

**American Academy of Orthopaedic Surgeons
[The Treatment of X]
Guidelines Peer Review Form**

ALL REVIEW COMMENTS, OUR RESPONSES AND REVIEWER COI WILL BE AVAILABLE FOR REVIEW ON OUR WEBSITE FOLLOWING BOD APPROVAL OF THIS DOCUMENT.

Review of any AAOS confidential draft allows us to improve the overall guideline but does not imply endorsement by any given individual or any specialty society who participates in our review processes. The AAOS review process may result in changes to the documents; therefore, endorsement cannot be solicited until the AAOS Board of Directors officially approves the final guideline.

Please note that if you return a review:

- Your review will be published on the AAOS website with our explanation of why we did nor did not change the draft document in response to your comments
- Your conflicts of interest will be published on the AAOS website with your review

Reviewer Information:

Name of Reviewer _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Specialty Area/Discipline: _____

Work setting: _____ Credentials: _____

May we list you as a Peer Reviewer in the final Guidelines (GL)? Yes No

PLEASE READ: *If you do not wish to be listed, your name will be removed for identification purposes. However, your review comments, our responses and your COI will still be available for public review on our website with the posted Guideline if you complete this review.*

Are you reviewing this guideline as a representative of a professional society? Yes No

If yes, may we list your society as a reviewer of this guideline? Yes No

Society Name: _____

(Listing the specialty society as a reviewing society does not imply or otherwise indicate endorsement of this guideline.)

Conflicts of Interest (COI): All Reviewers must declare their conflicts of interest.

If the boxes below are not checked and/or the reviewer does not attach his/her conflicts of interest, the reviewer's comments will not be addressed by the AAOS nor will the reviewer's name or society be listed as a reviewer of this GL. If a committee reviews the guideline, only the chairperson/or lead of the review must declare their relevant COI.

I have declared my conflicts of interest on page 2 of this form.

I have declared my conflicts of interest in the AAOS database; my customer # is _____

I understand that the AAOS will post my declared conflicts of interest with my comments concerning review of this guideline or technology overview on the AAOS website.

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REVIEWER CONFLICT OF INTEREST - The Orthopaedic Disclosure Program

Each item below requires an answer. Please report information for the last 12-months as required by the Accreditation Council for Continuing Medical Education (ACCME) guidelines.

<p>Do you or a member of your immediate family receive royalties for any pharmaceutical, biomaterial or orthopaedic product or device?</p> <p>If YES, please identify product or device:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p> <p>If YES, please identify company:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you or a member of your immediate family a PAID EMPLOYEE for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?</p> <p>If YES, please identify company or supplier:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you or a member of your immediate family a PAID CONSULTANT for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?</p> <p>If YES, please identify company or supplier:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you or a member of your immediate family an UNPAID CONSULTANT for any pharmaceutical, biomaterial or orthopaedic device or equipment company, or supplier?</p> <p>If YES, please identify company or supplier:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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)?</p> <p>If YES, please identify company or supplier:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p> <p>If YES, please identify company or supplier:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p> <p>If YES, please identify company or supplier:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you or a member of your immediate family receive any royalties, financial or material support from any medical and/or orthopaedic publishers?</p> <p>If YES, please identify publisher:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you or a member of your immediate family serve on the editorial or governing board of any medical and/or orthopaedic publication?</p> <p>If YES, please identify:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you or a member of your immediate family serve on the Board of Directors or a committee of any medical and/or orthopaedic professional society?</p> <p>If YES, please identify:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Reviewer Instructions

Please read and review this Draft Clinical Practice Guideline and its associated Technical Report with particular focus on your area of expertise. Your responses are confidential and will be used only to assess the validity, clarity and accuracy of the interpretation of the evidence. 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 and Technical Report. If you need more space than is provided, please attach additional pages.

Please complete and return this form electronically in WORD format to wies@aaos.org; please contact Jan Wies at (847) 823-9769 if you have any questions. Thank you in advance for your time in completing this form and giving us your feedback. We value your input and greatly appreciate your efforts. Please send the completed form and comments **in WORD format** by end of day XXXXX, **2011**.

Please indicate your level of agreement with each of the following statements by placing an “X” in the appropriate box.

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

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COMMENTS

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 and Technical Report

OVERALL ASSESSMENT

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

- Strongly recommend
- Recommend (with provisions or alterations)
- Would not recommend
- Unsure

Note: Your answer to this question does not constitute an endorsement of this guideline. We ask this question as a means of monitoring the clinical relevance of our guideline.