



## Welcome to the PEDro Newsletter for 4 March 2024

In this issue:

- International Women's Day 8 March
  - PEDro statistics
  - Systematic review summary
  - PEDro update
  - DiTA update
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### **International Women's Day 8 March '*Count her in: Invest in women. Accelerate progress*'**

Inform your clinical practice with PEDro and improve the health of women. [Sign up to receive the latest evidence delivered straight to your inbox.](#)

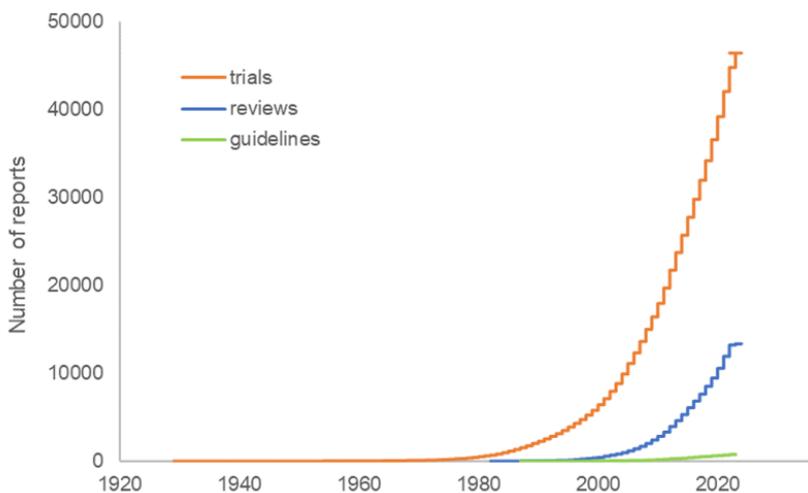
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### **PEDro statistics**

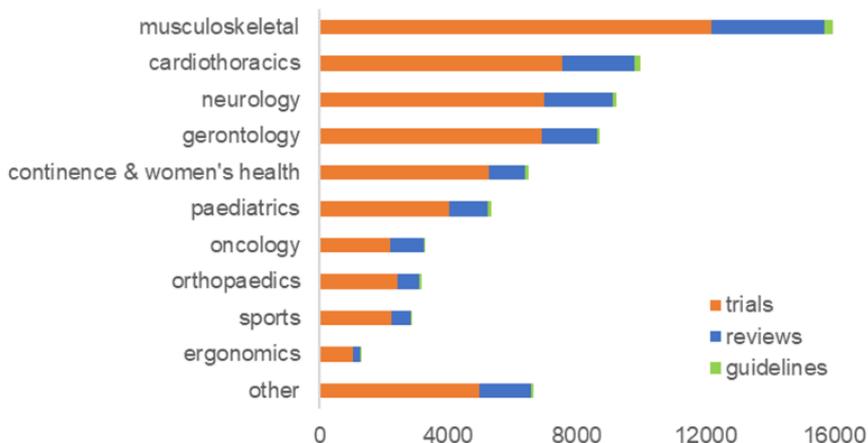
[An analysis of the contents of PEDro in the 5 February 2024 update is presented on this page.](#) These data will be updated annually, so the next update is planned for February 2025.

On 5 February 2024 PEDro contained 60,567 reports of randomised controlled trials,

systematic reviews and evidence-based clinical practice guidelines. There were 46,430 trials, 13,355 reviews, and 782 guidelines. The graph below illustrates the cumulative number of trials, reviews and guidelines available each year.

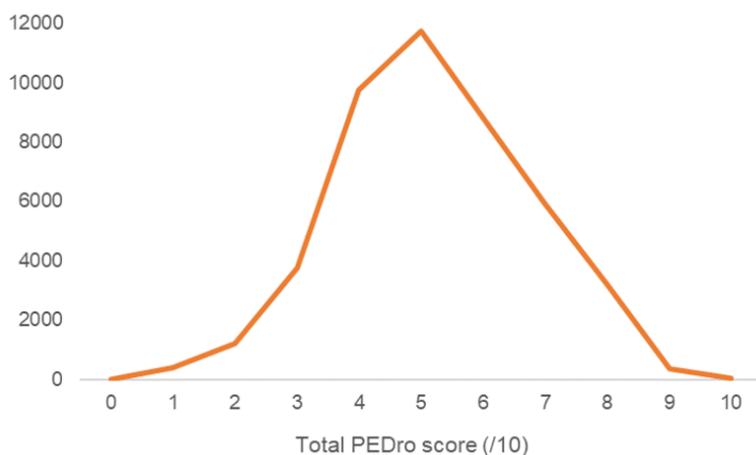


PEDro indexes reports of trials, reviews and guidelines for all areas of physiotherapy. The graph below illustrates the number of trials, reviews and guidelines available for each area of physiotherapy. Musculoskeletal and cardiothoracics had the largest quantity of trials, reviews and guidelines. Note that this graph is based on coding for 59,459 records with complete data (1,108 records are in-process, so have not been coded for area of physiotherapy yet). Each trial, review and guideline can be coded for more than one area of physiotherapy, so the total number of reports in this graph adds to more than 59,459.

