

Guide to Clinical Preventive Services, *continued*

REPORT OF THE US PREVENTIVE SERVICES TASK FORCE

The evidence is incontrovertible that the majority of deaths of Americans younger than 65 years are preventable. Osteopathic physicians, through training and practice, have understood the importance of preventive interventions in screening and in patient counseling. However, until now no authoritative guidelines have been available for a broadly applied strategy. The recent publication of the US Preventive Services Task Force's *Guide to Clinical Preventive Services* is an answer that fills the void. It provides recommendations on more than 100 interventions for 60 potentially preventable diseases and conditions. The *Guide* is the result of more than 4 years of intensive and exhaustive efforts by a panel of 20 nonfederal experts. This panel included 14 physicians appointed in 1984 by Assistant Secretary for Health Edward N. Brandt, Jr, MD, PhD.

The Task Force evaluated (1) the burden of suffering of the condition, including morbidity, mortality, years of life lost, cost of treatment, and impact on society, and (2) the proved effectiveness of intervention according to the quality of published research evidence, including risks and benefits, the sensitivity, specificity, and predictive value of screening tests, and the effects of simplicity, cost, and acceptability on patient compliance. The result is a document that guides the practicing physician in preventive interventions and describes exactly how and when to implement these interventions for optimal results. No longer will the routine "annual physical" be adequate. Rather, a selective periodic health examination tailored to individual risks, with screening tests chosen on the basis of the unique risk profile of the individual patient, will be the standard. Physicians and patients together, through education and counseling, will address preventive interventions, and patients will assume a greater responsibility for their own health.

As a service to osteopathic physicians, *The Journal of the American Osteopathic Association* is reprinting the "periodic health examination: age-specific charts," that appear in the *Guide to Clinical Preventive Services*. These charts describe the content of the periodic health examination for patients in different age groups. The charts contained in this month's issue are for patients aged 19 through 39 (Table 5), 40 through 64 (Table 6), 65 and over (Table 7), and for pregnant women (Table 8). The charts for patients from birth to 18 months (Table 1), ages 2 to 6 (Table 2), ages 7 to 12 (Table 3), and ages 13 to 18 (Table 4) were reprinted in the March issue of *JAOA* (1991;91:281-289).

The Task Force cautions that the tables are not intended to be a complete list for all preventive services that should be offered during the periodic health examination, but cover only those preventive services that have been examined in the report and that have been shown to have satisfactory evidence of clinical effectiveness. Each chart includes screening procedures, counseling interventions, and immunizations and chemoprophylaxis. High-risk categories are specifically identified.

The complete *Guide to Clinical Preventive Services: The Assessment of the Effectiveness of 169 Interventions* is published by Williams & Wilkins, Baltimore, Md.

We hope that you will find the following material useful and that you will cut it out and keep it accessible in your office as a resource and guide.

THOMAS WESLEY ALLEN, DO
Editor in Chief

Guide To Clinical Preventive Services

**U.S. Preventive Services Task Force, U.
S. Department Human
Services, Agency for and Quality**

Guide To Clinical Preventive Services:

