Table A: Top five list recommendations with sufficient reliability

Recommendation	Publishing Medical Society
CWI recommendations with S3 guideline equivalents	
Don't prescribe bed rest for acute localized back pain	American Academy of Physical Medicine and
without completing an evaluation.	Rehabilitation
Don't order an imaging study for back pain without	American Academy of Physical Medicine and
performing a thorough physical examination.	Rehabilitation
Avoid lumbar spine imaging in the emergency	American College of Emergency Physicians
department for adults with non-traumatic back pain	
unless the patient has severe or progressive neurologic	
deficits or is suspected of having a serious underlying	
condition (such as vertebral infection, cauda equine	
syndrome, or cancer with bony metastasis).	
Don't do imaging for low back pain within the first six	American Academy of Family Physicians
weeks, unless red flags are present.	
Don't obtain imaging (plain radiographs, magnetic	American Association of Neurological Surgeons and
resonance imaging, computed tomography [CT], or	Congress of Neurological Surgeons
other advanced imaging) of the spine in patients with	
non-specific acute low back pain and without red flags.	Associate Call and CDL addition
Don't obtain imaging studies in patients with non-	American College of Physicians
specific low back pain. Avoid imaging studies (MRI, CT or X-rays) for acute	American Society of Anesthesiologists – Pain
low back pain without specific indications.	Medicine Medicine
low back pain without specific indications.	Wediene
Don't recommend advanced imaging (e.g., MRI) of	North American Spine Society
the spine within the first six weeks in patients with	1
non-specific acute low back pain in the absence of red	
flags.	
Avoid prescribing antibiotics in the emergency	American College of Emergency Physicians
department for uncomplicated sinusitis.	
Don't order sinus computed tomography (CT) or	American Academy of Allergy, Asthma &
indiscriminately prescribe antibiotics for	Immunology
uncomplicated acute rhinosinusitis.	
Don't routinely prescribe antibiotics for acute mild-to-	American Academy of Family Physicians
moderate sinusitis unless symptoms last for seven or	
more days, or symptoms worsen after initial clinical	
improvement.	American Academy of Dadietries
Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).	American Academy of Pediatrics
Avoid prescribing antibiotics for upper respiratory	Infectious Diseases Society of America
infections.	infectious Diseases Society of America
Don't perform sentinel lymph node biopsy or other	American Academy of Dermatology
diagnostic tests for the evaluation of early, thin	·
melanoma because they do not improve survival.	
Don't screen for carotid artery stenosis (CAS) in	American Academy of Family Physicians
asymptomatic adult patients.	, , ,
Don't routinely screen for prostate cancer using a	American Academy of Family Physicians
prostate-specific antigen (PSA) test or digital rectal	
exam.	
Don't routinely perform PSA-based screening for	American College of Preventive Medicine
prostate cancer.	
Don't perform PSA testing for prostate cancer	American Society of Clinical Oncology
screening in men with no symptoms of the disease	
when they are expected to live less than 10 years.	American Academy of Outhannelli C
Don't use post-operative splinting of the wrist after	American Academy of Orthopaedic Surgeons
carpal tunnel release for long-term relief. Don't perform annual stress cardiac imaging or	American College of Cardiology
advanced non-invasive imaging as part of routine	American Conege of Cardiology
advanced non invasive imaging as part of routine	

follow up in asymptometic nationts	
follow-up in asymptomatic patients. Avoid performing routine stress testing after	Society for Cardiovascular Angiography and
percutaneous coronary intervention (PCI) without	Interventions
specific clinical indications.	interventions
Don't perform routine annual stress testing after	Society of Nuclear Medicine and Molecular Imaging
coronary artery revascularization.	Society of indefediative define and inforced an imaging
Don't perform stress cardiac imaging or advanced non-	American College of Cardiology
invasive imaging in the initial evaluation of patients	American conege of Cardiology
without cardiac symptoms unless high-risk markers are	
present.	
Don't perform cardiac imaging for patients who are at	American Society of Nuclear Cardiology
low risk.	American Society of Nacion Cardiology
Don't perform stress cardiac imaging or coronary	American Society of Nuclear Cardiology
angiography in patients without cardiac symptoms	
unless high-risk markers are present.	
