AAOS
American Academy of Orthopaedic Surgeons

Review Period Report

Evidence-Based Clinical Practice Guideline on the Management of Distal Radius Fractures

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Management of Distal Radius Fractures Clinical Practice Guideline

Overview of the Review Period

The reviews and comments related to this clinical practice guideline are reprinted in this document and posted on the AAOS website. All reviewers are required to disclose their conflict of interests.

Review Process:

AAOS contacted 5 organizations with content expertise to review a draft of the clinical practice guideline during the three-week peer review period in August 2020.

Additionally, the draft was also provided to members of the AAOS Board of Directors (BOD), members of the Council on Research and Quality (CORQ), members of the Board of Councilors (BOC), members of the Board of Specialty Societies (BOS) and members of the Committee on Evidence-Based Quality and Value (EBQV) for review and comment.

- Nine (9) individuals provided comments via the electronic structured peer review form. No reviewers asked to remain anonymous.
- All nine reviews were on behalf of a society and/or committee.
- The work group considered all comments and made some modifications when they were consistent with the evidence.

Reviewer Key

Each reviewer was assigned a number (see below). All responses in this document are listed by the assigned peer reviewer's number.

Table 1. Reviewer Key

Reviewer Number	Name of Reviewer	Society Being Represented
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)
2	Brooke Ficke, MD	
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)
4	Herb Alexander, MD	
5	Mary Carnduff, MD, MBA, FAAOS	
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)
8	Gleb Medvedev, MD	
9	Karl Roberts, MD, FAAOS, FAOA	

Reviewer Demographics

Table 2: Reviewer Demographics

Reviewer Number	Name of Reviewer	Society you are representing	Please list your primary specialty	Please list your work setting
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	Shoulder and Elbow	Academic Practice
2	Brooke Ficke, MD		Hand	Private Group or Practice
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	Hand	Academic Practice
4	Herb Alexander, MD		Trauma	Private Group or Practice
5	Mary Carnduff, MD, MBA, FAAOS		Sports Medicine	Military
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	Pediatric Orthopaedics	Academic Practice
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	Hand	Private Group or Practice
8	Gleb Medvedev, MD		Hand	Academic Practice
9	Karl Roberts, MD, FAAOS, FAOA		Total Joint	Private Group or Practice

Reviewers' Disclosure Information

All reviewers are required to disclose any possible conflicts that would bias their review via a series of 10 questions (see Table 3). For any positive responses to the questions (i.e. "Yes"), the reviewer was asked to provide details on their possible conflict.

Table 3. Disclosure Question Key

Disclosure Question	Disclosure Question Details
A	A) Do you or a member of your immediate family receive royalties for any pharmaceutical, biomaterial or orthopaedic product or device?
B	B) Within the past twelve months, have you or a member of your immediate family served on the speakers bureau or have you been paid an honorarium to present by any pharmaceutical, biomaterial or orthopaedic product or device company?
C	C) Are you or a member of your immediate family a PAID EMPLOYEE for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?
D	D) Are you or a member of your immediate family a PAID CONSULTANT for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?
E	E) Are you or a member of your immediate family an UNPAID CONSULTANT for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?
F	F) Do you or a member of your immediate family own stock or stock options in any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier (excluding mutual funds)
G	G) Do you or a member of your immediate family receive research or institutional support as a principal investigator from any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?
H	H) Do you or a member of your immediate family receive any other financial or material support from any pharmaceutical, biomaterial or orthopaedic device and equipment company or supplier?
I	I) Do you or a member of your immediate family receive any royalties, financial or material support from any medical and/or orthopaedic publishers?
J	J) Do you or a member of your immediate family serve on the editorial or governing board of any medical and/or orthopaedic publication?

Table 4. Reviewer's Disclosure Information

Reviewer Number	First Name	Disclosure Available via AAOS Disclosure System	A	B	C	D	E	F	G	H	I	J
1	Jason Strelzow, MD, FRCSC	Yes										
2	Brooke Ficke, MD	No	No	No	No	No	No	No	No	Yes	No	No
3	John Faillace, MD	Yes										
4	Herb Alexander, MD	Yes										
5	Mary Carnduff, MD, MBA, FAAOS	Yes										
6	Christine Ho, MD	Yes										
7	Mark Rekant, MD	Yes										
8	Gleb Medvedev, MD	Yes										
9	Karl Roberts, MD, FAAOS, FAOA	Yes										

Reviewer Responses to Structured Review Form Questions

All reviewers are asked 16 structured review questions which have been adapted from the Appraisal of Guidelines for Research and Evaluation (AGREE) II Criteria*. Their responses to these questions are listed on the next few pages.

