Bibliography

Change Healthcare Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. The class ratings, I through V, are intended to provide a classification of the evidence but are not necessarily hierarchical. Classifications appear in parentheses at the end of each reference. References followed by an (NC) are not classified; examples include pre-published research or information from government, manufacturer, laboratory, or patient education websites.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis, technology assessment, or systematic review</td>
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<tr>
<td>Class II</td>
<td>Randomized controlled trial</td>
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<td>Class III</td>
<td>Observational or epidemiologic study</td>
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<td>Class IV</td>
<td>Evidence-based guideline</td>
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<td>Class V</td>
<td>Expert opinion, panel consensus, literature review, text or reference book,</td>
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<td>descriptive study, case report, or case series</td>
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Class I

Class I sources synthesize the results of multiple studies. When quantitative synthesis is possible, meta-analyses can provide a more accurate estimate of the effect or association size than individual smaller studies can. A Class I study that finds insufficient evidence to support or refute an intervention (due to a lack of appropriate primary research) is inconclusive. A potential weakness of Class I studies is that they may only assess published research, potentially leaving their findings vulnerable to publication bias.
Class II
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. An RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

Class III
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms. Nonrandomized controlled trials are sometimes used when randomization is impossible or unethical.

Class IV
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

Class V
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer technologies or medication. Text book information may be out of date by the time the book is published.

Comparative Effectiveness Research (CER)

Citations are designated with the CER label as part of the evidence classification if the article cited is one of the following:

1. A clinical trial or other clinical study that directly compares two or more health care interventions for the same clinical scenario.
2. A systematic review that compares two or more health care interventions by synthesizing the research from previous clinical studies.
Chiropractic


Rehabilitation


American Academy of Orthopaedic Surgeons. Meniscal Tear. In: AAOS; 2009. (V)
American Academy of Orthopaedic Surgeons. Patellar Tendon Tear. In: AAOS. Rosemont, IL; 2009. (V)


Cheema et al. Safety and efficacy of progressive resistance training in breast cancer: a systematic review and meta-analysis


Chou et al. In: Noninvasive Treatments for Low Back Pain. Rockville (MD); 2016. (I CER)


Commission on Accreditation of Rehabilitation Facilities. 2010 Standards Manual and Interpretive Guidelines for Medical Rehabilitation, Tucson, Arizona, 2010. (V)


Cowden and Barber. Arthroscopic treatment of iliotibial band syndrome. Arthrosc Tech 2014. 3(1):e57-60. (V)


Desmeules et al. Prehabilitation improves physical function of individuals with severe disability from hip or knee osteoarthritis. Physiother Can 2013. 65(2):116-24. (III)


Dumoulin et al. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women: A short version Cochrane systematic review with meta-analysis. Neurourol Urodyn 2014. (I)


Finnane et al. Review of the Evidence of Lymphedema Treatment Effect


Forte et al. In: Treatments for Fecal Incontinence. Rockville (MD); 2016. (I CER)


Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management and Prevention of COPD; 2018. (IV)


Hill et al. The clinical assessment and classification of shoulder instability. Current Orthopaedics 2008 (V)


Kroonen. Cubital tunnel syndrome. The Orthopedic clinics of North America 2012. 43(4):475-86. (V)


Morelli and Braxton. Meniscal, plica, patellar, and patellofemoral injuries of the knee: updates, controversies and advancements. Prim Care 2013. 40(2):357-82. (V)


National Clinical Guideline Centre.; 2013. (IV)


NICE. Dementia: A NICE-SCIE Guideline on supporting People with Dementia and Their Carers in Health and Social Care 2007. (IV)


O’Connor et al. Non-surgical treatment (other than steroid injection) for carpal tunnel syndrome. Cochrane Database Syst Rev 2003(1):CD003219. (I)


Ogawa. Recent advances in medical treatment for lymphedema. Ann Vasc Dis. 2012. 5(2):139-44. (V)


Page et al. Exercise and mobilisation interventions for carpal tunnel syndrome. Cochrane database of systematic reviews 2012. 6:C009899. (I)
Page et al. Splinting for carpal tunnel syndrome. Cochrane database of systematic reviews 2012. 7:C010003. (I)


Rondinelli et al. Guides to the evaluation of permanent impairment, 6th edn. [Chicago, Ill.]: American Medical Association; 2008. (V)


Smith et al. Memory and communication support in dementia: research-based strategies for caregivers. Int Psychogeriatr 2011. 23(2):256-63. (V)

Soma. Opening the Black Box: Evaluating the Pediatric Athlete With Elbow Pain. PM R 2016. 8(3 Suppl):S101-12. (V)


Tumer et al. Patients' and nurses' views on providing psychological support within cardiac rehabilitation programmes: a qualitative study. BMJ Open 2017. 7(9):e017510. (IV)


U.S. Department of Health and Human Services. Substance Abuse Treatment Advisory, News from the Treatment Field; 2010. (V)


Young. In the Clinic. Plantar fasciitis. Ann Intern Med 2012. 156(1 Pt 1). (V)