Avoid using stress echocardiograms on asymptomatic	American Society of Echocardiography
patients who meet "low risk" scoring criteria for	7 interieur Society of Benoeurolography
coronary disease.	
Don't perform coronary CMR in the initial evaluation	Society for Cardiovascular Magnetic Resonance
of asymptomatic patients.	200101, 101 Carato rascalar tragnotte Resonance
Don't perform stress cardiovascular magnetic	Society for Cardiovascular Magnetic Resonance
resonance (CMR) in the initial evaluation of chest pain	boolety for cardiovascular magnetic resonance
patients with low pretest probability of coronary artery	
disease.	
Don't screen for ovarian cancer in asymptomatic	American College of Obstetricians and Gynecologists
women at average risk.	i mierieum conege or concentrams una cynecorogisus
Don't screen low risk women with CA-125 or	Society of Gynecologic Oncology
ultrasound for ovarian cancer.	200009 01 090000080
Don't take a multi-vitamin, vitamin E or beta carotene	American College of Preventive Medicine
to prevent cardiovascular disease or cancer.	
Don't prescribe biologics for rheumatoid arthritis	American College of Rheumatology
before a trial of methotrexate (or other conventional	
non-biologic DMARDs).	
For a patient with functional abdominal pain syndrome	American Gastroenterological Association
(as per ROME III criteria) computed tomography (CT)	C
scans should not be repeated unless there is a major	
change in clinical findings or symptoms.	
Don't use antimicrobials to treat bacteriuria in older	American Geriatrics Society
adults unless specific urinary tract symptoms are	,
present.	
Don't treat asymptomatic bacteriuria with antibiotics.	Infectious Diseases Society of America
Avoid using PET or PET-CT scanning as part of	American Society of Clinical Oncology
routine follow-up care to monitor for a cancer	
recurrence in asymptomatic patients who have finished	
initial treatment to eliminate the cancer unless there is	
high-level evidence that such imaging will change the	
outcome.	
Don't perform PET, CT, and radionuclide bone scans	American Society of Clinical Oncology
in the staging of early breast cancer at low risk for	
metastasis.	
Don't perform PET, CT, and radionuclide bone scans	American Society of Clinical Oncology
in the staging of early prostate cancer at low risk for	
metastasis.	
Don't initiate management of low-risk prostate cancer	American Society for Radiation Oncology
without discussing active surveillance.	
Don't recommend bed rest for more than 48 hours	North American Spine Society
when treating low back pain.	•
Avoid coronary angiography in post-coronary artery	Society for Cardiovascular Angiography and
bypass graft (CABG) and post-PCI patients who are	Interventions
asymptomatic, or who have normal or mildly abnormal	

stress tests and stable symptoms not limiting quality of life.	
Don't perform stress CMR in patients with acute chest pain and high probability of coronary artery disease.	Society for Cardiovascular Magnetic Resonance
Avoid routine imaging for cancer surveillance in women with gynecologic cancer, specifically ovarian,	Society of Gynecologic Oncology
endometrial, cervical, vulvar and vaginal cancer.	
Patients with suspected or biopsy proven Stage I	The Society of Thoracic Surgeons
NSCLC do not require brain imaging prior to	•
definitive care in the absence of neurologic symptoms.	
CWI recommendations without S3-guideline equivalent	ents associated with good methodological quality and
relevant meta-literature (category "2A")	
Avoid CT pulmonary angiography in emergency	American College of Emergency Physicians
department patients with a low-pretest probability of	
pulmonary embolism and either a negative Pulmonary	
Embolism Rule-Out Criteria (PERC) or a negative D-	
dimer.	
Don't perform chest computed tomography (CT	American College of Chest Physicians and American
angiography) to evaluate for possible pulmonary	Thoracic Society
embolism in patients with a low clinical probability	Thoracle boolety
and negative results of a highly sensitive D-dimer	
assay.	
Don't place an indwelling urinary catheter to manage	AMDA – The Society for Post-Acute and Long-Term
urinary incontinence.	Care Medicine
Don't place or maintain a urinary catheter in a patient	American Academy of Nursing
unless there is a specific indication to do so.	American readony of ivaring
Avoid placing indwelling urinary catheters in the	American College of Emergency Physicians
emergency department for either urine output	American conege of Emergency Physicians
monitoring in stable patients who can void, or for	
patient or staff convenience.	
