

Annals of Internal Medicine



Figure. Primary care counseling for proper use of motor vehicle occupant restraints.

Primary Care Counseling for Proper Use of Motor Vehicle Occupant Restraints

Population	General Primary Care Population
Recommendation	Counseling for proper use of motor vehicle occupant restraints
	No recommendation Grade: I [Insufficient Evidence]
Interventions	There is good evidence that community and public health interventions, including legislation, law enforcement campaigns, car seat distribution campaigns, media campaigns, and other community-based interventions, are effective in improving the proper use of car seats, booster seats, and seat belts.
Suggestions for practice	Current evidence is insufficient to assess the incremental benefit of counseling in primary care settings, beyond increases related to other interventions, in improving rates of proper use of motor vehicle occupant restraints. Linkages between primary care and community interventions are critical for improving proper car seat, booster seat, and seat belt use.
Relevant recommendations from the <i>Guide to Community Preventive Services</i> (CDC)	The <i>Guide to Community Preventive Services</i> has reviewed evidence of the effectiveness of selected population-based interventions to reduce motor vehicle occupant injuries, focusing on 3 strategic areas: <ul style="list-style-type: none"> • Increasing the proper use of child safety seats • Increasing the use of safety belts • Reducing alcohol-impaired driving <p>Multiple interventions in these areas have been recommended. Recommendations can be accessed at www.thecommunityguide.org/mvoi/.</p>

For a summary of the evidence systematically reviewed in making these recommendations and supporting documents for *primary care counseling for proper use of motor vehicle occupant restraints*, please go to www.preventiveservices.ahrq.gov. CDC = Centers for Disease Control and Prevention.

Table 1. What the U.S. Preventive Services Task Force Grades Mean and Suggestions for Practice*

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer or provide this service only if other considerations support offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

* The U.S. Preventive Services Task Force (USPSTF) defines *certainty* as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service. USPSTF = U.S. Preventive Services Task Force.

Table 2. U.S. Preventive Services Task Force Levels of Certainty Regarding Net Benefit

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: the number, size, or quality of individual studies inconsistency of findings across individual studies limited generalizability of findings to routine primary care practice lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: the limited number or size of studies important flaws in study design or methods inconsistency of findings across individual studies gaps in the chain of evidence findings that are not generalizable to routine primary care practice a lack of information on important health outcomes. More information may allow an estimation of effects on health outcomes.

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