

SUPPLEMENTARY DIGITAL MATERIAL 7

Supplementary Table VII.---Quality assessment of included recommendations using the AGRE-REX tool.

N°	Recommendation	AGREE-REX									Scoring justification	Source Guideline short title, chapter, page	
		Item 1. Evidence	Item 2. Applicability to Target Users	Item 3. Applicability to Patients/Populations	Item 4. Values and Preferences of Target Users	Item 5. Values and Preferences of Patients/Populations	Item 6. Values and Preferences of Policy/Decision-Makers	Item 7. Values and Preferences of Guideline Developers	Item 8. Purpose	Item 9. Local Application and Adoption			Average
1	1.4.6 If an older person with a traumatic injury is on a care pathway that does not routinely involve geriatrician support, consider referral to an orthogeriatrician, a surgical liaison or a perioperative physician (as appropriate).	3	5	4	1	1	1	7	7	4	3,7	<p>*Item 1: The committee used their experience to recommend that older people have access to orthogeriatricians, surgical support or perioperative physicians. Doesn't assess any risk of bias related to the study designs of the supporting evidence, nor describes the consistency of the results. No reference is made, or in a superficial way, to this item. The recommendation does not describe the consistency of the results, publication bias, although it addresses the directness of the evidence to the clinical/health problem. The guideline does not describe the magnitude of the benefits and harms of this recommendation.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients</p> <p>*Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations. Also this recommendation describes how to tailor recommendations for application to individual patients or populations (e.g., based on age).</p> <p>*Item 4: It is not clear that they directly assess the values and preferences of the guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed in a direct way.</p> <p>*Item 7: The committee used their experience to formulate this recommendation. The recommendations in this guideline represent the view of NICE.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: It is not clear that the recommendation assessed the setting, and/or the health system in which they are being implemented.</p>	NICE_Rehabilitation, 2022 Chapter: 1.4 Developing a rehabilitation plan and making referrals Page: 27
2	1.4.7 For adults with a fragility fracture, assess bone health and refer as necessary, for example, to a specialist bone health clinic or outpatient service. Also see the NICE guideline on osteoporosis.	1	6	1	1	1	1	4	3	3	2,3	<p>*Item 1: Evidence searches for general topics such as the rehabilitation needs of people with spinal cord injury are presented, but there are no specific searches to reach individual recommendations such as bone health assessment. Or at least the authors don't mention this information in any of the sections of the guideline or in the supplements.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users. There is an alignment between target user's scope of practice and targeted populations.</p> <p>*Item 3: The authors did not describe the outcome information they analyzed to formulate the recommendation in the guideline document or in the supplements.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: The authors state "The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available". However there is not a clear description of how guideline developer's values and preferences influenced their interpretation of the balance between benefits and harms.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline. A section on "How the recommendations might affect services" for Recommendations 1.4.1 to 1.4.11 is presented (pg</p>	NICE_Rehabilitation, 2022 Chapter: 1.4 Developing a rehabilitation plan and making referrals Page: 27

												97), but in a very general manner. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: It is not clear that the guideline developers considered the issues that can influence the adoption of the recommendations. At the end of the guideline (pg 135), there is a link to NICE tools and resources to help users put this guideline into practice. However the provided tools are common for all NICE guidelines and set out the common steps taken when putting evidence-based guidance into practice.	
3	1.4.9 Assess all adults over 65 who have a traumatic injury for their risk of falls in line with the recommendations on multifactorial risk assessment in the NICE guideline on falls.	1	5	5	1	1	1	7	6	4	3,4	*Item 1: The recommendation doesn't assess any risk of bias related to the study designs of the supporting evidence, nor describes the consistency of the results. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients *Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations. Also this recommendation describes how to tailor recommendations for application to individual patients or populations (e.g., based on age). *Item 4: It is not clear that they directly assess the values and preferences of the guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. *Item 6: The values and preferences of decision/policy makers are not addressed directly. *Item 7: The committee used their experience to did this recommendation. The recommendations in this guideline represent the view of NICE. *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: It is not clear that the recommendation assessed the setting, and/or the health system in which they are being implemented.	NICE_Rehabilitation, 2022 Chapter: 1.4Developing a rehabilitation plan and making referrals Page: 27
4	1.11.30 Be aware that spinal orthoses, such as cervical collars and thoracolumbar spinal orthoses, may be poorly tolerated by some people, particularly older people or those with delirium, cognitive impairment or dementia.	4	4	7	4	6	3	7	7	7	5,4	*Item 1: The committee combined the available evidence with their experience and knowledge. The guideline addresses the directness of the evidence of the orthosis however not the toleration of the orthosis *Item 2: The recommendations address a health problem that is relevant to the intended target users. But there is not alignment between target user's scope of practice and targeted patients *Item 3: The recommendation includes outcomes that are relevant to the targeted patients/populations. They addressed an specific population (old) *Item 4: It is not clear that they directly assess the values and preferences of the guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. However, they say that People (and families and carers, if appropriate) should receive education on how to wear splints or orthoses to limit adverse effects *Item 6: The values and preferences of decision/policy makers are not addressed. *Item 7: Evidence showed that spinal orthoses can help improve patient rehabilitation outcomes, and they are used in current practice. However, in the committee's experience, not all trauma populations see a benefit (for example, older people) and spinal orthoses can cause adverse events if improperly fitted. *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: The recommendation assessed the setting, and/or the health system in which they are being implemented.The recommendation reflect current practice because Splints and orthoses are commonly used and are all low cost.	NICE_Rehabilitation, 2022 Chapter: 1.11 Physical rehabilitation Page: 57
5	1.11.17 Do not withhold aerobic exercise programmes from older people after a traumatic injury.	1	6	6	1	1	1	7	6	4	3,7	*Item 1: The recommendation doesn't assess any risk of bias related to the study designs of the supporting evidence, nor describes the consistency of the results. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients *Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations. Also this recommendation describes how to tailor recommendations for application to individual patients or populations (e.g., based on age). Outcomes: optimize respiratory function, increase endurance when doing rehabilitation exercises, and improve mobility. *Item 4: It is not clear that they directly assess the values and preferences of the guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. *Item 6: The values and preferences of decision/policy makers are not addressed directly. *Item 7: The committee used their experience to did this recommendation. The recommendations in this guideline represent the view of NICE. *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: It is not clear that the recommendation assessed the setting, and/or the health system in which	NICE_Rehabilitation, 2022 Chapter: 1.11 Physical rehabilitation Page: 60

