

5. After the work group agrees on their draft of the guideline revision, forwards the guideline revision to the ICF Advisory Panel members and Reviewers for additional comment and review. This review process may occur in stages such that selected Content Expert Reviewers may review the guideline revision first prior to other members of the review team.

6. Works with the guidelines revision authors/work group to compile the suggestions from Advisory Panel and Reviewers and integrate, as appropriate, into the draft guidelines that are then sent to the JOSPT editor for review.

7. Works with work group leader to address all requests for changes suggested by the JOSPT editors, and upon completion of this task forwards the guideline revision to JOSPT publication.

8. Collaborates with the ICF-Based Clinical Practice Guidelines Editor, ISC Editor, the OP Editor, the Residency and Fellowship Education Coordinator, the Education Programming Chair, and the Section’s publication staff to integrate ICF publications into the Section’s a) conference education programming, b) continuing education offerings, c) clinical residency and/or fellowship curriculum development and implementation, d) support of entry-level/professional and post-professional academic curricula, e) Orthopaedic Section National Outcomes Database minimal data sets, and f) the remaining relevant components of the Orthopaedic Section’s current strategic plan.
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

D. Term of ICF-based Guidelines Revision Editor

The initial appointment for the ICF-based Guidelines Revision Editor will be a three (3) year term with the option to serve an additional three (3) year term for a maximum of four terms.

X. NATIONAL GUIDELINES CLEARINGHOUSE (NGC) COORDINATOR

A. Honorarium

The NGC Coordinator will be paid a fixed amount per completed guideline coordinated as indicated in the Agreement to Provide ICF-Based Practice Guidelines NGG Coordinator Services. Payment will be made after the guideline has been reviewed, accepted and published on www.guideline.gov. Review and initial acceptance typically occurs in about a 3 month time frame. Eventually review for publication can take and additional 18 to 24 months for publication on www.guideline.gov website. The honorarium proposed for 2010 is $250 per guideline and will remain at that level until altered by the Board of Directors.

B. NGC Coordinator Performance Evaluation

ICF Coordinator/Editor and the Section Board of Directors Liaison will oversee the annual performance evaluation of the NGC Coordinator.

C. NGC Coordinator Duties and Responsibilities

1. After a guideline is published in JOSPT, it is eligible for submission to the AHRQ’s National Guideline Clearinghouse following the procedures provided on the www.guideline.gov website. The NGC Coordinator follows these procedures and completes each step of the process until the guideline is eventually published on www.guideline.gov.

2. Closely reviews the Methods of each ICF-based clinical practice guideline to ensure that it will be eligible for acceptance for the AHRQ’s National Guideline Clearinghouse.

3. Works with the ICF Coordinator/Editor to ensure that the Methods utilized by the authors of the guidelines meet the AHQR requirements for acceptance and publication on the www.guideline.gov website.

4. Serve as either a presenter or panel member for the CSM ICF-based Clinical Practice Guidelines update presentation each year. The NGC coordinator will be budgeted for two days of hotel/per diem expenses at CSM annually. Travel/airfare will not be budgeted.

D. Term of NGC Coordinator

The initial appointment for the NGC Coordinator will be a three (3) year term with the option to serve an additional three (3) year terms for a maximum of four terms.
ICF-BASED CLINICAL PRACTICE GUIDELINES PROGRAM POLICY

ORTHOPAEDIC SECTION, APTA, INC
2920 EAST AVENUE SOUTH, Suite 200, LA CROSSE WI, 54601  800-444-3982 FAX 608-788-3965

CLINICAL PRACTICE GUIDELINE REIMBURSEMENT REQUEST FORM

Date: __________________

Name: ____________________________
(PLEASE PRINT OR TYPE)

Practice Guideline Name / Content Area: ____________________________

<table>
<thead>
<tr>
<th>Expense requested to be reimbursed:</th>
<th>Amount of Expense</th>
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</tbody>
</table>

Total Amount: ____________________________

Where applicable, please include original receipts or scanned copies with this request

I certify that this expense report / reimbursement request is correct and that these expenses are not being submitted for reimbursement to any other organization:

Signature______________________________  SS or Tax ID#______________________________

Phone: ( ) _______________

Mail check to: ____________________________

______________________________

______________________________

Please send this reimbursement request to:  Terri DeFlorian, Executive Director, Orthopaedic Section, APTA
Joe Godges, ICF-based CPG Coordinator
Christine McDonough, ICF-based CPG Revisions Coordinator
tdeflorian@orthopt.org; icf@orthopt.org; cmm@bu.edu
## LINE ITEMS FOR ORTHO SECTION’S BUDGET SPREADSHEET

