PEDro
PHYSIOTHERAPY EVIDENCE DATABASE

A. PEDro update (4 April 2016)

PEDro contains 33,045 records. In the 4 April 2016 update you will find:

- 26,358 reports of randomised controlled trials (25,662 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 6,119 reports of systematic reviews, and
- 568 reports of evidence-based clinical practice guidelines

For the latest guidelines, reviews and trials in physiotherapy visit Evidence in your inbox.

B. PEDro indexes 33,000+ reports

We are pleased to announce that PEDro has just achieved a new milestone for the amount of evidence. There are now 33,000+ reports of trials, reviews and guidelines indexed on PEDro.

C. Exercise is effective for people with chronic conditions

This review article summarises the evidence for using exercise for the treatment of 8 chronic conditions with a high disability burden. “How-to” recommendations were based on systematic reviews and randomised trials published between 2000 and

2015. The key recommendations for exercise for each condition are listed below.

OSTEOARTHRITIS OF THE HIP AND KNEE

Exercise improves pain and function in people with osteoarthritis of the hip or knee. Effective exercise strategies include muscle strengthening, aerobic and range-of-motion exercises. Home exercises are preferable where possible.

CHRONIC NON-SPECIFIC LOW BACK PAIN

Exercise reduces pain for people with chronic low back pain, but the type of exercise seems less important than quality of implementation (supervision, home program and duration). Typical treatment involves 20 hours of individually supervised sessions for 8-12 weeks plus a home program. Sessions include exercises with educational components, psychological principals and progress in functional activities.

PREVENTION OF FALLS

Exercises programs can prevent falls in community-living older adults if are well-designed and delivered as a single intervention or as part of a multifaceted program. The main focus should be on improving balance.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Endurance and strength training increases exercise capacity and quality of life for people COPD and is recommended when the condition is stable and after hospital admission for an acute exacerbation. Management of symptoms during the exercise, particularly breathlessness, is an important component of pulmonary rehabilitation.

TYPE 2 DIABETES

Exercise (particularly aerobic and progressive resistance training) improves glycemic control in people with type 2 diabetes. The type of exercise used should be guided by patient preferences and comorbidities. The recommended duration is greater than 150 min/week.

CHRONIC FATIGUE SYNDROME

Exercise (graded physical activity) reduces fatigue in people with chronic fatigue syndrome. The most effective type, duration and intensity of exercise remains unclear.

CORONARY HEART DISEASE AND HEART FAILURE

Exercise-based cardiac rehabilitation reduces all-cause mortality, cardiovascular mortality and hospital admissions in people with coronary heart disease, and improves quality of life and reduces hospital admissions in those with heart failure. Exercise intensity should always be within the individuals exercise tolerance and be progressed gradually. Supervision is required when commencing an exercise program.

Hoffmann TC, Maher CG, Briffa T, Sherrington C, Bennell K, Alison J, Singh MF, Glasziou PP. Prescribing exercise interventions for patients with chronic conditions. *CMAJ* 2016 Mar 14:Epub ahead of print

Read the article and the online appendices.

D. Descriptions of interventions in physiotherapy trials are typically incomplete

A survey of a random sample of 200 physiotherapy trials indexed on PEDro has revealed that the descriptions of physiotherapy interventions are typically incomplete. The survey, published in Physiotherapy, used the 12-item Template for Intervention Description and Replication (TIDieR) checklist to investigate the completeness of reporting of interventions provided to the treatment and control groups. 23% of trials described less than half of the TIDieR items for the treatment group. Reporting was worse for the control groups, with 75% of trials describing less than half of the TIDieR items. Improved reporting is required to translate research into practice.

Yamato TP, Maher CG, Saragiotto BT, Hoffmann TC, Moseley AM. How completely are physiotherapy interventions described in reports of randomised trials? *Physiotherapy* 2016 Mar 12:Epub ahead of print

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E. PEDro systematic review updates in the BJSM

Two new PEDro systematic review update has been published in the British Journal of Sports Medicine:

- Exercise for osteoarthritis of the knee
- Effects of early rehabilitation following operative repair of Achilles tendon rupture

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F. Two new PEDro videos (in French and Tamil)

We are pleased to announce that the PEDro how to save search results video is now available in French. This video explains how to select articles, save selected articles, and import the saved articles into referencing software like EndNote.

PEDro would like to thank Nolwenn Poquet who translated and recorded the how to save your search results in PEDro video. Nolwenn is from the Société Française de Physiothérapie.

We are also pleased to announce that the how to access full text when searching PEDro video is not available in Tamil. This video outlines 5 methods of accessing full text articles from the PEDro Detailed Search Results page. This is the first PEDro video to be translated into Tamil and will make a valuable addition to the PEDro web-site.

PEDro would like to thank Cynthia Swarnalatha Srikesavan who translated and recorded the PEDro access to full text video into Tamil. Cynthia is from the Centre for Rehabilitation Research in University of Oxford.

G. Australian Physiotherapy Association, Norsk Fysioterapeutforbund, Associação Espanola de Fisioterapeutas, Lithuanian Kinezitherapy Association and Macau Physical Therapists Association are PEDro partners

Industry partnerships are critically important for PEDro. It is through these partnerships that we are able to keep PEDro as a free, robust internet tool for practising physiotherapists from around the world. We gratefully acknowledge the Australian Physiotherapy Association (PEDro's Foundation Partner) for renewing

their partnership with PEDro for another year. We also thank Norsk Fysioterapeutforbund, Associação Espanola de Fisioterapeutas, Lithuanian Kinezitherapy Association and Macau Physical Therapists Association (all Association Partners) for their continuing support.

H. Next PEDro update (May 2016)

Next PEDro update is on Monday 2 May 2016.

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