												they are being implemented. They say about this recommendation are not expected to have a significant resource impact or be difficult to implement.	
6	1.11.49 For people with a fragility fracture, measure vitamin D levels and consider a supplement. Also see the recommendations in the NICE guideline on osteoporosis: assessing the risk of fragility fracture and the NICE guideline on vitamin D: supplement use in specific population groups.	1	6	1	1	1	1	4	3	3	2,3	<p>*Item 1: Evidence searches for general topics such as the rehabilitation needs of people with spinal cord injury are presented, but there are no specific searches to reach individual recommendations such as bone health assessment. Or at least the authors don't mention this information in any of the sections of the guideline or in the supplements.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users. There is an alignment between target user's scope of practice and targeted populations.</p> <p>*Item 3: The authors did not describe the outcome information they analyzed to formulate the recommendation in the guideline document or in the supplements.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: The authors state "The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available". However there is not a clear description of how guideline developer's values and preferences influenced their interpretation of the balance between benefits and harms.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline. A section on "How the recommendations might affect services" for Recommendations 1.4.1 to 1.4.11 is presented (pg 97), but in a very general manner. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described.</p> <p>*Item 9: It is not clear that the guideline developers considered the issues that can influence the adoption of the recommendations. At the end of the guideline (pg 135), there is a link to NICE tools and resources to help users put this guideline into practice. However the provided tools are common for all NICE guidelines and set out the common steps taken when putting evidence-based guidance into practice.</p>	NICE_Rehabilitation, 2022 Chapter: 1.11 Physical rehabilitation Page: 60
7	1.11.47 Following assessment by a dietician specialising in trauma care, consider supplementation of dietary protein for people who are frail, have gastrointestinal health issues or have multiple injuries.	3	6	4	1	1	1	7	5	5	3,7	<p>*Item 1: The committee agreed that there is a lack of awareness about the nutritional risks and needs following traumatic injury. The recommendation don't assess any risk of bias related to the study designs of the supporting evidence, not describes the consistency of the results.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients</p> <p>*Item 3: The outcomes that are relevant to the targeted patients/populations are not clear. but this recommendation describes how to tailor recommendations for application to individual patients or populations (e.g., Individuals who are frail).</p> <p>*Item 4: It is not clear that they directly assess the values and preferences of the directly.guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed.</p> <p>*Item 7: The committee used their experience to did this recommendation. The recommendations in this guideline represent the view of NICE.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: It is not clear that the recommendation assessed the setting, and/or the health system in which they are being implemented. 'The recommendations are in line with current practice and will not need additional resources to implement'.</p>	NICE_Rehabilitation, 2022 Chapter: 1.11 Physical rehabilitation Page: 60
8	1.15.21 For people with a spinal cord injury who are using a spinal orthosis (for example, cervical collar or thoraco-lumbar spinal orthosis), regularly assess them for complications such as pain, pressure sores, swallowing or breathing difficulties (particularly in older people or those with dementia or delirium).	5	6	7	5	4	3	6	7	6	5,4	<p>*Item 1: The committee combined the available evidence with their experience and knowledge. The guideline addresses the directness of the evidence of the orthosis, however the outcomes are not directly addressed.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users.</p> <p>*Item 3: The recommendation includes outcomes that are relevant to the targeted patients/populations. They addressed an specific population (old)</p> <p>*Item 4: It is not clear that they directly assess the values and preferences of the guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed.</p> <p>*Item 7: Evidence showed that spinal orthoses can help improve patient rehabilitation outcomes, and they are used in current practice. However, in the committee's experience, not all trauma populations see a benefit (for example, older people) and spinal orthoses can cause adverse events if improperly fitted.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline. The committee</p>	NICE_Rehabilitation, 2022 Chapter: 1.15 Rehabilitation after spinal cord injury Page: 77