Guide to Clinical Preventive Services, 2004 **The Guide to Clinical Preventive Services**, 2004 **Guide to Clinical Preventive Services: Methods** U.S. Preventive Services Task Force, 2004 *Guide to Clinical Preventive Services* U. S. Preventive Services Task Force, U.S. Preventive Services Task Force, 1993-05 A report on recommended clinical preventive services that should be provided to patients in the course of routine clinical care including screening for vascular neoplastic and infectious diseases and metabolic hematologic ophthalmologic and ontologic prenatal and musculoskeletal disorders Also mental disorders and substance abuse counseling and immunizations chemoprophylaxis Tables **The Guide to Clinical Preventive Services 2006** U.S. Preventive Services Task Force, 2006 *Guide to Clinical Preventive Services* DIANE Publishing Company, 1997-03 An exhaustive report on recommended clinical preventive services that should be provided to patients in the course of routine clinical care including screening for vascular neoplastic and infectious diseases and metabolic hematologic ophthalmologic and ontologic prenatal and musculoskeletal disorders Also mental disorders and substance abuse counseling and immunization The majority of deaths below age 65 are preventable This Guide results from the most comprehensive evaluation and synthesis of preventive interventions to date *Guide to Clinical Preventive Services* U.S. Preventive Services Task Force, 1996 New edition again carefully reviews the evidence for and against hundreds of preventive services recommending a test immunization or counseling intervention only when there is evidence that it is effective **Guide to Clinical Preventive Services** U.S. Preventive Services Task Force, 1996 [Guide to Clinical Preventive Services](#) U.S. Preventive Services Task Force, 2003 [The Guide to Clinical Preventive Services 2007: Recommendations of the U.S. Preventive Services Task Force](#), 2007 *The Guide to Clinical Preventive Services 2012* U. S. Department of H. . . Human Services, Agency for Healthcare Re. . . and Quality, 2013-07-14 This year's Guide includes some changes that will make it more user friendly for practicing clinicians The Guide comprises 64 preventive services which now are presented in an easy to use one page summary table format In addition the Guide provides information on resources that clinicians can use to educate their patients on appropriate preventive services as well as brief descriptions of and links to tools that they can use to improve their practices including the electronic Preventive Services Selector MyHealthfinder and the Guide to Community Preventive Services for more details see Appendixes D and E As more information becomes available to clinicians and patients alike AHRQ's goal is to help improve patients health and well being and contribute to better health outcomes for the Nation overall [Guide to Clinical Preventive Services](#) U. S. Preventive Services Task Force, 2002-04

Guide to Clinical Preventive Services: Report of the U.S. Preventive Services Task Force. 2nd Edition U.S. Preventive Services Task Force, 1996 *Guide to Clinical Preventive Services: Methods* U.S. Preventive Services Task Force, 2003 [The Guide to Clinical Preventive Services, 2009](#) U.S. Preventive Services Task Force, 2009 **The Guide to Clinical Preventive Services, 2012** U.S. Preventive Services Task Force, U. S. Department Human Services, Agency for and

Quality,2013-04-09 The recommendation statements in this Guide are abridged To view the full recommendation statements or recommendation statements published after March 2012 go to <http://www.USPreventiveServicesTaskForce.org> Page two of cove

The Guide to Clinical Preventive Services ,2010 **The Guide to Clinical Preventive Services, 2008** U.S. Preventive Services Task Force,United States. Agency for Healthcare Research and Quality,2008 **Guide to Clinical Preventive Services: Methods** U.S. Preventive Services Task Force,2003 Guide to Clinical Preventive Services, Third Edition ,2004

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Table of Contents Guide To Clinical Preventive Services

1. Understanding the eBook Guide To Clinical Preventive Services
 - The Rise of Digital Reading Guide To Clinical Preventive Services
 - Advantages of eBooks Over Traditional Books
2. Identifying Guide To Clinical Preventive Services
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Guide To Clinical Preventive Services
 - User-Friendly Interface
4. Exploring eBook Recommendations from Guide To Clinical Preventive Services
 - Personalized Recommendations

- Guide To Clinical Preventive Services User Reviews and Ratings
- Guide To Clinical Preventive Services and Bestseller Lists
- 5. Accessing Guide To Clinical Preventive Services Free and Paid eBooks
 - Guide To Clinical Preventive Services Public Domain eBooks
 - Guide To Clinical Preventive Services eBook Subscription Services
 - Guide To Clinical Preventive Services Budget-Friendly Options
- 6. Navigating Guide To Clinical Preventive Services eBook Formats
 - ePub, PDF, MOBI, and More
 - Guide To Clinical Preventive Services Compatibility with Devices
 - Guide To Clinical Preventive Services Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Guide To Clinical Preventive Services
 - Highlighting and Note-Taking Guide To Clinical Preventive Services
 - Interactive Elements Guide To Clinical Preventive Services
- 8. Staying Engaged with Guide To Clinical Preventive Services
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Guide To Clinical Preventive Services
- 9. Balancing eBooks and Physical Books Guide To Clinical Preventive Services
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Guide To Clinical Preventive Services
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Guide To Clinical Preventive Services
 - Setting Reading Goals Guide To Clinical Preventive Services
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Guide To Clinical Preventive Services
 - Fact-Checking eBook Content of Guide To Clinical Preventive Services

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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



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