

## Choosing Wisely Brazil initiative for Women's Health/Pelvic Floor Physical Therapy: study protocol

### Iniciativa Choosing Wisely Brasil para a Fisioterapia na Saúde da Mulher/Assoalho Pélvico: protocolo de estudo

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**ABSTRACT | INTRODUCTION:** The Choosing Wisely initiative aims to promote discussions among health professionals and patients to reduce low-value care that confers no benefit or can cause harm to health. **OBJECTIVE:** To describe the process for developing the Brazilian Choosing Wisely list for Women's Health/Pelvic Floor Physical Therapy. **METHODS:** The research will be conducted in three stages. In the first stage, physical therapists with experience in women's health/pelvic floor will be invited to compose a panel of experts and respond to a form. The Delphi method will be used to derive a list of evidence-based statements. In the second stage, members of the research team will review all the recommendations provided by the expert panel. In the third stage, a sample of physical therapists will vote on the previously selected statements. The recommendations with the most votes in the national survey will be submitted to Choosing Wisely Brazil, and a final list of recommendations will be published.

**KEYWORDS:** Evidence-Based Practice. Clinical Decision Making. Health Education. Recommendations.

**RESUMO | INTRODUÇÃO:** A iniciativa *Choosing Wisely* visa promover a discussão entre os profissionais da saúde e pacientes, a fim de reduzir os cuidados de baixo valor que não oferecem nenhum benefício ou podem causar prejuízos para a saúde. **OBJETIVO:** Descrever o processo de desenvolvimento da lista brasileira *Choosing Wisely* de Fisioterapia na Saúde da Mulher/Assoalho Pélvico. **MÉTODO:** A pesquisa será realizada em três etapas. Na primeira etapa, fisioterapeutas com experiência em Saúde da Mulher/Assoalho Pélvico serão convidados para compor um painel de especialistas e responderão a um formulário. O método Delphi será utilizado para se obter uma lista de declarações baseadas em evidência. Na segunda etapa, os membros da equipe de pesquisa analisarão todas as declarações fornecidas pelo painel de especialistas. Na terceira etapa, uma amostra de fisioterapeutas votará nas declarações selecionadas anteriormente. As declarações com mais votos na pesquisa nacional serão submetidas à *Choosing Wisely* Brasil, e uma lista final de recomendações será publicada.

**PALAVRAS-CHAVE:** Prática Baseada em Evidência. Tomada de Decisão Clínica. Educação em Saúde. Recomendações.

## Introduction

Low-value care can be defined as services (tests, procedures, and treatments) that confer no benefit to patients or may even cause harm.<sup>1</sup> Several initiatives have been developed with the aim of reducing low-value care, including the Choosing Wisely initiative, which was developed by the American Board of Internal Medicine (ABIM) Foundation with the objective of promoting discussions between healthcare professionals and patients regarding tests and treatments commonly used and whose necessity should be questioned.<sup>2-4</sup>

According to ABIM, specialty societies may develop their lists independently using their own methods. Nevertheless, the list development process should be transparent, available to the public upon request, and consider items that meet specific Choosing Wisely criteria, including: 1) intervention that is commonly performed in the clinical practice of health professionals; 2) intervention with no evidence of benefit to patients; 3) intervention that may be harmful; 4) intervention that may be expensive; 5) use of an intervention that is within the scope and competence of the specialist developing the list.

The medical literature in the field of Women's Health presents several Choosing Wisely lists developed for oncology<sup>5-7</sup>, obstetrics<sup>8,9</sup>, urology<sup>10,11</sup>, and gynecology.<sup>12</sup> The development of lists focused on physiotherapeutic procedures is quite recent<sup>13-15</sup>, and, to date, we did not find in the literature any lists focused on Women's Health physical therapy. Thus, initiatives to reduce low-value care in physical therapy, including overtesting, overdetection, overdefinition, and overtreatment, are relevant and necessary.<sup>16</sup>

Based on the foregoing, the objective of the present study is to describe the process of developing the Brazilian Choosing Wisely list for Women's Health/Pelvic Floor Physical Therapy.