												agreed that it is important to maintain mobility and range of motion after a spinal cord injury. *Item 9: The recommendation assessed the setting, and/or the health system in which they are being implemented.They approach the costs item: some equipment, like robotics, can be expensive.	
9	<p>2.1 We recommend that, in the context of bone health screening, all adult women and men with spinal cord injury (SCI), regardless of injury duration, should have measurements of serum 25-hydroxyvitamin D (25-(OH)D) done by a validated assay method; complete blood cell count; ionized calcium (or calcium adjusted for albumin), phosphate, intact parathyroid hormone, creatinine (and estimated glomerular filtration rate), bone-specific alkaline phosphatase and transaminases, hemoglobin A1C, and thyroid-stimulating hormone levels; and 24-hour urine collection for calcium and creatinine excretion.</p> <p>Clinical Consideration 2.1 These laboratory measurements should be done as soon as possible after the patient establishes ongoing care with their physician, or if there is significant loss of bone mineral density, an incident fracture, or a change in a medical condition or medication that might be expected to influence osteoporosis risk.</p> <p>Referral to an endocrinologist or appropriate subspecialist should be considered if there are unexplained serum or urine calcium levels (hyper or hypo) and/or if the workup is suggestive of hyperthyroidism or hyperparathyroidism. Referral to a nephrologist should be considered in those with chronic kidney disease stage 4 (CKD 4) (glomerular filtration rate [GFR] 15-29 mL/min) and CKD 5 (GFR 15 mL/min or less) or unexplained renal impairment.</p>	3	6	1	1	1	1	1	3	3	2,2	<p>*Item 1: The guideline reported a rationale for the recommendation. However, the guideline did not describe the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user’s scope of practice and targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes (It’s a general recommendation for lab testing for bone health screening). Also, the guideline does not report how the importance of outcomes to patients was determined.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking.</p> <p>*Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described.</p> <p>*Item 9: The guideline developers are aware of the implementation challenges and make a general advice for guideline implementers: “Successful implementation of this guideline requires health care professionals to partner with individuals with SCI/D and negotiate a joint understanding of their health, bone density results, and risk factors for fracture in order to enable selection of a mutually agreeable treatment plan tailored to the individual’s impairments, health preferences, and resources”. However, it is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.</p>	Consortium_Bone health, 2022 Chapter: 2. Laboratory screening Page: 27
10	<p>3.1 We recommend that clinicians adhere to the 2019 ISCD Adult Official Positions</p>	3	6	1	1	1	1	1	3	3	2,2	<p>*Item 1: The guideline reported a rationale for the recommendation. However, the guideline did not describe the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of</p>	Consortium_Bone health, 2022 Chapter: 3. Bone density testing with

	for Dual-energy X-ray absorptiometry in Patients with Spinal Cord Injury.											publication bias, the possibility of confounding factors. *Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user's scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for bone density testing). Also, the guideline does not report how the importance of outcomes to patients was determined. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: It is not clear that the values and preferences of the patients were sought or considered. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline developers are aware of the implementation challenges and make a general advice for guideline implementers: "Successful implementation of the enclosed recommendations and ISCD Positions will require the SCI community to work collaboratively with health policymakers and payers to resolve feasibility dilemmas regarding bone density testing and the identification of patients with low bone mass or sublesional osteoporosis and high fracture risk who require therapy". However, it is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	dual-energy X-ray absorptiometry Page: 36
11	5.2 The following are recommendations for calcium intake as a combination of food and supplements (preference for dietary intake over supplements). Group and age calcium recommendation: Men and premenopausal women age 19-50 years: 1,000 mg/day Men 50-70 years: 1,000 mg/day Women 50-70 years: 1,000-1,200 mg/day Men and women 71+ years: 1,000-1,200 mg/day Not appropriate for individuals who are found to be hypercalcemic.	6	6	7	1	1	1	6	7	5	4,4	*Item 1: In general, they have a good review of the quality and results of the available evidence. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients *Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations in the clinical consideration section page 48. *Item 4: It is not clear that they directly assess the values and preferences of the guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. *Item 6: The values and preferences of decision/policy makers are not addressed. *Item 7: Members of the Bone Health and Osteoporosis Management Clinical Expert Panel formulated key questions (to guide the literature search and study inclusion) related to prevalence, assessment, and treatment of bone health in the spinal cord injury (SCI) population. *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: It is not clear that the recommendation assessed the health system	Consortium_Bone health, 2022 Chapter: 5. Calcium and vitamin D3: diet or supplements Page: 48
12	1. Regular monitoring of the cardiometabolic syndrome should be carried out as part of lifelong follow-up in persons with SCI (to be carried out by the general practitioner, depending on the care situation).  With increasing age, also the risk of cardiovascular disease increases.  The longer the SCI, the greater the loss of lean mass. <sup>c</sup>	3	6	1	1	2	1	1	3	3	2,3	*Item 1: The guideline reported a brief introduction for the recommendation. However, the guideline did not describe the evidence to support the recommendation. It is no clear that the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors were analyzed. *Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user's scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes. Apparently the only outcome was the lifelong follow-up of patients. It is not clear if the guideline evaluated the importance of outcomes to patients. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: Although the authors mention that patient preferences were taking into account in the REPORT document (Pg 18) there is no information on how this was considered for the recommendation. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking.	German speaking society_Lifelong follow-up, 2022 Chapter: 3.3 Cardiovascular diseases Page: 16