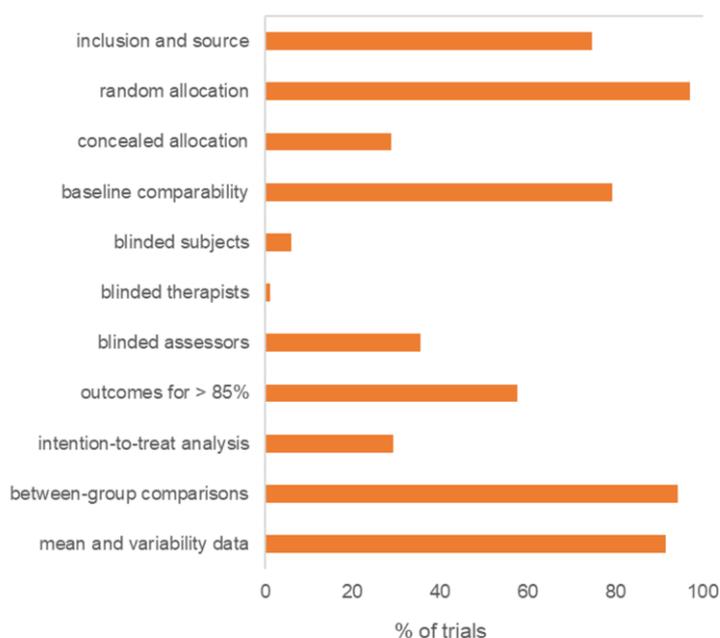


Trial reports indexed on PEDro are rated with a checklist called the "PEDro scale". The PEDro scale was developed to help PEDro users rapidly identify trials that are likely to be internally valid and have sufficient statistical information to guide clinical decision-making. Each trial report is given a total PEDro score, which ranges from 0 to 10. The graph below illustrates the number of trial reports scoring each total PEDro score. The average total

PEDro score is 5.2, with a standard deviation of 1.7. 40% of trial reports are of moderate to high quality, scoring  $\geq 6/10$  on the PEDro scale. Note that this graph is based on coding for 45,322 records with complete data (1,108 trial reports are in-process, so have not been rated using the PEDro scale yet).

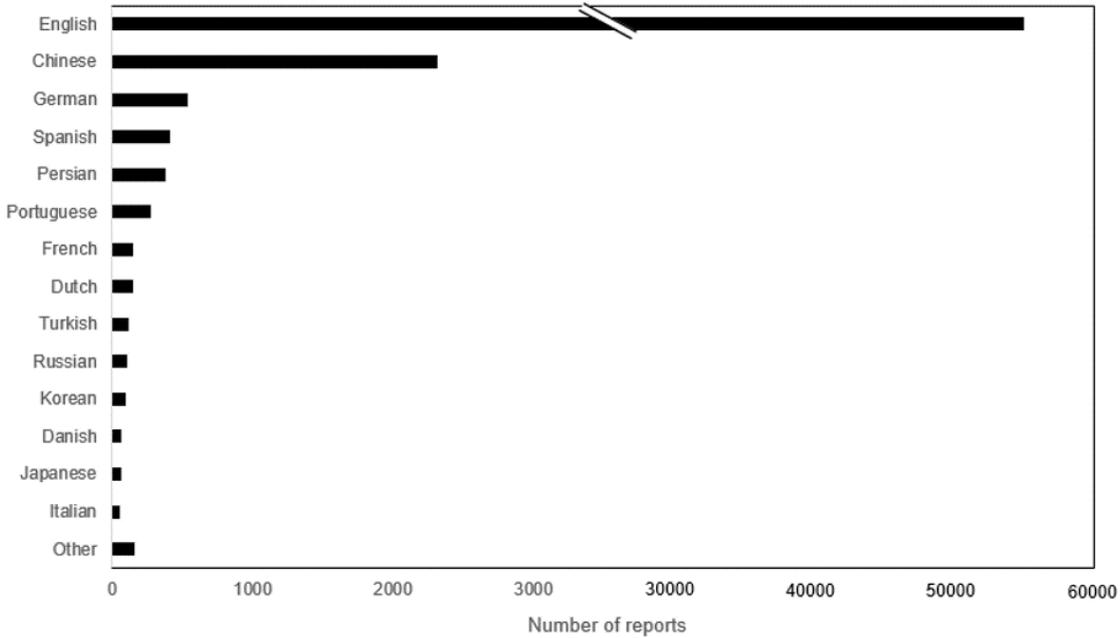


The graph below illustrates the percentage of trial reports satisfying each item of the PEDro scale. The majority of trials use random allocation (97%), report between group comparisons (94%), and report mean and variability data (91%). Few trials blind the subjects (6%) or therapists (1%), use concealed allocation (29%), and use intention to treat analysis (29%). Note that this graph is based on coding for 45,322 records with complete data (1,079 reports are in-process, so have not been rated using the PEDro scale yet).



