



A. PEDro update (October 2017)

PEDro contains 37,970 records. In the 9 October 2017 update you will find:

- 29,987 reports of randomised controlled trials (29,311 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 7,349 reports of systematic reviews, and
- 634 reports of evidence-based clinical practice guidelines.

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

B. APA Momentum 2017 conference

PEDro will be participating in the exhibition and scientific program at the APA Momentum 2017 conference on 19-21 October 2017 in Sydney.

Please come and visit the PEDro pod at 108 in the exhibition hall. The PEDro pod will be staffed during the Welcome Cocktails on Thursday 19 October plus in the morning, lunch and afternoon breaks during the Conference. We will be helping delegates search for high-quality research to answer their clinical questions and demonstrating some great features of PEDro which help clinicians, researchers, educators and students stay up-to-date with the latest physiotherapy research.

We are contributing to the following sessions:

Thursday 19 October 2017 4.30-5.30pm (Darling Harbour Theatre)

Unnecessary care crowds out necessary care, what can we do about it?

Keynote Speakers: Ian Harris, Tammy Hoffman, Helen Slater, Chris Maher

Friday 20 October 2017 12.25-12.40pm (room C4.8)

Citation of prior research has increased in introduction and discussion sections with time

Speaker: Anne Moseley

Please confirm session times and rooms in the [Conference program](#).

C. PEDro – informing physiotherapy globally for 18 years

October 2017 marks PEDro's coming of age. For 18 years PEDro has been providing physiotherapists around the world with easy access to high-quality clinical research so they can practice effectively and safely. In this time PEDro has been used to answer over 18-million questions.

D. New systematic review found that self-management interventions which include action plans for exacerbation improve health-related quality of life in individuals with COPD

The aim of this systematic review was to evaluate the efficacy of self-management interventions specifically designed for people with chronic obstructive pulmonary disease (COPD) that include a COPD exacerbation action plan compared with usual care for health-related quality of life, respiratory-related hospital admissions and other health outcomes. Twenty-two studies (n= 3,854 participants) were included in this review. There was a statistically significant effect of self-management interventions with action plans on health-related quality of life over 12 months (mean difference (MD) -2.69, 95% CI -4.49 to -0.90; 1,582 participants; 10 studies; high-quality evidence). Participants in the intervention group were at lower risk for having at least one respiratory-related hospital admission compared with those who received usual care (odds ratio (OR) 0.69, 95% CI 0.51 to 0.94; 3,157 participants; 14 studies; moderate-quality evidence). The number needed to treat to prevent one respiratory-related hospital admission over one year was 12 (95% CI 7 to 69) for participants with high baseline risk and 17 (95% CI 11 to 93) for participants with low baseline risk. There was no difference in the probability of at least one all-cause hospital admission, hospitalisation days, visits to the emergency department or general practitioner, number of COPD exacerbations, all-cause mortality, and dyspnoea scores. To conclude, self-management interventions with a COPD exacerbation action plan improve health-related quality of life and decrease the probability of respiratory-related hospital admissions.

Lenferink A et al. Self-management interventions including action plans for exacerbations versus usual care in patients with chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2017;Issue 8

[Read more on PEDro.](#)

E. PEDro systematic review update in the *BJSM*

A new PEDro systematic review update has been published in the *British Journal of Sports Medicine*:

- [Effectiveness of physical therapy interventions for pregnancy-related pelvic girdle pain](#)
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F. PEDro users select high-quality clinical research

An evaluation of the relationship between the number of times articles are accessed on the PEDro and the article characteristics has recently been published. All articles indexed on PEDro for a 6-month period (August 2014 to January 2015) were evaluated. We extracted variables relating to the algorithm used to present PEDro search results (research design, year of publication, PEDro score, source of systematic review (Cochrane or non-Cochrane)) plus language, area of physiotherapy, and whether articles were promoted to PEDro users. There were 29,313 articles indexed on PEDro and the total number of accesses was 633,876. The median (25th centile; 75th centile) number of accesses for an article was 10 (4; 25). We identified seven factors that predicted the number of accesses. More accesses were noted for factors related to the algorithm used to present PEDro search results (synthesis research (i.e., guidelines and reviews), recent articles, Cochrane reviews, and higher PEDro score) plus publication in English and being promoted to PEDro users. Musculoskeletal, neurology, orthopaedics, sports, and paediatrics articles were associated with more accesses. The number of times an article is accessed on PEDro is partly predicted by how condensed and high quality the evidence it contains is.

[Yamato TP, et al. Quality, language, subdiscipline and promotion were associated with article accesses on Physiotherapy Evidence Database \(PEDro\). *Physiotherapy* 2017 Aug 12: Epub ahead of print](#)

G. Meet the PEDro Advisory Committee

The PEDro Advisory Committee provides valuable advice to guide 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 Advisory Committee.



Associate Professor Leonardo Oliveira Pena Costa

Universidade Cidade de São Paulo, Brazil

Leo is the Head of the Masters and Doctoral Programs in Physical Therapy in the Universidade Cidade de São Paulo. His research focuses on the effects of non-pharmacological interventions for people with low back pain.

Professor Rebecca L Craik

Arcadia University, USA

Beck is currently the Dean of the College of Health Sciences at Arcadia University, having served previously as the Chair of the Department of Physical Therapy. A theme that threads through her research is adaptability, whether she is working with the older adult or examining animal models of human disease. She is co-principal investigator for the [Improving Community Ambulation After Hip Fracture \(CAP\)](#) trial.



Professor Sally Green

Monash University, Australia

Sally is the Co-Director of Cochrane Australia. She is an active Cochrane reviewer. Her research aims to improve health outcomes by investigating the most effective and efficient pathway of knowledge from research result to sustained change in clinical practice and policy.

Professor Sallie Lamb

Oxford University, UK

Sallie is the Director - Centre for Statistics in Medicine, Foundation Director - Oxford Clinical Trials Research Unit, Section Head - Statistics and Epidemiology, Director - Centre for Rehabilitation Research in Oxford, Deputy Director - Oxford Biomedical Research Unit, and Kadoorie Professor of



Trauma Rehabilitation at University of Oxford, plus Professor of Rehabilitation, Warwick Clinical Trials Unit, University of Warwick. She has a long-standing interest in clinical trials, medical statistics and, from a clinical perspective, rehabilitation of musculoskeletal and chronic conditions. Sallie is currently leading the [Prevention of Falls Injury Trial \(PreFIT\)](#).



Dr Philip van der Wees

Radboud University Medical Center, The Netherlands

Philip is a senior researcher at the Scientific Institute for Quality of Healthcare (IQ Healthcare) of Radboud University Medical Center in the Netherlands. His research projects are aimed at quality, implementation, and evaluation of healthcare. One of his main areas of research is the development and implementation of clinical practice guidelines.

H. Next PEDro update (November 2017)

The next PEDro update is on Monday 6 November 2017.



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