## Method

This is a protocol report for the development of a Choosing Wisely list. This study was based on the study by Reis et al.<sup>15</sup> and will be developed in partnership with the Associação Brasileira de Fisioterapia em

Saúde da Mulher - ABRAFISM (Brazilian Association of Women's Health Physical Therapy). This project is submitted to the appreciation of the Human Research Ethics Committee. The methods of this study will be reported according to the Checklist for Reporting Results of Internet E-Surveys (CHERRIES).<sup>17</sup>

The dissemination of the project and data collection will be conducted between February and December/2022, on social networks and online interaction platforms (Instagram, Facebook, LinkedIn, WhatsApp, and others), and forwarded by e-mail through associations and councils (Conselho Regional de Fisioterapia e Terapia Ocupacional - CREFITO (Regional Council of Physical Therapy and Occupational Therapy)) to reach physical therapists with experience in the field of women's health/pelvic floor physical therapy from all Brazilian states.

The study will be conducted online using the Google Forms platform. Physical therapists who want to participate in the study should read and fill out the Informed Consent Form (ICF) and click on the option "I ACCEPT." The participant can download a copy of the ICF signed by the responsible researcher and print/save it on their computer.

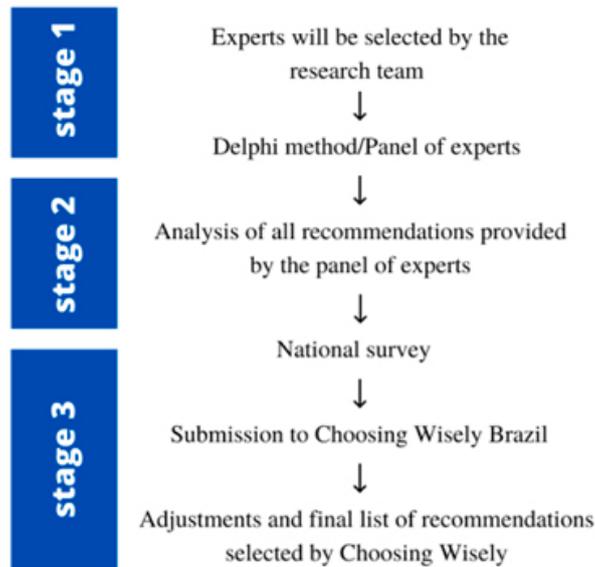
For the development of the Brazilian Choosing Wisely list for Women's Health/Pelvic Floor Physical Therapy, a three-stage process will be adopted:

Stage 1: Physical therapists with experience in women's health/pelvic floor will be invited to compose a panel of experts, and the modified Delphi method will be used to obtain a list of physiotherapy procedures in women's health/pelvic floor commonly used in professional clinical practice without scientific support according to the perception and justification of these professionals.

Stage 2: Members of the research team will review all statements provided by the expert panel and verify the relevance and scientific basis of each of the physical therapists' recommendations and justifications.

Stage 3: A national survey will be conducted to present the list of clinical practices that should be avoided by physical therapists. Recommendations that receive the most votes in the national survey will be submitted to Choosing Wisely Brazil, and the final list of recommendations will be published (Figure 1).

Figure 1. Stages of the research



### Stage 1. Panel of experts

The panel of experts will be composed of physical therapists with experience in women’s health/pelvic floor physical therapy. A convenience sample will be used considering the following criteria: 1) registered physical therapist; 2) five or more years of experience in teaching or research in women’s health/pelvic floor physical therapy, and who have made a significant scientific contribution to this field (i.e., published an article in a peer-reviewed scientific journal related to the theme or a book of national scope published in the previous three years). Any incomplete questionnaire will be considered an exclusion criterion.

Snowball sampling will be used to identify other physical therapists with potential for inclusion in the panel of experts, and participants will be asked to indicate one or more professionals. The invitation to participate in the study will be sent by e-mail every 15 days. All details of the study, including the design, objectives, procedures, and a link to the online form, will be sent by e-mail. In the online form, experts will be asked to provide personal and professional information and to send preferably three to five recommendations, according to the model shown in Table 1. They should also justify their recommendation and insert the supporting literature reference.

