A. PEDro update (5 November 2018)

PEDro contains 41,856 records. In the 5 November 2018 update you will find:

- 32,837 reports of randomised controlled trials (31,926 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 8,354 reports of systematic reviews,
- 665 reports of evidence-based clinical practice guidelines.

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

B. Some tips for getting older people and people with chronic health conditions more active

The World Health Organisation launched its Global Action Plan on Physical Activity in mid-2018. The Plan was developed in response to much of the world’s population becoming less active despite there being strong evidence that regular physical activity helps prevent and treat many health conditions. In some countries, inactivity levels can be as high as 70%. The Plan aims to reduce physical inactivity by 15% by 2030.

Physical activity levels are lower for some sectors of the population, including people with chronic health conditions and older people. In Australia, for example, only 25% of people aged 65 and older accumulate at least 30 minutes of moderate intensity physical activity on most days of the week. As few as 12% regularly undertake strengthening activities (such as lifting weights) and 6% do balance activities (such as lunges or single-leg standing).
Physiotherapists can play an important role in getting older people more active. A recent article in *The Conversation* provides suggestions on how to encourage older people to meet physical activity guidelines. These include starting small and building up the amount and intensity of activity; using an electronic gadget to help track activity; and, seeking out coaching services, health professionals, organisations or groups for support.

*Moving Medicine* is a useful resource for clinicians working with people with chronic health conditions. Produced by the Faculty of Sport & Exercise Medicine in partnership with Public Health England and Sport England, the web-site includes toolkits to help clinicians have a conversation about physical activity with patients for 10 health conditions (e.g., heart disease).

C. Find out more about PEDro in just 60 seconds in English, Spanish and Portuguese

PEDro is the world’s most complete index of randomised controlled trials, systematic reviews and evidence-based clinical practice guidelines evaluating physiotherapy interventions. You can find out more about PEDro in just 60 seconds in our new video, which is now available in English, Spanish and Portuguese.

D. How to optimise PEDro searching video now available in Spanish

We are pleased to announce that the “how to optimise PEDro searching” video is now available in Spanish.

This video explains some of the common errors made by PEDro users which make searching less effective. These include using Boolean operators, using brackets to combine terms, and using non-English characters in text fields. Error messages are now displayed when users make these errors.

The video is also available in English, Portuguese, French, German, Japanese, Tamil, and Italian.

PEDro would like to thank Carlos Maximiliano Sánchez Medina who translated and recorded the video during a 10-week internship at the Institute for Musculoskeletal Health in the School of
E. Support for PEDro comes from the Félag Sjúkraþjálfara and Namibian Society of Physiotherapy

We thank Félag Sjúkraþjálfara and the Namibian Society of Physiotherapy who have just renewed their partnerships with PEDro for another year.

F. Systematic review found that interventions involving repetitive practice improve strength after stroke

This systematic review evaluates the effects of interventions involving repetitive practice on strength and activity in people with stroke. Randomised controlled trials conducted in adult participants with a diagnosis of stroke (acute or chronic) compared to a sham or no intervention were included. The primary outcome of this review was strength. The secondary outcomes were activity of the affected upper and lower limb. Risk of bias was assessed with the Cochrane risk of bias tool. In total, 52 studies were included, with 46 studies (n = 1928) in the meta-analysis for strength. Interventions included task-specific training, electromyography-triggered functional movement, robotics, constrained-induced movement therapy, Bobath, cycling, assistive technology, video games, whole body vibration, mirror therapy, and water-based exercises. The overall standardised mean difference of repetitive practice on strength when the upper and lower limb studies were combined was 0.25 (95% CI 0.16 to 0.34). The most common intervention was task-specific training (18 studies, 931 participants) had a standardised mean difference of 0.21 (95% CI 0.08 to 0.34) on strength. The intervention with the largest effect on strength was constraint-induced movement therapy (2 studies, 22 participants), with a standardised mean difference of 1.49 (95% CI 0.44 to 2.54). Twenty-four studies (n = 912 participants) investigated the effects of repetitive practice on upper limb activity, with repetitive practice being superior to control conditions (standardised mean difference 0.15, 95% CI 0.02 to 0.29). Larger effects were observed for repetitive practice on lower limb activity (20 studies, 952 participants), with a standardised mean difference of 0.25 (95% CI 0.12 to 0.38). Interventions involving repetitive practice improve strength after stroke, and the improvement in strength is accompanied by improvements in activity.

G. Next PEDro update (December 2018)

The next PEDro update is on Monday 3 December 2018.