A. PEDro update (4 October 2016)

PEDro contains 34,684 records. In the 4 October 2016 update you will find:

- 27,557 reports of randomised controlled trials (26,866 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 6,533 reports of systematic reviews, and
- 594 reports of evidence-based clinical practice guidelines

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

B. Systematic review found that exercise improves clinical outcomes in people with obstructive sleep apnea

Eight articles were included in this systematic review (n=180 participants). Six studies were randomised controlled trials and 2 studies were single group intervention studies. Participants’ ages ranged from 32 to 54 years. The studies included both supervised and unsupervised exercise programs in people with obstructive sleep apnea. Treatment programs included a variety of exercise, including aerobic exercise (walking or running), stair climbing, exercise bike, resistance training, and oropharyngeal exercises. Treatment duration ranged from 2 to 6 months, and treatment frequency from 2 to 7 days/week with sessions ranging from 30 to 150 minutes. Control groups included minimal or no intervention. Clinical outcomes were severity of sleep apnea (Apnea Hypopnea Index), body mass index, and patient’s sleepiness (Epworth Sleepiness Scale). Risk of bias for the included studies was measured using the Jadad scale and scores ranged from 1 to 4 (out of 5). Exercise reduced the Apnea Hypopnea Index (standardised mean
difference 0.54, 95% confidence interval 0.21 to 0.87, 7 studies) and total Epworth Sleepiness Scale score (standardised mean difference 1.25, 95% confidence interval 0.10 to 2.40, 4 studies) compared to control. There was no statistically significant effect on body mass index (standardised mean difference -0.05, 95% confidence interval -0.04 to 0.28, 4 studies). Exercise therapy was effective for improving clinical outcomes (severity of sleep apnea and patient’s sleepiness) in the treatment of obstructive sleep apnea. The main limitation of this review is the small number of studies and participants included.


Read more on PEDro.

C. Funding is related to quality and conduct of musculoskeletal physiotherapy trials

A paper evaluating 210 articles reporting the results of musculoskeletal physiotherapy trials has just been published. Trials that received grant funding were more likely to have multiple departments in the research team, a larger sample size, a higher total PEDro score and be published in journals with higher impact factors compared to trials that received no funding.


D. Support for PEDro comes from Motor Accident Insurance Commission, Deutscher Verband für Physiotherapie, Taiwan Physical Therapy Association, Suomen Fysioterapeutit and Hong Kong Physiotherapy Association

We thank the Motor Accident Insurance Commission, Deutscher Verband für Physiotherapie, Taiwan Physical Therapy Association, Suomen Fysioterapeutit and Hong Kong Physiotherapy Association, who have just renewed their partnerships with PEDro for another year.

E. Two new PEDro videos in Japanese and German
We are pleased to announce that two of the PEDro “how to” videos are now available in Japanese and German. The videos are:

- how to save search results in Japanese
- how to optimise PEDro searching in German

PEDro would like to thank Koya Mine from the Tokyo University of Technology, who translated and recorded the Japanese video. PEDro would also like to thank Eileen Meyer who translated and recorded the German video during a 6-month internship with The George Institute for Global Health. Eileen is enrolled in a Public Health bachelor’s degree at the University of Bremen, Germany.

F. Next PEDro update (November 2016)

Next PEDro update is on Monday 7 November 2016.