Table 5. Reviewer Responses to Structured Review Questions 1-4

Reviewer Number	First Name	Society you are representing	1. The overall objective(s) of the guideline is (are) specifically described.	2. The health question(s) covered by the guideline is (are) specifically described.	3. The guideline's target audience is clearly described.	4. There is an explicit link between the recommendations and the supporting evidence.
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	Agree	Agree	Agree	Strongly Agree
2	Brooke Ficke, MD		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	Strongly Agree	Agree	Neutral	Strongly Agree
4	Herb Alexander, MD		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
5	Mary Carnduff, MD, MBA, FAAOS					
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
8	Gleb Medvedev, MD		Strongly Agree	Strongly Agree	Agree	Agree
9	Karl Roberts, MD, FAAOS, FAOA		Strongly Agree	Strongly Agree	Strongly Agree	Agree

Table 6. Reviewer Responses to Structured Review Questions 5-8

Reviewer Number	First Name	Society you are representing	5. Given the nature of the topic and the data, all clinically important outcomes are considered.	6. The patients to whom this guideline is meant to apply are specifically described.	7. The criteria used to select articles for inclusion are appropriate.	8. The reasons why some studies were excluded are clearly described.
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	Agree	Agree	Agree	Neutral
2	Brooke Ficke, MD		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	Agree	Strongly Agree	Agree	Strongly Agree
4	Herb Alexander, MD		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
5	Mary Carnduff, MD, MBA, FAAOS					
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
8	Gleb Medvedev, MD		Agree	Agree	Agree	Neutral
9	Karl Roberts, MD, FAAOS, FAOA		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree

Table 7. Reviewer Responses to Structured Review Questions 9-12

Reviewer Number	First Name	Society you are representing	9. All important studies that met the article inclusion criteria are included.	10. The validity of the studies is appropriately appraised.	11. The methods are described in such a way as to be reproducible.	12. The statistical methods are appropriate to the material and the objectives of this guideline.
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	Agree	Agree	Agree	Agree
2	Brooke Ficke, MD		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	Agree	Strongly Agree	Strongly Agree	Neutral
4	Herb Alexander, MD		Neutral	Strongly Agree	Strongly Agree	Neutral
5	Mary Carnduff, MD, MBA, FAAOS					
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
8	Gleb Medvedev, MD		Neutral	Agree	Agree	Agree
9	Karl Roberts, MD, FAAOS, FAOA		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree

Table 8. Reviewer Responses to Structured Review Questions 13-16

Reviewer Number	First Name	Society you are representing	13. Important parameters (e.g., setting, study population, study design) that could affect study results are systematically addressed.	14. Health benefits, side effects, and risks are adequately addressed.	15. The writing style is appropriate for health care professionals.	16. The grades assigned to each recommendation are appropriate.
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	Agree	Agree	Agree	Agree
2	Brooke Ficke, MD		Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	Agree	Strongly Agree	Strongly Agree	Strongly Agree
4	Herb Alexander, MD		Strongly Agree	Agree	Strongly Agree	Strongly Agree
5	Mary Carnduff, MD, MBA, FAAOS					
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	Strongly Agree	Strongly Agree	Strongly Agree	Strongly Agree
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	Strongly Agree	Strongly Agree	Strongly Agree	Agree
8	Gleb Medvedev, MD		Agree	Agree	Agree	Agree
9	Karl Roberts, MD, FAAOS, FAOA		Strongly Agree	Strongly Agree	Strongly Agree	Disagree

Would you recommend these guidelines for use in clinical practice?

Reviewer Number	First Name	Society you are representing	Would you recommend these guidelines for use in clinical practice?	Additional Comments regarding this CPG?
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	Recommend	
2	Brooke Ficke, MD		Recommend	
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	Strongly Recommend	
4	Herb Alexander, MD		Strongly Recommend	
5	Mary Carnduff, MD, MBA, FAAOS		Recommend	
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	Strongly Recommend	Good synthesis of updated literature. Does not overstate conclusions and recommendations.
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	Recommend	With the one exception that I stated above. I feel the others can be strongly recommended at this time.
8	Gleb Medvedev, MD		Recommend	The Authors did an excellent job in summarizing the best available literature in distal radius fracture treatment. The rationale is appropriate for the inclusion of the studies. In evaluating the question of pain management, I appreciate the consensus statement. Many studies demonstrate low utilization of opioids after distal radius fixation but they fail to meet inclusion due to lack of additional treatment groups. It is important that we continue to educate physicians and patients in decreasing opioid use and the consensus supports those efforts.
9	Karl Roberts, MD, FAAOS, FAOA		Strongly Recommend	

