

American Academy of Orthopaedic Surgeons
[Guideline Title]

Guidelines Peer Review Form

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? Yes No

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

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 to weis@aaos.org or fax the form back to Jan Weis at (847) 823-9769.

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 by **Month, Day, Year**

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Please indicate your level of agreement with each of the following Statements, by placing an "X" in the appropriate box.

	Very much agree	Moderately agree	Moderately disagree	Very much disagree
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 and patients	<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

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OVERALL ASSESSMENT

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

Strongly recommend _____

Recommend (with provisions or alterations) _____

Would not recommend _____

Unsure _____

COMMENTS:

Please provide the reason(s) for your recommendation.