



AMERICAN SOCIETY OF HAND THERAPISTS MANUAL FOR DEVELOPING POSITION STATEMENTS, STANDARDS AND GUIDELINES

I. Introduction

This document is intended to assist individuals who develop or evaluate ASHT Position Statements, Standards and Guidelines. All ASHT members are encouraged to provide comments on existing Position Statements, Standards and Guidelines and to suggest topics for future documents. The final decision on documents to be created rests with the Board of Directors.

It is important for the profession of hand therapy to establish its own scope of practice rather than to let others fill this need. Therefore, ASHT views the development of hand therapy practice documents as an essential part of its mission.

II. Basic Principles

- A. **Purpose.** The primary purpose of Position Statements, Standards and Guidelines is to define the scope of hand therapy practice for both ASHT members and others. The ultimate goal is to improve patient outcomes.
- B. **ASHT's Role.** The official opinion of ASHT is represented by its Position Statements, Standards and Guidelines. It is critical that organizations such as ours take the lead in developing and issuing such documents.
- C. **Cost Implications to Health Care.** Adoption of Position Statements, Standards and Guidelines is intended to maintain high quality care at a lower cost through the elimination of unnecessary or ineffective practices and procedures.
- D. **Legal Implications.** These documents are used to define and shape appropriate hand therapy practice and may be used for reference when questions of professional liability arise. It is important that Position Statements, Standards and Guidelines be clearly and carefully worded and the situations in which they apply (or do not apply) made clear.
- E. **Development Process.** Given the potential implications of official documents to patients and clinicians, it is imperative that they be developed via a deliberative, open process. The process utilized by ASHT meets these characteristics and enables the Society to respond to questions regarding the veracity or appropriateness of its documents. The process is designed to ensure that all legitimate viewpoints are considered, that both negative and

positive data are evaluated, and that both the risks and benefits of the intervention in question are examined.

- F. **Scientific Data vs. Opinion**. To the extent possible, ASHT documents will be based on valid, scientific data. However, there are many situations in which such data are inconclusive or absent. Some documents will therefore be partially or even wholly based on expressions of expert opinion. Whether the document is based on scientific data or opinion should be clearly stated in the context of the document.
- G. **Dissemination**. Dissemination of practice documents to therapists is important. All ASHT Positions Statements, Standards, and Guidelines will be published in ASHT media as a member benefit. Since they are considered public documents, they will also be available for purchase by any interested parties.

III. **ASHT Document Types**

Different organizations use different criteria to title, structure and create documents which define the scopes of practice of their members. ASHT issues three types of official policy papers: Position Statements, Standards, and Guidelines.

- A. **Position Statements** are the Society's official opinions and clinical practice recommendations on the subjects in question. They are concise statements which frequently serve as foundation for the development of Standards and Guidelines.
- B. **Standards** of practice apply virtually without exception to all patients or situations defined in the statement. Standards are strongly supported by clinical research literature (epidemiological and experimental studies generally are considered weaker support), and are based almost totally on published data. The words "must" and "shall" will be found in standards.
- C. **Guidelines** are recommendations intended to assist the clinician in making patient care decisions. Though in most cases the recommendations should be followed, the decision rests with the clinician based on the circumstances of the individual case at hand. Support in the research literature for guidelines ranges from suggestive to strong, therefore the guideline will be based to at least some degree on expert opinion. The words "should", "usually" and "generally" will be used in guidelines as opposed to "must" or "shall".

IV. **Structure and Organization**

A. **Position Statements**

Most position statements will have five sections.

1. The **title** of the document.
2. A **disclaimer** must be included, to include the following: the American Society of Hand Therapists assumes no responsibility for the practice or recommendations of

- any member or other therapist, or for the policies and procedures of any practice setting. Therapists function within the limitations of licensure, OT/PT practice acts, and/or institutional policy.
3. A clear **definition** of the issue being addressed.
 4. **Background** information, including a statement of why the subject is being addressed.
 5. The **position** of the Society about the topic being addressed.
 6. Any **references** used in the formation of the position statement.

B. Standards and Guidelines

The form and length of these documents may vary somewhat depending on the subject matter. If a Position Statement on this subject exists, the content should be reviewed/revised and incorporated into the Standard or Guideline. Generally a Standard or Guideline will contain the following seven sections:

1. A **preface** clearly defining the subject of the paper and its significance and describing the objectives and contents of the paper.
2. A **disclaimer** must be included in all Standards and Guidelines, to include the following: The American Society of Hand Therapists assumes no responsibility for the practices or recommendations of any member or other therapist, or for the policies and procedures of any practice setting. Therapists function within the limitations of licensure, OT/PT practice acts and/or institutional policy.
3. **Definition of terms** used in the document should be included.
4. **General principles** is the body of the paper. It provides the basis for the document's conclusions and recommendations and contains the authors' compilation and assessment of relevant data on the topic.
5. **Conclusions and clinical practice recommendations** are based on the foregoing analysis. These can be divided into sections such as pre-, intra- and post-procedure; technical skills; cognitive skills, etc. Clinical recommendations should explicitly define the patient populations to which they do and do not apply and, if appropriate, the type of practitioner to which they apply (therapist, assistant, physician, etc.). Recommendations should be worded in such a way that it is clear to the reader that they represent the published literature, the authors' opinion, or both.
6. Examples of **competency statements** related to the subject of the document may be included.

7. The **references** used in the body of the paper should be cited in alphabetical order by author's name.

External review. All documents are sent to reviewers who will be chosen so that, as a group, they represent the opinions of both the research and clinical practice communities. Authors will be expected to consider their critiques carefully.

V. Approval and Review

- A. **Approval.** Drafts will be made available to the membership (via Web) for comment/feedback. Final drafts of all documents will be sent by the chair of the authorizing Committee/Task Force to the Board of Directors for approval. No document is authorized without Board approval.
- B. **Review.** All documents will be assigned by the Board of Directors for review biannually or whenever any new significant information becomes available. If no changes are required, a review date will be added to the document. If minor changes are needed, the document will be revised and the revision date indicated. If major changes are required, a totally new document will be created and the existing document retired.

VI. Endorsements

Certain documents may be appropriately developed in collaboration with other professional therapy and/or medical associations. Such endorsements will be pursued and/or approved at the direction of the Board of Directors.

Bibliography

- American Gastroenterology Association. (1992). Manual for Guideline Development. Bethesda, MD: Author.
- American Nurses Association. (1994). Implementation of Nursing Practice Standards and Guidelines. Washington, D.C.: American Nurses' Publishing.
- American Society of Anesthesiologists. (1996). Practice guidelines for sedation and analgesia by non-anesthesiologists. Anesthesiology, 84, 459-471.