Reviewer Detailed Responses and Editorial Suggestions

Reviewer #1, Jason Strelzow, MD, FRCSC

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
1	Jason Strelzow, MD, FRCSC	Orthopaedic Trauma Association (OTA)	A. Overall, the exclusion criteria are listed but not completely outlined/explained. Although discussed it could be clearer. B. For clarity, the discussion and explanation for the section on serial radiography (line 659). It may be beneficial for the reader to know that applies to both operative and non-operative treatment modalities per the study protocol. C. For clarity Line 721 - The description of results from Marchiex, Rozental and Goehre should clarify that earlier return of function occurred in the volar plating group. D. It may be helpful to the include studies evaluating use of the dorsal bridge plate in the review of surgical fixation options. Line 702. Particularly with its growing adoption in the face of some albeit limited high-quality literature.

Workgroup Response to Reviewer #1

Dear Jason Strelzow, MD, FRCSC

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The full inclusion criteria as well as the search strategy can be found in eAppendix 1.

B. The recommendation language is not specific to either operative or non-operative due to the supporting evidence.

C. The description of results from Marchiex, Rozental and Goehre has been clarified as earlier return of function for the volar locked plating group in the recovery period.

D. The PICO questions, and therefore guideline scope, are created a priori, new areas of research are not able to be visited at this time.

Reviewer #2, Brooke Ficke, MD

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
2	Brooke Ficke, MD		A. Throughout the guideline, there is inconsistency with the use of the term "fracture of the distal radius" or "distal radius fracture" versus "distal radius fractures." For instance, line 187 versus line 205. The guideline would benefit from an editor establishing a consistent practice as to whether the term is singular or plural and applying it to all sections, with adjustments to surrounding wording as needed. B. Line 206: Consider rephrasing from "medical training, a qualified residency" to "medical training, including a qualified residency," in order to clarify sentence structure and meaning. C. Line 245: Consider replacing the word "longstanding" with a word that better fits the meaning of the sentence, such as "prolonged." D. Line 184 versus Line 483 (and other locations): For consistency, recommend making changes throughout guideline to use (or not use, based upon editor's preference) the Oxford comma. E. Line 525: capitalize "H" in "Harms." F. Line 552: capitalize "R" in "Research." G. Lines 619-658: The wording of this recommendation does not reflect the conclusions of the discussion of this recommendation. The wording of this recommendation is quite strong and does not leave room for clinical judgement regarding the patient's activity level, the displacement of the fracture, the intra-articular nature of the fracture, or the amount of gross wrist deformity. However, the discussion of the Risks and Benefits suggests "understanding an individual patient's values and preferences," evaluating "mitigating circumstances," and a "shared decision-making process." There is room for improvement of the summary wording to reflect that the majority of geriatric distal radius fractures can be treated non-operatively without detrimental effect on long-term patient-reported outcomes, but that certain complex fracture patterns and deformities, particularly in active individuals, might benefit from operative treatment.

			H. Line 703: This summary recommendation references a time frame in part 2 of the sentence ("in the short term"). For clarity, it should also reference a time frame in the first part of the sentence. For instance, it might read "no significant difference in long-term radiographic or patient reported outcomes between..."

Workgroup Response to Reviewer #2

Dear Brooke Ficke, MD,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. "Fracture of the distal radius" has been corrected to "distal radius fracture" throughout the document for consistency.

B. "Medical training, a qualified residency" has been revised to read "medical training, including a qualified residency".

C. . "Longstanding' has been replaced with 'prolonged."

D. Use of the Oxford comma has been made consistent throughout the draft.

E. Typographical error has been corrected.

F. Typographical error has been corrected.

G. This point was discussed at length by the CPG workgroup, with a desire to use other indicators of activity level and health other than age. However, the published literature uses age as a marker for this and the workgroup structured the recommendation and rationale to follow the literature.

H. The studies in support of this recommendation evaluated radiographic and patient-reported outcomes in both the short- and long-term, both short- and long-term are omitted from the recommendation for concision.

