



A. PEDro update (6 August 2018)

PEDro contains 40,944 records. In the 6 August 2018 update you will find:

- 32,221 reports of randomised controlled trials (31,321 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 8,062 reports of systematic reviews, and
- 661 reports of evidence-based clinical practice guidelines

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

B. Meet the PEDro Steering Committee

The PEDro Steering Committee initiated and guides the development, implementation and sustainability of the PEDro evidence resource. We would like to take this opportunity to introduce you to the members of the Steering Committee.



Professor Robert Herbert

Neuroscience Research Australia

Rob is Senior Principal Research Scientist at Neuroscience Research Australia (NeuRA). He conducts clinical trials investigating the effects of physiotherapy interventions. He also conducts a program of research investigating the passive mechanical properties of muscles. He is one of the founders of PEDro.

Professor Catherine Sherrington

Musculoskeletal Health Sydney, School of Public Health, The University of Sydney

Cathie leads the Ageing and Disability theme within Musculoskeletal Health Sydney, The University of Sydney School of Public Health. Her research focuses on physical activity interventions to prevent falls and enhance mobility in older people and people with physical disabilities. She is one of the founders of PEDro.



Associate Professor Anne Moseley

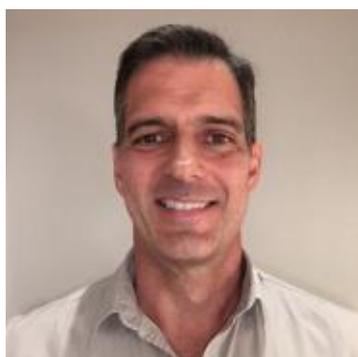
Musculoskeletal Health Sydney, School of Public Health, The University of Sydney

Anne is Principal Research Fellow within Musculoskeletal Health Sydney in the School of Public Health, The University of Sydney. Her research centres on evidence-based practice and waste in research. She is one of the founders of PEDro, and is responsible for the management of the PEDro resource.

Professor Christopher Maher

Musculoskeletal Health Sydney, School of Public Health, The University of Sydney

Chris is a professor at The University of Sydney School of Public Health. His research aims to improve the care provided to people with back pain. He is one of the founders of PEDro.



Clinical Associate Professor Mark Elkins

The University of Sydney

Mark teaches research methods to clinicians and mentors workplace-based research in the Sydney Local Health District. His personal research interests include: physical and pharmacological therapies in respiratory disease; co-ordinating these therapies to maximise the overall effect; and improving the understanding and application of published research by clinicians. He is also a Clinical Associate Professor in the Sydney Medical School and the Scientific Editor of *Journal of Physiotherapy*.

Associate Professor Steven Kamper

Musculoskeletal Health Sydney, School of Public Health, The University of Sydney

Steve is Principal Research Fellow in the School of Public Health, The University of Sydney. His research blends perspectives from the clinical treatment of pain with public health approaches to lifestyle-related health behaviours, in children and adults. The aim is to better serve people with pain and other health risks in clinical and community settings.



C. Get involved with PEDro at WCPT 2019

The [World Confederation for Physical Therapy \(WCPT\) Congress 2019](#) will be held in Geneva on 10-13 May 2019. As a WCPT Professional Partner, PEDro will be participating in the Congress exhibition and scientific program.

The WCPT 2019 program includes:

- focused symposia session FS-10, entitled "[Application of evidence - strategies to improve the application of evidence to individual patients](#)". The speakers are Mark Elkins, Philip van der Wees, Leonardo Costa, Rebecca Craik, and Sallie Lamb. The symposium will explore the challenges inherent in evidence-based practice and solutions to improve the use of high-quality clinical research to guide practice.
- half day post-congress course COURSE-14 entitled "[Research in the clinical setting: understanding and applying randomised trials](#)" in the morning on 14 May 2019. The speakers are Anne Moseley, Jean-Philip Regnaud, Jan Mehrholz, Antonia Gómez Conesa, and Lucíola Menezes Costa. The workshop will actively engage conference delegates from around the globe by offering the discussion and practical content in five languages (English French, German, Spanish and Portuguese).