There is no language restriction for indexing reports of trials, reviews and guidelines on PEDro. The graph below illustrates the number of records by language of publication. Reports were published in a total of 31 different languages. English was the most prevalent

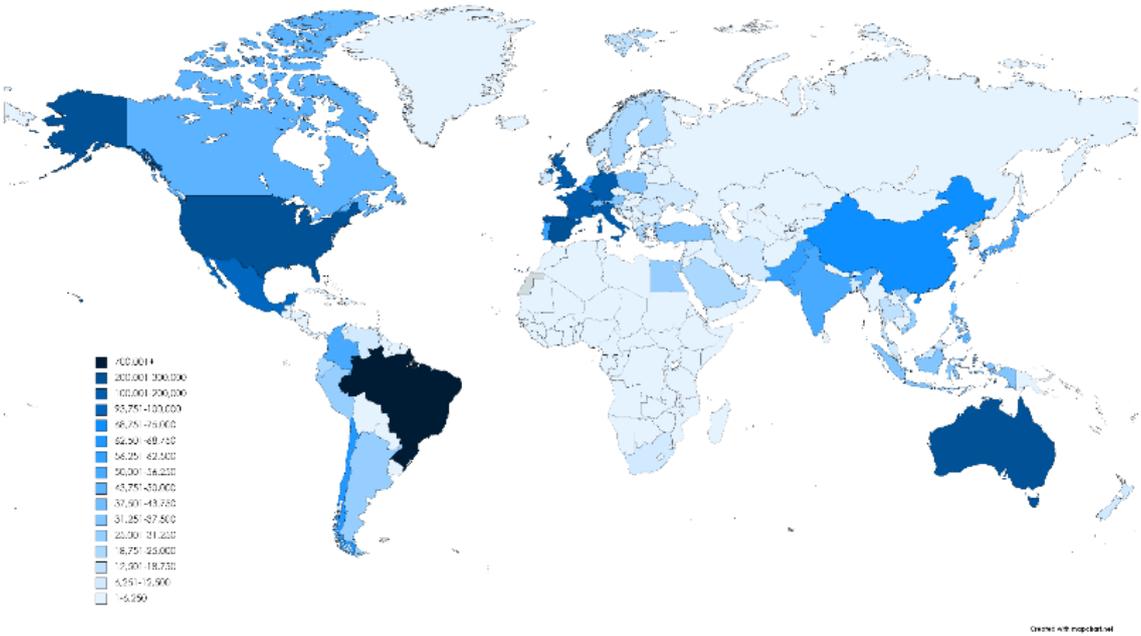
language of publication (91.9% of reports), followed by Chinese (3.8%), German (0.9%) and Spanish (0.7%).



PEDro users were from over 219 countries. The five countries with the highest usage were:

- 28% Brazil
- 6% United States of America
- 6% Spain
- 6% Australia
- 5% Germany

A heat map of the PEDro searches performed during 2023 is illustrated below.



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**Systematic review found that following hip fracture surgery in older adults, a structured exercise program improved physical function, mobility and independence with ADLs compared to regular physical activity or no exercise.**

- Global hip fracture rates in older adults are rising. The most effective post-surgical rehabilitation approach remains uncertain. This systematic review aimed to estimate the effects of structured exercise on physical function, mobility, independence in ADLs and length of hospital stay in older adults following hip fracture surgery.
- Trials included randomised controlled trials comparing structured exercise programs with no exercise or regular physical activities among older adults without significant co-morbidities following hip fracture. The key outcome was physical function. Other outcomes were mobility, balance, Independence with ADLs and hospital length of stay (LOS). Trial quality was evaluated using the Cochrane risk of bias tool. Certainty of evidence was evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.
- 15 trials (1317 participants) were included in the meta-analyses. There was moderate certainty evidence that structured exercise programs improved physical function (SMD 0.74, 95% CI: 0.25, 1.23), gait speed (SMD 0.15, 95% CI: 0.01, 0.30), timed-up and go test time (MD = -4.34 s, 95% CI: -6.74, -1.94) and independence (SMD 0.55, 95% CI: 0.24, 0.87). There low certainty evidence for effects on balance and no significant differences for six-minute walk test distance and hospital length of stay. There was significant improvement in physical function for the group starting structured exercise within 3 months post-operation.
- This review suggests structured exercise programs are superior to unstructured programs or no exercise in key outcomes. Programs may be most effective when initiated within 3 months post-operatively.

[Access the full summary in the PEDro blog.](#)

PEDro acknowledges Dr Lara Edbrooke and Piotr Lewandowski for preparing this summary.

## PEDro update (4 March 2024)

[PEDro](#) contains 60,777 records. In the 4 March 2024 update you will find:

- 46,546 Reports of randomised controlled trials (45,481 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 13,449 reports of systematic reviews, and
- 782 reports of evidence-based clinical practice guidelines.

For latest guidelines, reviews and trials in physiotherapy visit [Evidence in your inbox](#).

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## DiTA update (4 March 2024)

[DiTA](#) contains 2,462 records. In the 4 March 2024 update you will find:

- 2,185 reports of primary studies, and
- 277 reports of systematic reviews.

For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit [Evidence in your inbox](#).

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## Next PEDro and DiTA updates (April 2024)

The next [PEDro](#) and [DiTA](#) updates are on 8 April 2024.

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