15	1. As part of lifelong follow-up, symptoms of deep vein thrombosis should be asked about and clinically examined, specifically in the first year after SCI, pregnancy, hormonal contraception or in the presence of one of the following risk factors: smoking, diabetes, age > 45 years, AIS A. For further recommendations on thromboembolism prophylaxis, please refer to the AWMF S1 guideline: "Thromboembolism prophylaxis in paraplegia".	3	6	1	1	2	1	1	3	3	2,3	<p>*Item 1: The guideline reported a brief introduction for the recommendation. However, the guideline did not describe the evidence to support the recommendation. It is no clear that the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors were analyzed.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user's scope of practice and targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes. Apparently the only outcome was the lifelong follow-up of patients. It is not clear if the guideline evaluated the importance of outcomes to patients.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: Although the authors mention that patient preferences were taking into account in the REPORT document (Pg 18) there is no information on how this was considered for the recommendation.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking.</p> <p>*Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described.</p> <p>*Item 9: The guideline developers state in the REPORT document (pg 19) that "In order to ensure the transfer of knowledge and action, various complementary measures were undertaken, which are coordinated in a target manner". However, at least, in the English documents this information was not found.</p>	German speaking society_Lifelong follow-up, 2022 Chapter: 3.3 Cardiovascular diseases Page: 17
16	2. A symptom-based search for respiratory disturbances during sleep (recommended because of the frequency of this condition and its increasing prevalence with age) and polygraphy/polysomnography should be performed if suspected.	3	6	1	1	2	1	1	3	3	2,3	<p>*Item 1: The guideline reported a brief introduction for the recommendation. However, the guideline did not describe the evidence to support the recommendation. It is no clear that the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors were analyzed.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user's scope of practice and targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes. Apparently the only outcome was the lifelong follow-up of patients. It is not clear if the guideline evaluated the importance of outcomes to patients.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: Although the authors mention that patient preferences were taking into account in the REPORT document (Pg 18) there is no information on how this was considered for the recommendation.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking.</p> <p>*Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described.</p> <p>*Item 9: The guideline developers state in the REPORT document (pg 19) that "In order to ensure the transfer of knowledge and action, various complementary measures were undertaken, which are coordinated in a target manner". However, at least, in the English documents this information was not found.</p>	German speaking society_Lifelong follow-up, 2022 Chapter: 3.4 Respiratory system - respiration, ventilation, respiratory infections and sleep-related breathing disorders (b440-b449) Page: 17
17	1. In the context of lifelong follow-up, if the basic status is assured (standard vaccinations, as well as for indication and booster vaccinations), the vaccination status of influenza, pneumococci, herpes zoster, meningococci, Covid-19 should	3	6	1	1	2	1	1	3	3	2,3	<p>*Item 1: The guideline reported a brief introduction for the recommendation. However, the guideline did not describe the evidence to support the recommendation. It is no clear that the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors were analyzed.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user's scope of practice and targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes. Apparently the only outcome was the</p>	German speaking society_Lifelong follow-up, 2022 Chapter: 3.5 Immune system, vaccinations and allergies (b435) Page: 17

	be specifically asked about and, if necessary, recommended.											lifelong follow-up of patients. It is not clear if the guideline evaluated the importance of outcomes to patients. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: Although the authors mention that patient preferences were taking into account in the REPORT document (Pg 18) there is no information on how this was considered for the recommendation. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline developers state in the REPORT document (pg 19) that “In order to ensure the transfer of knowledge and action, various complementary measures were undertaken, which are coordinated in a target manner”. However, at least, in the English documents this information was not found.	
18	1. Colonoscopy shall be performed similar to the general population according to guidelines set by professional societies (recommended at age 50 years, with a follow-up examination every 10 years thereafter, or earlier depending on findings) <sup>c</sup>	3	6	1	1	2	1	1	3	3	2,3	*Item 1: The guideline reported a brief introduction for the recommendation. However, the guideline did not describe the evidence to support the recommendation. It is no clear that the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors were analyzed. *Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user’s scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes. Apparently the only outcome was the lifelong follow-up of patients. It is not clear if the guideline evaluated the importance of outcomes to patients. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: Although the authors mention that patient preferences were taking into account in the REPORT document (Pg 18) there is no information on how this was considered for the recommendation. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline developers state in the REPORT document (pg 19) that “In order to ensure the transfer of knowledge and action, various complementary measures were undertaken, which are coordinated in a target manner”. However, at least, in the English documents this information was not found.	German speaking society_Lifelong follow-up, 2022 Chapter: 3.6 Digestive system and neurogenic bowel dysfunction Paragraph: 1 Page: 23
19	1. As part of lifelong follow-up, all individuals with SCI should have regular/annual evaluations for possible upper extremity problems (especially shoulder, elbow, wrist, and carpal tunnel syndrome). <sup>c</sup>  2. It is therefore advisable to carry out the checks on all patients, but to pay particular attention to elderly people and those who have been in a wheelchair for a long time. <sup>c</sup>	3	6	1	1	2	1	1	3	3	2,3	*Item 1: The guideline reported a brief introduction for the recommendation. However, the guideline did not describe the evidence to support the recommendation. It is no clear that the consistency of the results (i.e., similarity of results across studies), the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors were analyzed. *Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user’s scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes. Apparently the only outcome was the lifelong follow-up of patients. It is not clear if the guideline evaluated the importance of outcomes to patients. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: Although the authors mention that patient preferences were taking into account in the REPORT document (Pg 18) there is no information on how this was considered for the recommendation. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between	German speaking society_Lifelong follow-up, 2022 Chapter: 3.10 Musculoskeletal system Page: 31