Don't place, or leave in place, urinary catheters for	~
	Society of Hospital Medicine — Adult Hospital
	Society of Hospital Medicine – Adult Hospital
incontinence or convenience or monitoring of output	Society of Hospital Medicine – Adult Hospital Medicine
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feedings.	
Don't use sliding scale insulin (SSI) for long-term	AMDA – The Society for Post-Acute and Long-Term
diabetes management for individuals residing in the	Care Medicine
nursing home.	
Don't obtain a urine culture unless there are clear signs	AMDA – The Society for Post-Acute and Long-Term
and symptoms that localize to the urinary tract.	Care Medicine
Avoid the use of surveillance cultures for the screening	American Academy of Pediatrics
and treatment of asymptomatic bacteruria.	
Don't order annual electrocardiograms (EKGs) or any	American Academy of Family Physicians
other cardiac screening for low-risk patients without	
symptoms. Don't prescribe antibiotics for otitis media in children	American Academy of Family Physicians
aged 2-12 years with non-severe symptoms where the	American Academy of Family Physicians
observation option is reasonable.	
Don't screen women older than 65 years of age for	American Academy of Family Physicians
cervical cancer who have had adequate prior screening	
and are not otherwise at high risk for cervical cancer.	
Don't perform screening for cervical cancer in low-	American College of Preventive Medicine
risk women aged 65 years or older and in women who	
have had a total hysterectomy for benign disease.	
Don't schedule elective, non-medically indicated	American Academy of Family Physicians
inductions of labor or Cesarean deliveries before 39	
weeks, 0 days gestational age.	A
Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39	American College of Obstetricians and Gynecologists
weeks 0 days gestational age.	
Don't screen women younger than 30 years of age for	American Academy of Family Physicians
cervical cancer with HPV testing, alone or in	Timerican readenry of Family Physicians
combination with cytology.	
Avoid elective, non-medically indicated inductions of	American Academy of Family Physicians
labor between 39 weeks, 0 days and 41 weeks, 0 days	, , ,
unless the cervix is deemed favorable.	
Don't schedule elective, non-medically indicated	American College of Obstetricians and Gynecologists
inductions of labor between 39 weeks 0 days and 41	
weeks 0 days unless the cervix is deemed favorable.	
Don't perform Pap smears on women younger than 21	American Academy of Family Physicians
or who have had a hysterectomy for non-cancer	
disease. Don't screen adolescents for scoliosis.	American Academy of Family Physicians
Don't perform voiding cystourethrogram (VCUG)	American Academy of Family Physicians American Academy of Family Physicians
routinely in first febrile urinary tract infection (UTI) in	American Academy of Family Physicians
children aged 2 -24 months.	
Don't perform imaging of the carotid arteries for	American Academy of Neurology
simple syncope without other neurologic symptoms.	,
Don't recommend CEA for asymptomatic carotid	American Academy of Neurology
stenosis unless the complication rate is low (<3%).	
Don't perform electroencephalography (EEG) for	American Academy of Neurology
headaches.	
Don't prescribe interferon-beta or glatiramer acetate to	American Academy of Neurology
patients with disability from progressive, non-	
relapsing forms of multiple sclerosis. Don't automatically initiate continuous electronic fetal	American Acadamy of Nursing
heart rate (FHR) monitoring during labor for women	American Academy of Nursing
without risk factors; consider intermittent auscultation	
(IA) first.	