Why don't you join us in Geneva in 2019?

D. Support for PEDro comes from Suomen Fysioterapeutit-Finlands Fysioterapeuter, Società Italiana di Fisioterapia, Singapore Physiotherapy Association, and Lietuvos Kineziterapeutų Draugija

We thank the [Suomen Fysioterapeutit-Finlands Fysioterapeuter](#), [Società Italiana di Fisioterapia](#),

[Singapore Physiotherapy Association](#), and [Lietuvos Kineziterapeutų Draugija](#) who have just renewed their partnerships with PEDro for another year.

E. Systematic review found that exercise after curative treatment for breast cancer might reduce mortality

This recent systematic review evaluates the effects of exercise on body composition, quality of life and survival in women after treatment of early-stage breast cancer (stage I to III). Randomised controlled trials evaluating exercise programs after the end of adjuvant treatment were included. Exercise programs could be counselling or structured, supervised or individualised. The primary outcomes were overall survival and disease-free survival. Secondary outcomes were weight loss, body mass index, waist-hip ratio, body fat, and quality of life. The review identified 60 randomised controlled trials (6,303 participants), with structured or individualised exercise being the most common types of exercise evaluated. Only one trial had data for the primary outcomes and suggested that 8 months of exercise reduced overall mortality compared to usual care (hazard ratio 0.45, 95% CI 0.21 to 0.97), but had no effect on disease-free survival (hazard ratio 0.66, 95% CI 0.38 to 1.17). There was low-quality evidence that exercise reduced body mass index (mean difference 0.89kg, 95% CI 0.28 to 1.5) and percentage body fat (mean difference 1.6%, 95% CI 0.88 to 2.31). There was very low-quality evidence that exercise reduced weight (mean difference 1.36kg, 95% CI 0.21 to 2.51), general quality of life (standardised mean difference 0.45, 95% CI 0.2 to 0.69), physical aspects of quality of life (standardised mean difference 0.51, 95% CI 0.23 to 0.79), and mental aspects of quality of life (standardised mean difference 0.28, 95% CI 0.06 to 0.5). This review highlighted the need for more well-designed and large-scale randomised controlled trials to evaluate the effects of exercise on mortality outcomes.

Soares Falcetta F, et al. Effects of physical exercise after treatment of early breast cancer: systematic review and meta-analysis. *Breast Cancer Res Treat* 2018;170(3):455-76

[Read more on PEDro.](#)

F. More on exercise and cancer

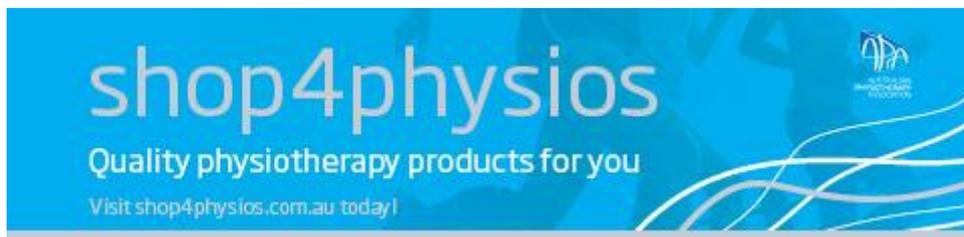
An area of research that's rapidly developed over recent years centres around the idea that exercise can improve the treatment and outcomes of people who are diagnosed with cancer. Dr Catherine Granger reported on exercise in cancer for the the ABC Radio National Health Report

Health Report. Catherine is one of the ABC's Top 5 scientists who've been learning the art of broadcasting at the ABC this year. She is a senior lecturer and research physiotherapist at the University of Melbourne and the Royal Melbourne Hospital.

[Listen to the ABC Radio National Health Report on exercise and cancer.](#)

G. Next PEDro update (September 2018)

The next PEDro update is on Monday 3 September 2018.



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