												benefits and harms is lacking. *Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline developers state in the REPORT document (pg 19) that “In order to ensure the transfer of knowledge and action, various complementary measures were undertaken, which are coordinated in a target manner”. However, at least, in the English documents this information was not found.		
20	Clinicians should discuss with the individual with SCI, family members and caregivers that there may be an increased risk of bladder cancer in individuals with neurogenic lower urinary tract dysfunction, particularly in those with a long history of neurogenic lower urinary tract dysfunction and complicating factors, such as recurrent urinary tract infections. Clinicians should educate individuals with SCI regarding the symptoms to look out for (for example, recurrent infection, recurrent catheter blockages, or hematuria), which mean they should see a healthcare professional. <sup>6</sup>	3	6	1	1	1	1	1	3	3	2,2	*Item 1: The guideline adopted the recommendation from the 2012 NICE guideline for Urinary incontinence in neurological disease. However there is no analysis on the specific evidence to support the recommendation. *Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user’s scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes. It is not clear if the guideline evaluated the importance of outcomes to patients. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: It is not clear that the values and preferences of the patients were sought or considered. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline website has links to suggested online resources and tools identified by the Expert Panel members. However, it is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	Can-SCIP, Chapter: K. Bladder function Section: K.16.1	2021
21	Educate women with SCI about the effects of perimenopausal and menopausal changes on sexual function, bone health, accelerated metabolic aging, and metabolic syndrome after SCI.	3	6	1	1	1	1	1	3	3	2,2	*Item 1: The guideline adopted the recommendation from the 2010 Consortium for Spinal Cord Medicine. However there is no analysis on the specific evidence to support the recommendation. *Item 2: The guideline addresses a health problem that is relevant to the intended target users and there is an alignment between target user’s scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes. It is not clear if the guideline evaluated the importance of outcomes to patients. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: It is not clear that the values and preferences of the patients were sought or considered. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline recommendations align with the implementation goals of the guideline. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline website has links to suggested online resources and tools identified by the Expert Panel members. However, it is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	Can-SCIP, Chapter: R. Sexual health & relationships Section: R12.7	2021
22	3.1 In SCI patients, higher doses might be required to improve detrusor overactivity and/or bladder compliance, which means that adverse anticholinergic events, such as dry mouth, constipation and blurred vision, might be more problematic. In addition, especially in elderly patients, the	4	6	6	1	1	1	2	7	6	3,8	*Item 1: In general, they have a good review of the quality and results of the available evidence, not describes the consistency of the results. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user’s scope of practice and targeted patients *Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations. Also this recommendation describes how to tailor recommendations for application to individual patients or populations (e.g., based on age). *Item 4: It is not clear that they directly assess the values and preferences of the guide’s target users. *Item 5: The values and preferences of the target population have not been sought or considered. *Item 6: The values and preferences of decision/policy makers are not addressed.	Sekido N_Urinary dysfunction, 2020 Chapter: 3. Pharmacological therapy Page: 283	



26	<p>2.20 If there is history of difficulty passing a catheter in a male, consider using a coudé catheter or consult urology.</p> <p>A coudé catheter is especially useful in those with a history of sphincterotomy and in older men, in particular those with a history of prostatic hypertrophy or transurethral resection of the prostate.</p>	6	7	7	7	1	1	7	7	3	5,1	<p>*Item 1: In general, they have a good review of the quality and results of the available evidence and this recommendation has a better quality review specially in old people.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients. For example they say that this recommendation is better in older men, in particular those with a history of prostatic hypertrophy or transurethral resection of the prostate.</p> <p>*Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations. for example among the relevant outcomes is less trauma.</p> <p>*Item 4: It is clear that they directly assess the values and preferences of the guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed .</p> <p>*Item 7: It is clear the values of the guideline developers.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: it is not clear that recommendation assessed the setting which they are being implemented.</p>	<p>Consortium_Autonomic dysreflexia, 2020 Chapter: Autonomic Dysreflexia Page: 23</p>
27	<p>31. At present orlistat is the only licenced medication for the treatment of obesity. It is associated with increased rates of gastrointestinal events. This could include steatorrhea, fatty faecal incontinence or urgency of bowel movements. This impact of these medications should be considered in the context of bowel management. These effects can be reduced by adhering to a low-fat diet and distributing daily fat intake over three main meals. A multivitamin and mineral supplement may be considered whilst using this medication.</p> <p>If there is concern about micronutrient intake adequacy, a supplement providing the reference nutrient intake for all vitamins and minerals should be considered, particularly for vulnerable groups such as older people and young people.</p>	7	7	7	6	1	1	7	7	7	5,6	<p>*Item 1: They have a strong consensus, they have a good review of the quality and results of the available evidence</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients.</p> <p>*Item 3: The guideline includes outcomes that are relevant to the targeted patients/populations. For example among the relevant outcomes is increased rates of gastrointestinal events.</p> <p>*Item 4: It is clear that they directly assess the values and preferences of the guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered for example inquire for the adverse affects.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed .</p> <p>*Item 7: It is clear the values of the guideline developers.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: it is clear that recommendation assessed the setting which they are being implemented. Also to the context, they explain that when using this medication one should consider using a multivitamin and mineral supplement. Also they explain that taking the medication need to be aware. These factors are of importance in the context of bowel management for people with a SCI.</p>	<p>MASCIIP_Weight management, 2019 Chapter: Medical and Surgical interventions Page: 12</p>
28	<p>6.7 Postanal repair results in satisfactory outcome in the long term in patients with neurogenic sphincter weakness. However, this is a single center experience, which needs further confirmation.</p> <p>Postanal repair (...) is useful in the elderly or those with significant co-morbidities.</p>	3	3	1	1	1	1	1	1	1	1,4	<p>*Item 1: The guideline is an update of the recommendations from the 4th International Consultations on Incontinence (2009) for the clinical management of neurogenic bowel dysfunction. The assessed recommendation is based in a single study. It does not describe the directness of the evidence, the precision of the results, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors.</p> <p>*Item 2: The guideline addresses a health problem that is relevant to the intended target users. There is no detailed information on the target user's scope of practice, the targeted populations, or the trade-offs between harms and benefits.</p> <p>*Item 3: The recommendation does not specify the outcome that was taken into account. It is not clear if the guideline evaluated the importance of outcomes to patients.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between</p>	<p>International Consultation on Incontinence, 2018 Chapter: Surgical treatment Page: 52</p>