Don't routinely use blood products to reverse warfarin.	American Association of Blood Banks
Don't administer plasma or prothrombin complex	American Society of Hematology
concentrates for non-emergent reversal of vitamin K	-
antagonists (i.e. outside of the setting of major	
bleeding, intracranial hemorrhage or anticipated	

emergent surgery).	American Association of Blood Banks
Don't transfuse more units of blood than absolutely	American Association of Blood Banks
necessary. Don't transfuse more than the minimum number of red	American Society of Hematology
blood cell (RBC) units necessary to relieve symptoms	American Society of Hematology
of anemia or to return a patient to a safe hemoglobin	
-	
range (7 to 8 g/dL in stable, non-cardiac in-patients).	American College of Cardiology
Don't perform stress cardiac imaging or advanced non-	American Conege of Cardiology
invasive imaging as a pre-operative assessment in	
patients scheduled to undergo low-risk non cardiac	
surgery. Don't obtain baseline diagnostic cardiac testing (trans-	American Society of Anesthesiologists
thoracic/esophageal echocardiography – TTE/TEE) or	American Society of Anesthesiologists
cardiac stress testing in asymptomatic stable patients	
with known cardiac disease (e.g., CAD, valvular	
disease) undergoing low or moderate risk non-cardiac	
surgery.	
Don't perform cardiac imaging as a pre-operative	American Society of Nuclear Cardiology
assessment in patients scheduled to undergo low- or	American Society of Aucicai Cardiology
intermediate- risk non-cardiac surgery.	
Don't perform stress CMR as a pre-operative	Society for Cardiovascular Magnetic Resonance
assessment in patients scheduled to undergo low-risk,	20121, 101 Carato rascatar triagnotic resonance
non-cardiac surgery.	
Patients who have no cardiac history and good	The Society of Thoracic Surgeons
functional status do not require preoperative stress	The Society of Thorners Surgeons
testing prior to non-cardiac thoracic surgery.	
Avoid cardiovascular testing for patients undergoing	Society for Vascular Medicine
low-risk surgery.	20000
Avoid computed tomography (CT) scans of the head in	American College of Emergency Physicians
emergency department patients with minor head injury	
who are at low risk based on validated decision rules.	
Avoid ordering a brain CT or brain MRI to evaluate an	American Medical Society for Sports Medicine
acute concussion unless there are progressive	
neurological symptoms, focal neurological findings on	
exam or there is concern for a skull fracture.	
Avoid instituting intravenous (IV) fluids before doing	American College of Emergency Physicians
a trial or oral rehydration therapy in uncomplicated	
emergency department cases of mild to moderate	
dehydration in children.	
Don't order low back X-rays as part of a routine	American College of Occupational and Environmental
preplacement medical examination.	Medicine
Don't prescribe opioids for treatment of chronic or	American College of Occupational and Environmental
acute pain for workers who perform safety-sensitive	Medicine
jobs such as operating motor vehicles, forklifts, cranes	
or other heavy equipment.	
Don't routinely order sleep studies (polysomnogram)	American College of Occupational and Environmental
to screen for/diagnose sleep disorders in workers	Medicine
suffering from chronic fatigue/insomnia.	
Don't routinely order X-ray for diagnosis of plantar	American College of Occupational and Environmental
fascitis/heel pain in employees who stand or walk at	Medicine
work.	
Don't initially obtain X-rays for injured workers with	American College of Occupational and Environmental
acute non-specific low back pain.	Medicine
Don't test ANA sub-serologies without a positive	American College of Rheumatology
ANA and clinical suspicion of immune-mediated	
disease.	A CH CH CH
Don't order autoantibody panels unless positive	American College of Rheumatology – Pediatric
antinuclear antibodies (ANA) and evidence of	Rheumatology
rheumatic disease.	Annal Callery CD1
Don't perform methotrexate toxicity labs more often	American College of Rheumatology – Pediatric

than every 12 weeks on stable doses.	Rheumatology
Don't perform MRI of the peripheral joints to	American College of Rheumatology
routinely monitor inflammatory arthritis.	
Don't routinely repeat DXA scans more often than	American College of Rheumatology
once every two years.	
Don't routinely perform surveillance joint radiographs	American College of Rheumatology – Pediatric
to monitor juvenile idiopathic arthritis (JIA) disease	Rheumatology
activity.	
Don't test for Lyme disease as a cause of	American College of Rheumatology
musculoskeletal symptoms without an exposure	
history and appropriate exam findings.	
Don't use antipsychotics as the first choice to treat	American Geriatrics Society
behavioral and psychological symptoms of dementia.	
Don't routinely use antipsychotics as first choice to	American Psychiatric Association
treat behavioral and psychological symptoms of	
dementia.	