### 2016 Budget Requests

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
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<td><strong>ICF-based CPG Coordinator</strong></td>
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<td>Salary of 54,000 and benefits (54,000 x 30%)</td>
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<td><strong>Line 4118 Travel - General (to CSM)</strong></td>
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<td></td>
<td>ICF-based CPG Coordinator: ($470)(3 days x $310 = $930)</td>
<td>1,400</td>
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<td>ICF-based CPG Editor: ($470)(3 days x $310 = $930)</td>
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<td></td>
<td>ICF-based CPG Revisions Editor: ($470)(3 days x $310 = $930)</td>
<td>1,400</td>
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<td></td>
<td>ICF-based CPG Nat'l Gds Clearinghouse Coordinator: ($470)(2 days x $310 - $620)</td>
<td>1,090</td>
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<td></td>
<td>Pre-conference CPG Processes Training - 20 participants ($470)($310) x 20</td>
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<td></td>
<td>Potential budget item for 2017</td>
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<tr>
<td><strong>Line 4118 Travel - General (to Guidelines International Network Annual Conference)</strong></td>
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<td>ICF-based CPG Revisions Editor: ($2000) airfare &amp; reg. fee)(4 days x $310 = $1240)</td>
<td>3,240</td>
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<td></td>
<td>Revisions Advisory Panel Member: ($2000) airfare/reg. fee)(4 days x $310 = $1240)</td>
<td>3,240</td>
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<tr>
<td><strong>Line 4121 - ICF-based CPG Honorarium</strong></td>
<td>1,000</td>
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<td>Natl Guidelines Clearinghouse Coordinator - to post/maintain guidelines on <a href="http://www.guidelines.gov">www.guidelines.gov</a> (4 guidelines @ $250 each = $1,000)</td>
<td>1,000</td>
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<td><strong>Line 4180 Author Fees - ICF-based CPG Development</strong></td>
<td>9,000</td>
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<td></td>
<td>Shoulder Instability CPG (Workgroup Leader: Phil McClure)</td>
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<td></td>
<td>Patellofemoral Pain CPG (Workgroup Leader: Lynn Snyder-Mackler)</td>
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<td>ACL Prevention CPG (Workgroup Leader: Lynn Snyder-Mackler)</td>
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<td></td>
<td>Post-Concussion Syndrome CPG - in progress (Workgroup Leader: TBA)</td>
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<td>Hip Fractures - in progress (Workgroup Leader: Christine McDonough)</td>
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<td></td>
<td>Carpal Tunnel Syndrome - in progress (Workgroup Leader: Joy MacDermid)</td>
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<td>Elbow Epicondylitis - in progress (Workgroup Leader: Joy MacDermid)</td>
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<td></td>
<td>Distal Radial Fracture - in progress (Workgroup Leader: Joy MacDermid)</td>
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<td></td>
<td>Medical Screening CPG - in progress (Workgroup Leaders: Davenport, Wong)</td>
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<tr>
<td><strong>Line 4180 Author Fees - ICF-based CPG Revisions</strong></td>
<td>20,000</td>
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<td></td>
<td>Neck Pain CPG Revision (Workgroup Leader: Peter Blanpied)</td>
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<td></td>
<td>Shoulder Adhesive Capsulitis (Workgroup Leader: Phil McClure)</td>
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<td></td>
<td>Low Back Pain CPG Revision (Workgroup Leaders: Tony Delitto, Steve George)</td>
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<td></td>
<td>Hip OA CPG Revision (Workgroup Leader: Michael Cibulka)</td>
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<td></td>
<td>Non-arthritic Hip Joint Pain CPG Revision (Workgroup Leader: Keelan Enseki)</td>
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<td>Knee Ligament CPG Revision (Workgroup Leader: David Loderstedt)</td>
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<td></td>
<td>Knee Cartilage CPG Revision (Workgroup Leader: David Loderstedt)</td>
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<td></td>
<td>Achilles Tendinopathy CPG Revision (Workgroup Leader: RobRoy Martin)</td>
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<td>Ankle Sprain CPG Revision (Workgroup Leader: RobRoy Martin)</td>
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<td>Heel Pain CPG Revision (Workgroup Leader: RobRoy Martin)</td>
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<td>Advisory Panel Expenses (e.g., software, literature)</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td>110,570</td>
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