												benefits and harms is lacking. *Item 8: The implementation goals of the guideline, the anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	
29	35. It is recommended that Physical and Rehabilitation Medicine (PRM) physicians continue long-term follow-up of persons with SCI, also when ageing, aiming to meet the individualised needs of the person using diverse treatment strategies along the lifespan of these persons with a life-long disability (see also Evidence-Based Position Paper (EBPP) <sup>f</sup> for ageing persons with disabilities).	2	3	1	1	1	1	1	1	1	1,3	*Item 1: The authors of the Evidence-based position paper did not formulate single questions to make the recommendations. After the review of the literature the recommendations were formulated. This particular recommendation was based on three references. However, the authors did not describe the consistency or precision of the results, the directness of the evidence, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors. *Item 2: The evidence-based position paper addresses a health problem that is relevant. However there is no clear description of to the intended target users, scope of practice or targeted populations. *Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for the long term follow up of PRM specialists to SCI patients). It is not clear that the importance of outcomes to patients was sought. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: It is not clear that the values and preferences of the patients were sought or considered. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The evidence-based position paper does not include any implementation goals. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The evidence-based position paper does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	UEMS_PRM, 2018 Chapter: D. Recommendations on PRM management and process Page: 804
30	3.2.3 Special care should be taken of patients at risk for autonomic dysreflexia (mainly patients with SCI above T6), being aware of the clinical signs of the onset of the crisis (eg, head sweating, headache) and its management (stop the filling, tilting the table, nifedipine). Moreover, blood pressure assessment during the urodynamic study is advisable.  Considering the high incidence of silent episodes of autonomic dysreflexia during the urodynamic, they recommended that monitoring of cardiovascular parameters during these procedures be routinely performed.  The authors strongly recommended blood pressure monitoring during urodynamic especially for elderly SCI patients.	2	3	1	1	1	1	1	1	1	1,3	*Item 1: The best practice paper reported a rationale for the recommendation. The authors did not formulate single questions to make the recommendations. After the review of the literature the recommendations were formulated. This particular recommendation was based on three references. However, the authors did not describe the consistency or precision of the results, the directness of the evidence, the magnitude of the benefits and harms, the likelihood of publication bias, the possibility of confounding factors. *Item 2: The best practice paper addresses a health problem that is relevant to the intended target users and there is an alignment between target user's scope of practice and targeted populations. *Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for bone density testing). Also, the best practice paper does not report how the importance of outcomes to patients was determined. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: It is not clear that the values and preferences of the patients were sought or considered. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The best practice paper does not include any implementation goals. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The evidence-based position paper does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	International Continence Society_Uroynamics, 2018 Chapter: Uroynamics in SCI Paragraph: 3.3.2 Page: 586
31	1. Evidence-based guidelines for treating hypertension in the	3	4	1	1	1	1	1	1	1	1,6	*Item 1: The guideline reported a rationale for the recommendation, based on evidence. However, the guideline did not describe the consistency or precision of the results, the directness of the evidence, the	Consortium_Cardiometabolic risk, 2018

	<p>general population should be used to treat individuals with SCI. For most adults, a threshold for initiating pharmacological treatment and treatment target of 140/90 mm Hg is reasonable, although different targets may be considered in certain individuals and sub-populations.</p> <p>(...) The Eighth Joint National Committee (JNC 8) evidence-based guideline for the management of high blood pressure in adults recommends initiating pharmacological treatment to lower blood pressure at systolic blood pressure of 150 mm Hg or higher or diastolic blood pressure of 90 mm Hg or higher in adults age 60 or higher without diabetes or chronic kidney disease.<sup>1</sup></p>										<p>magnitude of the benefits and harms, the likelihood of publication bias or the possibility of confounding factors.</p> <p>*Item 2: The guideline addresses a health problem that is relevant. However there is no clear description of to the intended target users, scope of practice or targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for pharmacotherapy for hypertension). Also, the guideline does not report if the importance of outcomes to patients was sought.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking.</p> <p>*Item 8: The guideline does not include any implementation goals. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described.</p> <p>*Item 9: The guideline does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.</p>	<p>Chapter: Pharmacotherapy for Hypertension Page: 28</p>	
32	<p>2. Consider SCI-related factors when selecting an antihypertensive agent, such as the effect of thiazide diuretics on bladder management.</p> <p>(...)Hyponatremia, hypokalemia, or decline in renal function sometimes occur during the first nine months of thiazide use, and older patients may be especially vulnerable to renal electrolyte disturbances, gout, hyperglycemia, and hypotension.</p>	3	4	1	1	1	1	1	1	1	1,6	<p>*Item 1: The guideline reported a rationale for the recommendation, based on evidence. However, the guideline did not describe the consistency or precision of the results, the directness of the evidence, the magnitude of the benefits and harms, the likelihood of publication bias or the possibility of confounding factors.</p> <p>*Item 2: The guideline addresses a health problem that is relevant. However there is no clear description of to the intended target users, scope of practice or targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for pharmacotherapy for hypertension). Also, the guideline does not report if the importance of outcomes to patients was sought.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking.</p> <p>*Item 8: The guideline does not include any implementation goals. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described.</p> <p>*Item 9: The guideline does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.</p>	<p>Consortium_Cardiomatabolic risk, 2018 Chapter: Pharmacotherapy for Hypertension Page: 28</p>
33	<p>7.0 We recommend that anticoagulant thromboprophylaxis continue at least eight weeks after injury in SCI patients with limited mobility.</p> <p>The specific duration should be individualised for each patient, taking into consideration the level and completeness of the neurological injury, concomitant injuries and medical conditions,</p>	3	4	1	1	1	1	1	1	1	1,6	<p>*Item 1: The guideline reported a rationale for the recommendation, based on evidence. However, the guideline did not describe the consistency or precision of the results, the directness of the evidence, the magnitude of the benefits and harms, the likelihood of publication bias or the possibility of confounding factors.</p> <p>*Item 2: The guideline addresses a health problem that is relevant. However there is no clear description of to the intended target users, scope of practice or targeted populations.</p> <p>*Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for the duration of thromboprophylaxis). Also, the guideline does not report if the importance of outcomes to patients was sought.</p> <p>*Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users.</p> <p>*Item 5: It is not clear that the values and preferences of the patients were sought or considered.</p> <p>*Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed.</p> <p>*Item 7: A clear description of the values and preferences that guideline developers brought to the</p>	<p>Consortium_Venous thromboembolism, 2016 Chapter: Duration of Thromboprophylaxis Page: 16</p>

