**ASaP Maneuvers Menu – Reference List**

*Please Note:* additional maneuvers were researched during the development of the ASaP Maneuvers Menu. The references listed below reflect sources of evidence for the selected maneuvers.

<table>
<thead>
<tr>
<th>Maneuver</th>
<th>Reference source(s)</th>
</tr>
</thead>
</table>
http://www.onlinecjc.ca/article/S0828-282X(17)30110-1/fulltext  
• *Health care professionals who have been specifically trained to measure BP accurately should assess BP in all adult patients at all appropriate visits to determine cardiovascular risk and monitor antihypertensive treatment*  
http://www.cmaj.ca/content/186/17/1299.full  
• *Health care professionals who have been specifically trained to measure BP accurately should assess BP in all adult patients at all appropriate visits to determine CV risk and monitor antihypertensive treatment.*  
http://canadiantaskforce.ca/ctfphc-guidelines/2012-hypertension/  
• *We recommend blood pressure measurement at all appropriate primary care visits*                                                                                                                                                                                                                                                                                                                                                      |
http://www.cmaj.ca/content/187/3/184  
• *We recommend measuring height, weight and calculating BMI at appropriate primary care visits.*                                                                                                                                                                                                                                                                                                                                                       |
Weight

- **Height, weight and waist circumference should be measured and body mass index calculated for all adults.**


http://www.cmaj.ca/content/187/3/184

- **We recommend measuring height, weight and calculating BMI at appropriate primary care visits.**


http://www.cmaj.ca/content/186/17/1299.full

- **Height, weight and waist circumference should be measured and body mass index calculated for all adults.**

[Maintaining waist circumference not included due to issues with accuracy and patient sensitivity.]


http://annals.org/article.aspx?articleid=1355696

- **Recommends screening all adults for obesity**


http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839777/

- **Recommend measuring body mass index in all adults; recommend measuring waist circumference in all adults to assess obesity-related health risks.**

[Maintaining waist circumference not included due to issues with accuracy and patient sensitivity.]

Exercise assessment


http://www.cmaj.ca/content/186/17/1299.full

- **Height, weight and waist circumference should be measured and body mass index calculated for all adults.**
To achieve health benefits, adults aged 18–64 years should accumulate at least 150 min of moderate-to-vigorous intensity aerobic physical activity per week, in bouts of 10 min or more.


To achieve health benefits, adults aged 18–64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. To achieve health benefits, and improve functional abilities, adults aged 65 years and older should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more.


http://annals.org/article.aspx?articleid=1355698

Although the correlation among healthful diet, physical activity, and the incidence of CVD is strong, existing evidence indicates that the health benefit of initiating behavioral counseling in the primary care setting to promote a healthful diet and physical activity is small.

Concludes with moderate certainty that medium- or high-intensity behavioral counseling interventions in the primary care setting to promote a healthful diet and physical activity have a small net benefit in adult patients without CVD, hypertension, hyperlipidemia, or diabetes.


Medium- to high-intensity dietary behavioral counseling resulted in small but statistically significant changes in adiposity, blood pressure, and cholesterol, as well as medium to large changes in self-reported dietary and
**Tobacco use assessment**

http://www.onlinecjc.ca/article/S0828-282X(17)30110-1/fulltext

- Tobacco use status of all patients should be updated on a regular basis and health care providers should clearly advise patients to quit smoking.

http://www.cmaj.ca/content/186/17/1299.full

- All patients/clients should be asked if they use tobacco and should have their tobacco use status documented on a regular basis.

CAN-ADAPTT. Canadian smoking cessation clinical practice guideline. Toronto, Canada: Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health.; 2011.  

- Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.

**Influenza vaccination recommendation**


- NACI now recommends influenza vaccination for all individuals aged 6 months and older, with particular focus on people at high risk of influenza-related complications or hospitalization, people capable of transmitting influenza to those at high risk, and others as indicated in Table 5.

