DOMAIN 1. SCOPE AND PURPOSE

1 The overall objective(s) of the guideline is (are) specifically described. (7)
Side 1:
Afsnit “Overview”: ... provide practice recommendations, this guideline highlights gaps in the literature and areas that require future research.
Afsnit “Goals and rationals”: The purpose of this clinical practice guideline is to help improve treatment based on the current best evidence.
The guideline is an educational tool to guide qualified physicians through a series of treatment decisions in an effort to improve the quality and efficiency of care.
Afsnit “Intended users”: the guideline will assist practitioners not only in making clinical decisions about their patients, but also in describing, to the patients and others, why the chosen treatment represent the best available course of action.

2 The health question(s) covered by the guideline is (are) specifically described. (7)
Side III-VII “Summary of recommendations”.
Afsnittene “Rationale” under de enkelte rekkendationer hhv side 17, 23, 57, 94, 95, 109, 129, 131, 133, 135, 136, 141, 142 og 143.

3 The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described. (7)
Side 2
Afsnit “Patient population”: The treatment of isolated supracondylar fractures of the humerus in children who have not yet reached skeletal maturity.
It is not intended for use in pediatric patients who present with additional coexisting injuries that require formal surgical intervention or other life-threatening conditions that take precendence over the treatment of the supracondylar fracture of the humerus.

DOMAIN 2. STAKEHOLDER INVOLVEMENT

4 The guideline development group includes individuals from all relevant professional groups. (7)
Side VIII. Afsnit “Work group”.
Side XI. Afsnit “Peer Review”.
Side 147 Appendix I. “Workgroup”.
Side 148 Appendix II. “AAOS Bodies that approved this clinical practice guideline”.

5 The views and preferences of the target population (patients, public, etc.) have been sought. (7)
Side 2
Afsnit “Burden of disease”.
Afsnit “Emotional and physical impact”.
Afsnit “Potential benefits, harms and contraindications”.

BILAG 4 AGREE-VURDERING af AAOS Guideline 2011
6 The target users of the guideline are clearly defined. (7)
Side 1.
Afsnit "Overview": This guideline is intended to be used by all appropriately trained surgeons
and all qualified physicians managing the treatment of supracondylar fractures of the
humerus in children.
Afsnit "Intended users": The guideline is intended to be used by orthopaedic surgeons and all
physicians managing children with supracondylar fractures of the humerus.

DOMAIN 3. RIGOUR OF DEVELOPMENT

7 Systematic methods were used to search for evidence. (7)
Side 4-16. Afsnit "Methods". Herunder især:
Side 5 Afsnit "Study selection criteria".
Side 7 Afsnit "Literatur search".
Side 150 Appendix III Afsnit “Study attrition flowchart”
Side 151-152 Appendix IV Afsnit “Literature search strategies”.

8 The criteria for selecting the evidence are clearly described. (7)
Side 4-16. Afsnit “Methods”. Herunder især:

9 The strengths and limitations of the body of evidence are clearly described. (7)
Side 12 Table 5 “Strenght of recommendation descriptions” (Her beskriver de specifikt hvad
definitionen for evidens graden er).
Med eksempel “Recommendation 3” (side 56-93) som er relevant for os. Beskriver her
styrken af rekommendationen. Liste over inkluderede studier (incl evidens niveau), kritiske
outcomes (side 57), og under afsnit “Applicability” (side 58) beskriver de styrker og
svagheder ved inkluderede studier dvs body of evidence.

10 The methods for formulating the recommendations are clearly described. (5)

11 The health benefits, side effects, and risks have been considered in formulation the
recommendations. (7)
Side 3. Afsnit “Potential benifits, harms and contraindications.
Side 3. Afsnit “Emotional and physical impact”.

12 There is an explicit link between the recommendations and the supporting
evidence. (7)
Med eksempel i recommendation 3: Tabel 28 (Side 61) og table 32, 33, 34 og 35 (Side 64-74)

13 The guideline has been externally reviewed by experts prior to its publication. (7)
Side 14. Afsnit “Peer review”.

The workgroup nominated external specialty societies a priori to the development of the guideline who then chose content experts to review the document on their behalf.

After modifying the draft in response to peer review, the guideline was subject to a thirty day period of “Public Commentary”.

14 A procedure for updating the guideline is provided. (7)

This guideline will be updated or withdrawn in five years in accordance with the standards of the National Guidelines Clearinghouse.

15 The recommendations are specific and unambiguous. (7)

16 The different options for management of the condition or health issue are clearly presented. (7)

17 Key recommendations are easily identifiable. (7)

18 The guideline describes facilitators and barriers to its application. (7)

19 The guideline provides advice and/or tools on how the recommendations can be put into practice. (7)
20 The potential resource implications of applying the recommendations have been considered. (5)
Side 2. Afsnit “Intended users”.
This guideline is not intended for use as a benefits determination. Making these determinations involves many factors not considered in present document, including available resources, business and ethical considerations, and need.

21 The guideline present monitoring and/or auditing criteria. (1)
Vi finder ikke noget om audit eller monitorering.

DOMAIN 6. EDITORIAL INDEPENDENCE

22 The views of the funding body have not influenced the concept of the guideline. (7)
Side 168. Appendix XI “Conflict of interest”.

23 Competing interests of guideline development group members have been recorded and addressed. (7)
Side 168. Appendix XI “Conflict of interest”.

OVERALL GUIDELINE ASSESMENT

1 Rate the overall quality of this guideline (7)

2 I would recommend this guideline for use
Yes (X)
Yes, with modifications
No