Reviewer #3, John Faillace, MD

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
3	John Faillace, MD	American Society for Surgery of the Hand (ASSH)	A. Target audience - Line 204: This guideline is intended to be used by orthopedic surgeons and all qualified physicians managing… I recommend deleting, "orthopedic surgeons and" B. Line 218: "As one of the most common fracture seen by orthopedic surgeons…" should read "As one of the most common fractures in adults," C. Line 784: "… for the management of postoperative pain following…" should delete the word "postoperative," so the sentence reads …" alternatives for the management of pain following treatment of distal radius fractures." Alternatively, verbiage to include non-surgical management with or without manipulation could be added.

Workgroup Response to Reviewer #3

Dear John Faillace, MD,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. This is standard language for all AAOS Clinical Practice Guidelines.

B. The sentence has been clarified with the addition of “in adults.”

C. This PICO addressed postoperative opioid use specifically and did not include non-operative treatments.

Reviewer #4, Herb Alexander, MD

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
4	Herb Alexander, MD		A. Lines 685-688. My problem with this conclusion is that it is based on a 52-week follow-up. The advantage of obtaining a "final" x-ray demonstrating complete fracture healing is that it sets the new baseline for a patient. It allows future x-rays (short term and long term) to be compared to the new baseline in the event of new wrist pain. One can only assess the development and/or worsening of post-traumatic arthritis if one has a baseline image. B. The use of abbreviations I find distracting. It requires one to go back to the original referral in parenthesis. This breaks my train of thought and makes a quick read a slow read. For example, I had no problem recognizing that DRF is distal radius fractures; but SHT was a problem. Save the reader some time by spelling out Supervised Hand Therapy and most other abbreviations that are not "household" nomenclature. There was a time when all we had was print media that it might have made sense to use abbreviations; but, because most everyone reviews these documents on computer, there is, in my opinion, no advantage to most abbreviations as we no longer "save trees" by using them.

Workgroup Response to Reviewer #4

Dear Herb Alexander, MD,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The Risks and Benefits of Implementation section has been augmented to include the following verbiage for clarification: This recommendation is based on a PICO question which was specifically focused on acute management…..There may be some possible value in obtaining a final radiograph outside of the time frame addressed within this PICO to establish a healed baseline for comparison against future wrist pain.

B. Non-standard acronyms have been removed.

Reviewer #5, Mary Carnduff, MD, MBA, FAAOS

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
5	Mary Carnduff, MD, MBA, FAAOS		A. Line 225 Don't need the first sentence; it's redundant and the second is more complete. B. Line 466 wording, change "evaluated" to "compared" for clarity. C. Lines 466-474 Hyphens throughout "fragment-specific," "arthroscopically-aided." D. Line 477 Wording, rationale states "supports not using arthroscopy," but the recommendation is that there's no difference, implying there's no issue if surgeons prefer to scope; the rationale or the recommendation should be clarified to either allow either technique or assert that arthroscopy should not be performed.

Workgroup Response to Reviewer #5

Dear Mary Carnduff, MD, MBA, FAAOS,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The parentheticals have been removed from the following sentence for clarity: Age (e.g. older women with osteoporosis) and sex (e.g. young males) are known risk factors for 236 distal radius fracture in adults.

B. The work group chose and approved the rationale verbiage used to convey the supporting evidence.

C. Typographical errors have been corrected.

D. The statement of lack of support for arthroplasty is in reflection of arthroscopic assistance being a more invasive and costly procedure with no added benefit over no arthroscopic assistance.

Reviewer #6, Christine Ho, MD

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
6	Christine Ho, MD	Pediatric Orthopaedic Society of North American (POSNA)	A. Line 116-117 - would also add "Non-pediatric patients," as we can certainly accept those radiographic parameters in a skeletally mature child. Although that the CPG states that the patient population is adults, that is not necessarily clear when looking at this recommendation in isolation.

Workgroup Response to Reviewer #6

Dear Christine Ho, MD,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The overall scope of the CPG is restricted to the adult population and this is not restated in the recommendations for concision.

Reviewer #7, Mark Rekant, MD

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
7	Mark Rekant, MD	American Association for Hand Surgery (AAHS)	A. Line 124 on page 6. I do not fully agree with this recommendation, "INDICATIONS FOR FIXATION (GERIATRIC PATIENTS)." I do not agree with the strong recommendation that non-operative management based solely on age (greater than 65) is appropriate. The recommendation should be based on physiologic age rather than strictly chronological age. The level of evidence is not yet present in the literature for such a strong recommendation.

Workgroup Response to Reviewer #7

Dear Mark Rekant, MD,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The recommendation is based on the available evidence and the parameters used in the literature (i.e. chronological age).