Table 1. Recommendation template

<p>“Do not use ___ (intervention or exam) for (condition/patient) when ___.”</p> <p>Example: “Do not use electrotherapy as the first therapeutic option for women with non-neurogenic stress urinary incontinence when the woman knows how to contract the pelvic floor muscles.”</p> <p>Justification: Pelvic floor muscle training is considered effective for improving urinary loss in women who know how to contract these muscles. Therefore, the use of electrotherapy should not be the first therapeutic choice.</p> <p>Reference: Cacciari LP, Dumoulin C, Hay-Smith EJ. Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women: a cochrane systematic review abridged republication. <i>Braz J Phys Ther.</i> 2019;23(2):93-107. <a href="https://doi.org/10.1016/j.bjpt.2019.01.002">https://doi.org/10.1016/j.bjpt.2019.01.002</a><sup>18</sup></p>
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## Stage 2. Procedures and consensus building

The research team will be composed of three physical therapists with doctoral degrees and over 15 years of experience in women's health/pelvic floor physical therapy — including research, teaching, and clinical practice — and a physical therapist with a doctoral degree who is an expert in evidence-based health and Choosing Wisely. In addition, three other physical therapists (two doctoral students and one master's student) will participate in the research. The research team will review all statements and references independently. In a consensus meeting, members of the research team will discuss the recommendations considering the following criteria: 1) the recommendation must be a clinical test or intervention commonly used by physical therapists; 2) the use of the clinical test or intervention must be within the competence of physical therapists; 3) the use of the clinical test or intervention must be based on current scientific evidence. Disagreements will be resolved by consensus or by arbitration (FJJR).

## Stage 3. National survey of physical therapists

An electronic questionnaire containing the recommendations will be sent with an invitation to participate in the research to all physical therapists with at least two years of experience in women's health/pelvic floor physical therapy. According to the Brazilian Federal Council of Physical Therapy and Occupational Therapy (COFFITO), there are approximately 240,000 registered physical therapists in Brazil. COFFITO includes all physical therapists registered in each regional council of physical therapy. Currently, there are 18 regional councils of physical therapy covering the Brazilian territory. The physical therapy code of ethics states that all professionals should enroll in specialty associations. At present, there is one national association (Physiotherapists' Association of Brazil) and 13 specialty associations. To reach a larger number of physical therapists, we will send invitations by e-mail, using the e-mail database and social media communications (LinkedIn, Facebook, and Instagram) of all regional councils and specialty associations. Participants will be asked to vote on the recommendations in terms of inclusion or omission from the Choosing Wisely list, based on the level of importance to physical therapists and patients.

## Data collection and analysis

Data will be imported from Google Forms to Excel. In the first stage, all the recommendations provided by the experts will be analyzed according to their content. In the third stage, the data from the sample of physical therapists will be analyzed using the Statistical Package for the Social Sciences (SPSS 22.0). Descriptive and frequency analyses will be used to report all quantitative and agreement data.

## Discussion

This manuscript reports the protocol that will generate an important list of practices that should not be recommended in women's health physical therapy. This area of specialty is recognized in Brazil by the Federal Council of Physical Therapy and Occupational Therapy (Resolution 372/2009)<sup>19</sup> and uses the skills and competencies of the physical therapist to promote women's health in the various phases of their life cycle, to prevent and treat diseases and dysfunctions exclusive to women or more prevalent in this population, and rehabilitate.

Women's Health physical therapy has robust evidence related to its interventions, which can be verified by an expressive number of randomized and controlled clinical trials and systematic literature reviews in the Physiotherapy Evidence Database (PEDro). Although the interventions used have a relatively low risk when compared to drug and surgical interventions, they are not risk-free, and their effectiveness depends on the use of adequate doses, frequency, and duration. Therefore, it is essential that professionals have access to quality clinical guidelines and Choosing Wisely lists that clearly indicate what should not be performed by the physical therapist in clinical practice.

## Authors' contributions

Driusso P, Reis FJJ, Mascarenhas LR, Botelho S, and Jorge CH participated in the conception of the article, preparation of the manuscript, and approval of the final version of the manuscript for publication. Rodrigues JC, Pasqualotto L, and Catai CC participated in the elaboration of the manuscript and approval of the final version of the manuscript for publication.

## Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, private companies, and foundations, etc.) have been declared for any aspect of the submitted study (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

## Indexers

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