Don't prescribe antipsychotic medications for	AMDA – The Society for Post-Acute and Long-Term
behavioral and psychological symptoms of dementia	Care Medicine
(BPSD) in individuals with dementia without an	
assessment for an underlying cause of the behavior.	
Don't treat with an anticoagulant for more than three	American Society of Hematology
months in a patient with a first venous	
thromboembolism (VTE) occurring in the setting of a	
major transient risk factor.	
Don't perform baseline or routine surveillance	American Society of Hematology
computed tomography (CT) scans in patients with	
asymptomatic, early-stage chronic lymphocytic	
leukemia (CLL).	
Don't use inferior vena cava (IVC) filters routinely in	American Society of Hematology
patients with acute VTE.	
Don't administer plasma or prothrombin complex	American Society of Hematology
concentrates for non-emergent reversal of vitamin K	
antagonists (i.e. outside of the setting of major	
bleeding, intracranial hemorrhage or anticipated	
emergent surgery).	
Don't routinely transfuse patients with sickle cell	American Society of Hematology
disease (SCD) for chronic anemia or uncomplicated	
pain crisis without an appropriate clinical indication.	
Don't test for thrombophilia in adult patients with	American Society of Hematology
venous thromboembolism (VTE) occurring in the	
setting of major transient risk factors (surgery, trauma	
or prolonged immobility).	
Don't test or treat for suspected heparin-induced	American Society of Hematology
thrombocytopenia (HIT) in patients with a low pre-test	
probability of HIT.	
Don't treat patients with immune thrombocytopenic	American Society of Hematology
purpura (ITP) in the absence of bleeding or a very low	
platelet count.	
Avoid using drains in breast reduction mammaplasty.	American Society of Plastic Surgeons
Avoid continuing prophylactic antibiotics for greater	American Society of Plastic Surgeons
than 24 hours after a surgical procedure.	
Avoid performing routine and follow-up	American Society of Plastic Surgeons
mammograms of reconstructed breasts after	
mastectomies.	
Avoid performing routine mammagrams before breast	American Society of Plastic Surgeons
surgery.	
Don't routinely use extended fractionation schemes	American Society for Radiation Oncology
(>10 fractions) for palliation of bone metastases.	
Don't initiate non-curative radiation therapy without	American Society for Radiation Oncology
defining the goals of treatment with the patient and	

considering palliative care referral.		
Don't recommend radiation following hysterectomy	American Society for Radiation Oncology	
for endometrial cancer patients with low-risk disease.		
Don't use aloe vera on skin to prevent or treat	American Academy of Nursing	
radiodermatitis.		
Don't use mixed medication mouthwash, commonly	American Academy of Nursing	
termed "magic mouthwash," to prevent or manage		
cancer treatment-induced oral mucositis.		
Don't use L-carnitine/acetyl-L-carnitine supplements	American Academy of Nursing	
to prevent or treat symptoms of peripheral neuropathy		
in patients receiving chemotherapy for treatment of		
cancer.		
Don't treat gastroesophageal reflux in infants routinely	Society of Hospital Medicine – Pediatric Hospital	
with acid suppression therapy.	Medicine	
Don't routinely use bronchodilators in children with	Society of Hospital Medicine – Pediatric Hospital	
bronchiolitis.	Medicine	
Don't order chest radiographs in children with	Society of Hospital Medicine – Pediatric Hospital	
uncomplicated asthma or bronchiolitis.	Medicine	
Don't use continuous pulse oximetry routinely in	Society of Hospital Medicine – Pediatric Hospital	
children with acute respiratory illness unless they are	Medicine	
on supplemental oxygen.		
Don't use systemic corticosteroids in children under 2	Society of Hospital Medicine – Pediatric Hospital	
years of age with an uncomplicated lower respiratory	Medicine	
tract infection.		
Don't initiate routine evaluation of carotid artery	The Society of Thoracic Surgeons	
disease prior to cardiac surgery in the absence of		
symptoms or other high-risk criteria.		
Don't perform a routine pre-discharge echocardiogram	The Society of Thoracic Surgeons	
after cardiac valve replacement surgery.		
CWI: Choosing Wisely Initiative; GoR: Grad of recommendation		