	bleeding risk, functional status, and feasibility. Factors suggesting longer duration of thromboprophylaxis include motor complete injuries, lower-extremity fractures, older age, previous venous thromboembolism, cancer, and obesity.											development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline does not include any implementation goals. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	
34	1. Conduct an assessment of pressure ulcer risk factors in individuals with SCI at every appropriate opportunity. Assess the following risk factors for the development of pressure ulcers: - Demographic (age) - SCI-related, such as incontinence - Comorbid medical - Nutritional - Psychological, cognitive, contextual, and social - Support surface for bed, wheelchair, and all durable medical equipment (DME) surface such as shower/commode chair or bathroom equipment related. Use both a validated risk-assessment tool and clinical judgment to assess risk.	3	4	1	1	1	1	1	1	1	1,6	*Item 1: The guideline reported a rationale for the recommendation, based on evidence. However, the guideline did not describe the consistency or precision of the results, the directness of the evidence, the magnitude of the benefits and harms, the likelihood of publication bias or the possibility of confounding factors. *Item 2: The guideline addresses a health problem that is relevant. However there is no clear description of to the intended target users, scope of practice or targeted populations. *Item 3: The recommendation assessed does not include outcomes (It's a general recommendation for the risk for the development of pressure ulcers.). Also, the guideline does not report if the importance of outcomes to patients was sought. *Item 4: It is not clear that the authors assessed the values and preferences of the guidelines target users. *Item 5: It is not clear that the values and preferences of the patients were sought or considered. *Item 6: It is not clear that the values and preferences of decision/policy makers were directly addressed. *Item 7: A clear description of the values and preferences that guideline developers brought to the development process or how values and preferences influenced their interpretation of the balance between benefits and harms is lacking. *Item 8: The guideline does not include any implementation goals. The anticipated impacts of recommendation adoption on individuals, organizations, and/or systems are not described. *Item 9: The guideline does not mention any information for the implementation of the recommendation. It is not clear that the guideline describes the degree of change required from current practice or articulates relevant factors important to its successful dissemination.	Consortium_Pressure ulcers, 2014 Chapter: Risk and Risk assessment Page: 11
35	4.2: 24-hour approach to pressure ulcer risk management Perform a comprehensive assessment of posture and positioning to evaluate pressure ulcer risk. Consider all surfaces in both recumbent and sitting positions that a person uses to participate in daily activities over the entire 24-hour period.  (...) Long-term spinal cord injury phase: The risk of pressure ulcers may increase over time due to changes in function, strength, and mobility that typically occur with increasing duration of spinal cord injury and with aging. Physical changes increase pressure ulcer risk and may require more intensive pressure ulcer management practices.	2	4	5	1	4	1	1	5	1	2,7	*Item 1: there is not a review of the quality and results of the available evidence. They were based on the Consortium for Spinal Cord Medicine Clinical Practice Guidelines. The recommendation don't assess any risk of bias related to the study designs of the supporting evidence, not describes the consistency of the results. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients *Item 3: The outcomes that are relevant to the targeted patients/populations are not clear enough. but this recommendation describes some important points *Item 4: It is not clear that they directly assess the values and preferences of the directly.guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. However they recommend to understanding the individual: The clinician gathers information during the assessment to understand the person, relevant issues, goals, functional abilities, lifestyle, and specific needs. *Item 6: The values and preferences of decision/policy makers are not addressed. *Item 7: Not addressed. They were based on the Consortium for Spinal Cord Medicine Clinical Practice Guidelines. Pressure ulcer prevention and treatment following spinal cord injury: a clinical practice guideline for health-care professionals. *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: It is not clear that the recommendation assessed the setting, and/or the health system in which they are being implemented	Canadian_Pressure ulcers, 2013 Chapter: 24-hour approach to pressure ulcer risk management Page: 70

