



# NSW Speech Pathology Evidence Based Practice Interest Group

## Critically Appraised Paper (CAP)

**CLINICAL BOTTOM LINE:** Head and neck positions may affect the pharyngeal dimensions, which may improve airway protection.

**Clinical Question [patient/problem, intervention, (comparison), outcome]:**

Does Chin tuck eliminate aspiration in patients with dysphagia, characterised by a delayed swallow?

**Search Terms:** Complete

**Search Systems:** Complete

**Citation:** Deane, K.H., Whurr, R., Clarke, C.E., Playford, E.D., and Ben-Shlomo, Y. (2001). Non-pharmacological therapies for dysphagia in Parkinson's Disease. Cochrane Database of Systematic Reviews.

**Design:** Systematic Review

**Participants:** Patients with Parkinson's Disease of any duration. All ages. Participants included those receiving/not receiving drug therapy for any duration of time.

**Experimental Group:** Different between all papers reviewed.

**Control Group:** No randomised controlled studies were reviewed.

**Results:** There is no evidence to support based upon studies reviewed. No controlled trials.

**Comments on Design:** Cochrane Review – poor level of evidence  
No studies reviewed had controlled for side effects of no-dysphagia drugs.

**Level of Evidence (NH&MRC):**

**Appraised By:** Adult S& L and Dysphagia

**Date:** October 2002

## Guidelines for completion of the CAP

### *Clinical Bottom Line*

The consensus of the reviewers on implications of the paper on clinical practice. Whilst this may be somewhat subjective, it is hoped that robust discussion, the Level of Evidence and your comments on the design will enable you to produce a practical/realistic 'bottom line'. Many of the papers in Speech Pathology may have limitations, but the Clinical Bottom line should be aimed to help clinicians apply what evidence there is.

### *Clinical Question*

This should ideally include four components:

- the patient or problem
- the intervention (or diagnostic test or prognostic factor)
- the comparison intervention or test (*optional*)
- the outcome

### *Design*

Refer to pages 12 to 15 of the EBPIG Resource Package for guidance in reviewing the design used.

### *Comments on Design*

Pages 12 to 15 of the Resource Manual should again assist here. You may also find it useful to refer to the forms 'Evaluating case studies/case series' and 'Critical appraisal sheet' adapted from Dr Lil Mikuletic's (see 'Critiquing/Appraising the Evidence').

### *Level of Evidence*

It is recommended that the paper you are reviewing be rated against the NH&MRC Levels of Evidence, as reproduced here. The levels may be updated from time to time by the NH&MRC, but use of the ratings listed here will ensure consistency across CATs and groups. These levels are listed with comments on pages 15 and 16 of the Resource Package.

#### **LEVEL**

- I.** Evidence obtained from a systematic review of all relevant controlled trials
- II.** Evidence obtained from at least one properly designed randomised controlled trial
- III.**
  - 1** Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method)
  - 2** Evidence obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case-control studies, or interrupted time series with a control group
  - 3** Evidence obtained from comparative studies with historical control, two or more single-arm studies or interrupted time series without a parallel control group
- IV.** Evidence obtained from case series, either post-test or pre-test and post-test