A Systematic Review of Unsystematic Total Ankle Replacement Wear Evaluations.
[There is a severe lack of clinically applicable data on wear performance of total ankle replacements in the peer-reviewed literature. No universal set of kinematic load parameters has been established.]
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Blood Flow-Restricted Training for Lower Extremity Muscle Weakness due to Knee Pathology: A Systematic Review.
[Published limited data show BFRT to be safe and potentially effective in improving quadriceps muscle strength in patients with weakness and atrophy related to knee pathology. The use of short-duration vascular occlusion and light-load resistance exercises appears safe after knee surgery or in arthritic knees. This treatment option requires further investigation to refine protocols related to cuff pressure and exercise dosage and duration.]
Freely available online

Comparison of the Efficiency and Safety of Total Ankle Replacement and Ankle Arthrodesis in the Treatment of Osteoarthritis: An Updated Systematic Review and Meta-analysis.
[This meta-analysis showed no statistically significant difference between TAR and AAD in clinical outcome, patient satisfaction, complications, and survival. This revealed that TAR and AAD could appear to have similar results in these aspects. Therefore, the present results are not sufficient to conclude which of these two methods is better. Further studies are needed to obtain more clues.]
Freely available online

Effects of resistance training on the health-related quality of life of patients with rheumatic diseases: Systematic review with meta-analysis and meta-regression.
[The findings suggest that resistance training effectively improves the HR-QoL of patients with rheumatic diseases, including physical role functioning, physical functioning, social aspects, and body pain. Further studies are needed on some of the rheumatic diseases, particularly chronic fatigue and lupus.]
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Ideal implant choice for proximal interphalangeal joint arthrodesis in hammer toe/claw toe deformity correction: A systematic review.
[Intramedullary devices have been developed to reduce the problems associated with Kirschner (K)-wire fixation in proximal interphalangeal joint (PIPJ) arthrodesis. The purpose of this systematic
The review is to compare the surgical outcomes of K-wires versus novel internal fixation devices in PIPJ arthrodesis in claw/hammer toe surgery. [Freely available online]

**Melanoma Risk in Patients Treated With Biologic Therapy for Common Inflammatory Diseases: A Systematic Review and Meta-analysis.**
[In this systematic review and meta-analysis of 7 cohort studies comprising 34,029 biologic-treated and 135,370 biologic-naïve, systemically treated patients, biologic-treated patients with inflammatory bowel disease, rheumatoid arthritis, and psoriasis had an increased risk of melanoma compared with those who received conventional systemic therapy, but the difference was not statistically significant.]
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**Overview of Randomized Controlled Trials in Total Knee Arthroplasty (47,675 Patients): What Have We Learnt?**
[For the vast majority of patients, a standard conventional total knee arthroplasty with a surgical approach familiar to the surgeon using standard well-established components, with or without tourniquet, without surgical drain leads to satisfactory long-term clinical outcomes.]
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**Photobiomodulation with low-level laser therapy for treating Achilles tendinopathy: a systematic review and meta-analysis.**
Martimbianco ALC. *Clinical Rehabilitation* 2020; 269215520912820.
[The certainty of evidence was low to very low, and the results are insufficient to support the routine use laser therapy for Achilles tendinopathy.]
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**Prevention and management of osteoporotic fractures by non-physician health professionals: a systematic literature review to inform EULAR points to consider.**
[Despite study heterogeneity, our SLR showed beneficial effects of some interventions delivered by non-physician health professionals and the positive impact of multidisciplinary team working and patient educational approaches to prevent and manage osteoporotic fractures. These results informed a EULAR taskforce that developed points to consider for non-physician health professionals to prevent and manage osteoporotic fractures.]
*Freely available online*

**Reduction of Postoperative Hip Arthroscopy Pain With an Ultrasound-Guided Fascia Iliaca Block: A Prospective Randomized Controlled Trial**
[Ultrasound-guided fascia iliaca block for hip arthroscopy had no clinical advantage when compared with onetime intra-articular ropivacaine injection.]

Total versus partial knee replacement in patients with medial compartment knee osteoarthritis:
the TOPKAT RCT.
[Conclusions: Both total knee replacement and partial knee replacement are effective, offer similar clinical outcomes and have similar reoperation and complication rates. Some patient-reported measures of treatment approval were significantly higher for partial knee replacement than for total knee replacement. Partial knee replacement was more cost-effective (more effective and cost saving) than total knee replacement at 5 years.]

**Use of Wearable Activity Trackers to Improve Physical Activity Behavior in Patients With Rheumatic and Musculoskeletal Diseases: A Systematic Review and Meta-Analysis.**
[WATs in patients with RMDs had a high short-term adherence, with a significant increase in the number of steps and time spent in moderate-to-vigorous physical activity, although pain should be monitored. WATs may be an effective option to increase physical activity in this at-risk population.]

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**What is the Dose of Folic Acid to use with Methotrexate therapy for Rheumatoid Arthritis?**
Specialist Pharmacy Service (SPS); 2020.
[This updated Q&A notes that there remains no definitive answer regarding the optimal dose of folic acid for patients with rheumatoid arthritis who are being treated with methotrexate. The British Society for Rheumatology recommends that patients on methotrexate are co-prescribed a minimum dose of 5mg folic acid once weekly.]

*Freely available online*

**Guideline**

**Identifying Rheumatic Disease Patients at High Risk and Requiring Shielding During the COVID-19 Pandemic**
[A group of rheumatologists (the authors) have devised a pragmatic guide to identifying the very highest risk group using a rapidly developed scoring system which went live simultaneous with the Government announcement on shielding and was cascaded to all rheumatologists working in England.]

*Freely available online*

**2020 American College of Rheumatology Guideline for the Management of Gout**
FitzGerald JD. *Arthritis & Rheumatology* 2020;10.1002/art.41247.
[Using GRADE methodology and informed by a consensus process based on evidence from the current literature and patient preferences, this guideline provides direction for clinicians and patients making decisions on the management of gout.]

*Freely available online*
COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders.
National Institute for Health and Care Excellence (NICE); 2020.
https://www.nice.org.uk/guidance/ng167
[Updated on 30 April 2020. NICE highlighted that immunosuppression may continue for some time after some drugs are stopped.]
Freely available online

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