36	<p>4.5: Reassessment Reassess pressure management using a 24-hour approach every 2 years, or more often if a pressure ulcer develops or there is a significant change in health status — including weight changes or functional ability — or if there are changes in living situation or a deterioration in the support surface/equipment.</p> <p>(...) Reassessment can achieve the following: Identify the impact of physical changes due to aging and increasing duration of spinal cord injury, including postural changes, muscle wasting, and spasticity.</p>	1	4	4	1	1	1	1	5	1	2,1	<p>*Item 1: they did not mention the source of the recommendation. there is not a review of the quality and results of the available evidence. The recommendation don't assess any risk of bias related to the study designs of the supporting evidence, not describes the consistency of the results.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients</p> <p>*Item 3: The outcomes that are relevant to the targeted patients/populations are not clear enough. but this recommendation describes some important points</p> <p>*Item 4: It is not clear that they directly assess the values and preferences of the directly.guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed.</p> <p>*Item 7: Not adressed.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: It is not clear that the recommendation assessed the setting, and/or the health system in which they are being implemented.</p>	Canadian_Pressure ulcers, 2013 Chapter: Reassessment Page: 77
37	<p>6.17: Education about the need for regular reassessment Educate the individual with spinal cord injury to monitor the condition of seating equipment and support surfaces regularly to ensure the equipment remains effective for pressure management.</p>	2	3	5	1	1	1	1	5	5	2,7	<p>*Item 1: there is not a review of the quality and results of the available evidence.The recommendation don't assess any risk of bias related to the study designs of the supporting evidence, not describes the consistency of the results.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients. However not only the patients have to ensure the condition of seating.</p> <p>*Item 3: The outcomes that are relevant to the targeted patients/populations are not clear enough. but the introduction of this recommendation describes some important points regarding this item.</p> <p>*Item 4: It is not clear that they directly assess the values and preferences of the directly guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed.</p> <p>*Item 7: Not adressed.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: It is not clear that the recommendation assessed the setting in which they are being implemented. However they said 'As healthcare system changes have resulted in shorter rehabilitation stays, it is important periodically to reassess the suitability of the equipment chosen initially'.</p>	Canadian_Pressure ulcers, 2013 Chapter: Reassessment of seating systems Page: 127
38	<p>6.10: Cushion maintenance Teach the individual with spinal cord injury and the caregiver to: - Care for and maintain the wheelchair cushion - Monitor the cushion for signs of wear at an appropriate frequency - Set up the cushion properly, including orientation and monitoring for bottoming out - Replace the cushion if it is deteriorating - Avoid placing additional layers on top of the cushion unless deemed essential</p> <p>Aging changes affecting the skin can increase susceptibility to</p>	4	4	5	1	1	1	1	5	1	2,6	<p>*Item 1: it is not very clear if there was a evaluation of the quality of the available evidence. However, they said Research has not evaluated the performance characteristics of all cushion types and they cited some articles.</p> <p>*Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients</p> <p>*Item 3: The outcomes that are relevant to the targeted patients/populations are approach. (for ex. function)</p> <p>*Item 4: It is not clear that they directly assess the values and preferences of the directly guide's target users.</p> <p>*Item 5: The values and preferences of the target population have not been sought or considered. However they recommed to understanding the individual: The clinician gathers information during the assessment to understand the person,relevant issues, goals, functional abilities, lifestyle, and specific needs.</p> <p>*Item 6: The values and preferences of decision/policy makers are not addressed.</p> <p>*Item 7: Not adressed.</p> <p>*Item 8: This recommendation is aligned with the implementation goals of the guideline</p> <p>*Item 9: It is not clear that the recommendation assessed the setting in which they are being implemented. However they said 'As healthcare system changes have resulted in shorter rehabilitation stays, it is important periodically to reassess the suitability of the equipment chosen initially'.</p>	Canadian_Pressure ulcers, 2013 Chapter: Wheelchair cushions Page: 120

	pressure ulcer development, and routine reassessment can ensure that cushion choice remains appropriate.																			
39	6.18: Schedule for periodic reassessment Establish a mechanism for regular reassessment of performance of sitting support surfaces specific to pressure ulcer prevention and treatment. Schedule reassessment at least every 2 years, or sooner if any of the following occur: - Health status changes, including weight or medical changes - Changes in functional status - Equipment wear or disrepair - Pressure ulcer development - Changes in living situation	2	4	5	1	1	1	1	5	5	2,8	*Item 1: there is not a review of the quality and results of the available evidence. The recommendation don't assess any risk of bias related to the study designs of the supporting evidence, not describes the consistency of the results. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients *Item 3: The outcomes that are relevant to the targeted patients/populations are clear. *Item 4: It is not clear that they directly assess the values and preferences of the directly guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. *Item 6: The values and preferences of decision/policy makers are not addressed. *Item 7: Not addressed. *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: It is not clear that the recommendation assessed the setting in which they are being implemented. However they said 'As healthcare system changes have resulted in shorter rehabilitation stays, it is important periodically to reassess the suitability of the equipment chosen initially'.	Canadian_Pressure ulcers, 2013 Chapter: Reassessment of seating systems Page: 127							
40	1.10.7 Discuss with the person, and their family members and carers, that there may be an increased risk of bladder cancer in people with neurogenic lower urinary tract dysfunction, in particular those with a long history of neurogenic lower urinary tract dysfunction and complicating factors, such as recurrent urinary tract infections. Tell them the symptoms to look out for (especially haematuria) that mean they should see a healthcare professional.	6	6	5	1	1	1	7	5	6	4,2	*Item 1: The evidence review was designed to assess the long-term risks that are attached to the use of different LUT management systems. The GDG considered that the outcomes under consideration are of high importance. The majority of studies were retrospective reviews of medical records. The nonrandomised comparisons between different catheterisation methods were prone to confounding from un-standardised management strategies being used for different population groups with different baseline risk profiles. Studies were therefore categorised as very low quality. Studies were mainly restricted to patients with spinal cord injury. *Item 2: The recommendations address a health problem that is relevant to the intended target users. Also there is an alignment between target user's scope of practice and targeted patients *Item 3: The outcomes that are relevant to the targeted patients/populations are approach. *Item 4: It is not clear that they directly assess the values and preferences of the directly guide's target users. *Item 5: The values and preferences of the target population have not been sought or considered. However they recommended to understanding the individual. *Item 6: The values and preferences of decision/policy makers are not addressed. *Item 7: The recommendations were made on the basis of the information that arose from the literature review and the clinical experience of the Guideline development group *Item 8: This recommendation is aligned with the implementation goals of the guideline *Item 9: It is not clear that the recommendation assessed the setting in which they are being implemented. However they approach the item of the Economic analysis	NICE_Urinary incontinence, 2012 Chapter: 1.10 Page: 39							