Reviewer #8, Gleb Medvedev, MD

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
8	Gleb Medvedev, MD		A. Although there is a lack of comparative studies on dorsal bridge plating of distal radius fractures, I believe this would warrant a mention in the future research section of hardware fixation options, lines 728-734. Multiple case series, retrospective reviews and data pooling against historical results of volar plating show good outcomes.

Workgroup Response to Reviewer #8

Dear Gleb Medvedev, MD,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The work group elected to refrain from mentioning any specific techniques in the future research section.

Reviewer #9, Karl Roberts, MD, FAAOS, FAOA

Reviewer Number	First Name	Society you are representing	Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline: The response(s) below also include all editing suggestions received from previous questions.
9	Karl Roberts, MD, FAAOS, FAOA		A. Rec #1: Inconsistent evidence suggests no difference in outcomes between use of arthroscopic assistance and no arthroscopic assistance when treating patients for distal radius fractures. This recommendation was graded as moderate based on 1 high and 2 moderate strength studies. If the evidence was inconsistent, it would be more appropriate to downgrade this to a limited recommendation. If the evidence was consistent, it could be worded as "Moderate evidence does not support the use of arthroscopic assistance in the treatment of distal radius fracture as there is no difference in outcomes." B. Rec#2: Inconsistent evidence suggests no difference in outcomes between a home exercise program and supervised therapy following treatment for distal radius fractures. Consider wording more consistent with a recommendation than a statement (same comment applies to rec#1): Home therapy rather than supervised physical therapy is an option following treatment of distal radius fractures as limited evidence suggests no difference in outcomes. C. Appendix 1 page 4 lists inclusion criteria as any study published after 2000, but in the CPG document page 13 inclusion criteria are listed as any study after 1966. Please clarify.

Workgroup Response to Reviewer #9

Dear Karl Roberts, MD, FAAOS, FAOA,

Thank you for your expert review of the Management of Distal Radius Fractures Evidence-Based Clinical Practice Guideline. We will address your comments by guideline section in the order that you listed them.

A. The in-depth analysis of the literature, while showing that 1 moderate graded study showed no difference, there was enough lower level evidence that the workgroup felt it could not ignore the results of these studies in the analysis. The Evidence-to-Decision framework allows for the workgroup to apply some discretion as to other factors that can drive a strength of recommendation. Because there was a moderate strength study to drive this recommendation, the work group chose to leave the strength at moderate while ensuring the user of the CPG knows that there is some inconsistency in the evidence (despite it being lower level).

B. The workgroup felt that those that fix distal radius fractures know that home therapy is an option, and chose to keep the verbiage of the CPG aligned with the evidence, highlighting there is no difference in outcomes in the recommendation.

C. The inclusion criterion on page 13 has been updated to 2000.

Appendix A – Structured Review Form

Review Questions (REQUIRED)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The overall objective(s) of the guideline is (are) specifically described.	○	○	○	○	○
2. The health question(s) covered by the guideline is (are) specifically described.	○	○	○	○	○
3. The guideline's target audience is clearly described.	○	○	○	○	○
4. There is an explicit link between the recommendations and the supporting evidence.	○	○	○	○	○
5. Given the nature of the topic and the data, all clinically important outcomes are considered.	○	○	○	○	○
6. The patients to whom this guideline is meant to apply are specifically described.	○	○	○	○	○
7. The criteria used to select articles for inclusion are appropriate.	○	○	○	○	○
8. The reasons why some studies were excluded are clearly described.	○	○	○	○	○
9. All important studies that met the article inclusion criteria are included.	○	○	○	○	○
10. The validity of the studies is appropriately appraised.	○	○	○	○	○
11. The methods are described in such a way as to be reproducible.	○	○	○	○	○
12. The statistical methods are appropriate to the material and the objectives of this guideline.	○	○	○	○	○
13. Important parameters (e.g., setting, study population, study design) that could affect study results are systematically addressed.	○	○	○	○	○
14. Health benefits, side effects, and risks are adequately addressed.	○	○	○	○	○
15. The writing style is appropriate for health care professionals.	○	○	○	○	○
16. The grades assigned to each recommendation are appropriate.	○	○	○	○	○

Please provide a brief explanation of both your positive and negative answers in the preceding section. If applicable, please specify the draft page and line numbers in your comments. Please feel free to also comment on the overall structure and content of the Guideline:

Would you recommend these guidelines for use in clinical practice? (REQUIRED)

- ○ Strongly Recommend
- ○ Recommend
- ○ Would Not Recommend
- ○ Unsure

Additional Comments regarding this clinical practice guideline?