A. PEDro update (9 January 2017)

PEDro contains 35,407 records. In the 9 January 2017 update you will find:

- 28,063 reports of randomised controlled trials (27,414 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 6,740 reports of systematic reviews, and
- 604 reports of evidence-based clinical practice guidelines

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

B. PEDro volunteers in 2016

We are deeply appreciative of volunteer physiotherapists whose generosity supports the development of PEDro. We would particularly like to thank the following people who have been raters and/or translators during 2016: Adrian Traeger, Adrien Pailot, Ana Cristina Castro Avila, Anna Gui, Anne Jahn, Antoine Zaczyk, Antonia Gómez Conesa, Apurva Shrivastava, Charlotte Torp, Claudia Koeckritz, Cynthia Swarnalatha Srikesavan, Eileen Meyer, Etienne Soulet, Fereshteh Pourakzemi, Francisco de Araujo, Ilkam Karakaya, Inbal Luft, Ingrid Wu, Jack Perisa, Jean-Philippe Regnaux, Jess Stanhope, Joelle Andre-Vert, Jose Ignacio Ortega, Junior Vitorino Fandim, Kathrin Fiedler, Kedar Mate, Koya Mine, Magdalena Rzewuska, Manuela Besomi, Matthew Squires, Matthew Stevens, Michelle Lobo, Nicola Ferri, Nolwenn Poquet, Pedro Andreo, Peter Halstead, Prakash Vaidhyalingam, Ranganathan Arunmozhi, Rashid Hafeez, Robyn Porep, Shana Garland, Sharon Israely, Sharon Parry, Silvia Terzi, Simon Olivotto, Stefan Liebsch,
C. Support for PEDro comes from the Chartered Society of Physiotherapy and Latvijas Fizioterapeitu Asociācija

We thank the Chartered Society of Physiotherapy and Latvijas Fizioterapeitu Asociācija who have just renewed their partnerships with PEDro for another year.

D. Who used PEDro in 2016?

An analysis of the contents of PEDro in the 9 January 2017 update is now available on the PEDro statistics page.

The number of reports of trials has continued to expand at an exponential rate.

During 2016 PEDro was used to answer 2,114,708 questions. This means that a new search was initiated every 15 seconds, on average, during 2016. PEDro users were from 215 countries. The five countries with the highest usage in 2016 were the Brazil (15.2%), United States of America (13.5%), Australia (9.3%), Spain (7.9%), and the Germany (3.7%).

Musculoskeletal and cardiothoracic physiotherapy have the largest quantity of trials, reviews and guidelines indexed on PEDro.
For all trial reports indexed on PEDro, the average total PEDro score is 5.0 (standard deviation 1.6). 36% of trial reports are of moderate to high quality, scoring ≥ 6/10 on the PEDro scale.

---

**E. Cochrane systematic review found that repetitive task training improves upper and lower limb function in adults after stroke**

In this Cochrane review, the authors included 33 randomised controlled trials, involving 1,853 adults who have suffered a stroke. Trials of repetitive task training were considered eligible if the repetitive task training intervention comprised an active motor sequence performed repetitively within a single training session, and where the practice was aimed towards a clear functional goal (e.g., picking up a cup, sit-to-stand). Eligible control interventions were usual care or placebo. In many studies risk of bias was unclear due to poor reporting of study details. The quality of evidence was limited by inconsistency of results across studies, small sample sizes, and poor reporting. Therefore, the available evidence was only of 'moderate' or 'low' quality according to the
GRADE system.

The review concluded that there was low-quality evidence that repetitive task training improves arm function (standardised mean difference (SMD) 0.25, 95% confidence interval (CI) 0.01 to 0.49; 11 studies, n=749), hand function (SMD 0.25, 95% CI 0.00 to 0.51; 8 studies, n=619), and lower limb functional measures (SMD 0.29, 95% CI 0.10 to 0.48; 5 trials, n=419). There was moderate-quality evidence that repetitive task training improves walking distance (mean difference (MD) 34.80, 95% CI 18.19 to 51.41; 9 studies, n=610) and functional ambulation (SMD 0.35, 95% CI 0.04 to 0.66; 8 studies, n=525). Improvements for both upper and lower limb function were sustained up to six months post treatment. The effect estimates were not altered by intervention type, dosage of task practice or time since stroke.


Read more on PEDro.

F. PEDro systematic review update in the BJSM

Two new PEDro systematic review updates have been published in the British Journal of Sports Medicine

- No clinically important benefits of surgery over rehabilitation for lumbar spinal stenosis
- Aquatic exercise for osteoarthritis of the knee or hip

G. The quality of guidelines for chronic respiratory diseases could be improved

A paper evaluating 33 evidence-based clinical practice guidelines for chronic respiratory diseases relevant to physiotherapy with the AGREE II instrument has recently been published. The domains with the highest scores were scope and purpose (79%) and clarity of presentation (79%). The domain with the lowest score was applicability (37%). Mean overall quality was 5 out of 7. Inter-rater reliability for the 6 domains was good to excellent.
Uzeloto et al. The quality of clinical practice guidelines for chronic respiratory diseases and the reliability of the AGREE II: an observational study. Physiother 2016 Nov 15;Epub ahead of print

H. Japanese physiotherapists perform nearly 30,000 PEDro searches/year

A paper evaluating PEDro usage from Japan in 2010-2013 has just been published. On average, 29,638 searches/year were performed by Japanese physiotherapists. Japan ranked 10th among the 26 countries in the Asia Western Pacific region of the World Confederation for Physical Therapy. Within Japan, the highest population-normalised usage was in the Nagano, Kumamoto and Aomori prefectures.


I. Next PEDro update (February 2017)

Next PEDro update is on Monday 6 February 2017.

Copyright © 2017 The George Institute for Global Health. All rights reserved.
You are receiving this email because you opted in at our website www.pedro.org.au

Our mailing address is:
The George Institute for Global Health
PO Box M201
MISSENDE ROAD, NSW 2050
Australia

Add us to your address book

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list