**Mammography**

http://www.topalbertadoctors.org/cpgs/2886567

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*physical activity behaviors. Evidence for changes in physiologic outcomes was strongest for high-intensity counseling interventions. Medium- to high-intensity physical activity counseling resulted in increases in self-reported physical activity.*
### Screening for Breast Cancer

- **Women aged 50 to 74 years should have a screening mammogram every two years**


- **For women aged 50–74 years, we recommend routinely screening with mammography every two to three years**

### Colorectal Cancer Screen

- **Colorectal cancer screening**


- **Individuals at average risk should begin colorectal cancer screening at age 50 years and continue until age 74 years. Screen with FIT every 1-2 years; if positive, refer for colonoscopy.**


- **We recommend screening adults aged 60 to 74 years for colorectal cancer with FOBT (either gFOBT or FIT) every two years or flexible sigmoidoscopy every 10 years.**

- **We recommend screening adults aged 50 to 59 years for colorectal cancer with FOBT (either gFOBT or FIT) every two years or flexible sigmoidoscopy every 10 years.**

- **We recommend not screening adults aged 75 years and older for colorectal cancer.**

- **We recommend not using colonoscopy as a screening test for colorectal cancer.**


- **The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient’s overall health and prior screening history.**

- **The risks and benefits of different screening methods vary. See the Clinical Considerations section and the Table for details about screening strategies.**
<table>
<thead>
<tr>
<th>Test</th>
<th>Source</th>
<th>Guidelines</th>
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</table>
| Pap test                    | Toward Optimized Practice (TOP) Cervical Cancer Screening Working Group. Cervical cancer screening: clinical practice guideline. Edmonton, AB: Toward Optimized Practice; 2016. [http://www.topalbertadoctors.org/cpgs/919105](http://www.topalbertadoctors.org/cpgs/919105) | - Screening recommended every 3 years for women 25 to 69 years of age who are or have ever been sexually active  


- For women aged 25–69 years who are or have ever been sexually active, we recommend routine screening for cervical cancer every 3 years |


- Screen patients without cardiovascular disease (primary prevention)  
  - Lipid testing is part of global CVD risk estimation in men and women > 40 years of age  


- Screening of plasma lipids is recommended in men ≥ 40 and women ≥ 50 yr of age or in postmenopause.  


- Screening should be considered for men and women older than 40 years of age or at any age with the conditions listed in Figure 1. |
- Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.

CV risk calculation

  - Use any CVD risk calculator, e.g., Framingham, every time lipid testing is performed
  - Perform lipid testing and risk estimation for men and women between age 40 and 75

  - We recommend that a cardiovascular risk assessment, using the “10-year risk” provided by the Framingham model, be completed every 3–5 years for men aged 40–75 and women aged 50–75 years.

  - We recommend that a CV risk assessment be completed every 5 years for men and women aged 40 to 75 years using the modified FRS or CLEM to guide therapy to reduce major CV events. A risk assessment might also be completed whenever a patient’s expected risk status changes
To determine whether a patient is a candidate for statin therapy, clinicians must first determine the patient’s risk of having a future CVD event.

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<thead>
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<tbody>
<tr>
<td>•</td>
<td>Screening for diabetes using FPG and/or A1C should be performed every 3 years in individuals ≥ 40 years of age or at high risk using a risk calculator.</td>
</tr>
<tr>
<td>•</td>
<td>All individuals should be evaluated annually for type 2 diabetes risk on the basis of demographic and clinical criteria.</td>
</tr>
<tr>
<td>•</td>
<td>Screening for type 2 diabetes using a fasting plasma glucose (FPG) and/or glycated hemoglobin (A1C) should be performed every 3 years in individuals ≥ 40 years of age or in individuals at high risk using a risk calculator.</td>
</tr>
<tr>
<td>•</td>
<td>All individuals should be evaluated annually for type 2 diabetes risk on the basis of demographic and clinical criteria.</td>
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<tr>
<td>•</td>
<td>For adults at low to moderate risk of diabetes (determined with a validated risk calculator), we recommend not routinely screening for type 2 diabetes.</td>
</tr>
<tr>
<td>For adults ≥ 18 years of age, we suggest risk calculation at least every 3–5 years</td>
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</tbody>
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