

AAFP Clinical Content

Leading-edge, up-to-date content from primary care's established champion—the American Academy of Family Physicians

Why License AAFP Content?

The AAFP has served as the trusted, go-to source of evidence-based medical content for family physicians around the globe for more than seven decades. From articles to resources and tools, we offer our partners a range of health care-focused resources.

About the AAFP

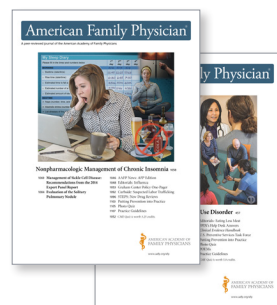
The Academy is the bold champion for more than 129,000 family physicians, residents, and medical students—many of whom sustain the front lines of America's health care system. Our content strives to help health care professionals improve the health of patients, families, and communities in areas of strategic importance, such as Advocacy, Practice Enhancement, Education, and Health of the Public.

The AAFP licenses content on a variety of topics, such as clinical guidelines, practice management, and physician and patient education.

Clinical

American Family Physician

Peer-reviewed, evidence-based clinical review articles for physicians and other health care professionals.



AAFP Clinical Policies

The Academy's position on issues ranging from the fluoridation of public water supplies to age, gender, and risk-appropriate screening.

Clinical Preventive Services Recommendations

Intended to assist physicians in making clinical decisions regarding the care of their patients.

Knee Osteoarthritis Management Flowchart:

- Discuss total joint replacement for osteoarthritis of the hip, knee, or shoulder if steps below are unsuccessful.
- Consider quadriceps and patellar for patients with knee osteoarthritis.
- Consider corticosteroid injection for acute exacerbation of knee osteoarthritis.
- Consider topical therapy, but monitor carefully for dermatitis and glaucoma.
- Add combination glucosamine and chondroitin for moderate to severe knee osteoarthritis; discontinue if no change after three months, but continue if effect is noted.
- Use NSAIDs therapy; regular pain reliever use the cox-2 inhibitor (celecoxib) or naproxen; switch to different NSAID if initial choice is not effective; use paracetamol if possible.
- Begin with acetaminophen and continue if still effective, or step up to NSAID.
- Encourage regular exercise throughout treatment and encourage weight loss if patient is overweight or obese.
- Consider physical therapy (manual for supervised exercise [aerobic or water-based]; consider taping and splinting).

Heart Failure Evaluation Flowchart:

- Signs and symptoms of heart failure (eg., dyspnea, fatigue, peripheral edema, pulmonary rales).
- Initial evaluation: History, Physical examination, Laboratory and ECG testing, Chest radiography, Echocardiography.
- Apply Framingham criteria: Two major criteria met or One major and two minor criteria met.
- Identify potential or reversible causes (Table 1) and treat.
- Flowchart branches based on Framingham criteria met (Normal BNP level, Systolic heart failure, Mild heart failure) or Suspected diastolic heart failure.
- Further evaluation includes Echocardiography.
- Outcomes: Ejection fraction > 50 percent (Elevated left atrial pressure, Decreased left ventricular compliance, Impaired left ventricular relaxation) vs. Ejection fraction < 50 percent.



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