On "Apparent Discordance between the Epidemiology of COVID-19 and Recommended Outcomes and Treatments: A Scoping Review." Webber SC, Tittlemier BJ, Loewen HJ. *Phys Ther.* 2021:101;pzab155. https://doi.org/10.1093/ptj/pzab155

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It was with great interest that we read "Apparent Discordance Between the Epidemiology of COVID-19 and Recommended Outcomes and Treatments: A Scoping Review," by Webber et al.[1] They identified, synthesized, and appraised outpatient rehabilitation assessment and treatment recommendations for adults in postacute COVID-19 stages. Importantly, they revealed that there were incongruities between what is known and what was recommended in the past literature. They also suggested that the quality of the identified consensus guidelines and recommendations was variable. Although they used a reliable and widely recognized tool, the Appraisal of Guidelines for Research and Evaluation Instrument II (AGREE II),[2] to evaluate the quality and transparency of development of guidelines and recommendations, the choice and conducting procedure of this quality appraisal tool might not be appropriate.

The AGREE research program was designed to support the development, reporting, and appraisal of guidelines and its recommendations.[3] Several AGREE tools have been developed and released, including AGREE II, AGREE-Recommendation EXcellence (AGREE-REX), and AGREE-Health Systems (AGREE-HS). AGREE II is the most popular and widely-used tool to assess the quality of the entire guideline development process.[2] However, AGREE II focuses only on the *methodological* quality, which cannot evaluate the evidence behind the recommendations. AGREE-REX was designed to evaluate the quality of the guideline recommendations.[4] In addition to health system guidance documents, AGREE-HS can be used to review its development process and recommendations.[3] In the study by Webber et al, the main purpose was to evaluate treatment guideline recommendations.[1] Although they only used AGREE II, AGREE-REX might have been more appropriate for their study design, which could assess only the methodological quality of guidelines' development.

It should also be noticed that Webber et al might not have strictly followed the requirements of AGREE II conducting procedure. The AGREE II instrument suggests that each item should be assigned a score from 1 (strongly disagree, when no given information is relevant) to 7 (strongly agree, when full criteria of the item are met),[2] whereas Webber et al assessed these items only as "yes" or "no." This 7-point design could reflect the condition when the reporting of the AGREE II item does not meet the full criteria or considerations.[2,5] Scores increase as more

criteria are met and considerations are addressed. Furthermore, the AGREE II assessment was based on the personal judgment of reviewers; a strict training, test assessment, and quality control procedure should be performed.[5] AGREE II also provides 2 overall assessments of the guideline to make a judgment as to the entire quality of the guideline.[2] Because Webber et al only selected several items from the AGREE II, these overall assessments cannot be concluded, which might weaken the meaning of AGREE II.[1,2] It is worthy of further discussion whether it is possible to assess only some items reflecting the overall methodological quality of a guideline.

Author Contributions

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Disclosure

The authors completed the ICMJE Form for Disclosure of Potential Conflicts of Interest and reported no conflicts of interest.

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