



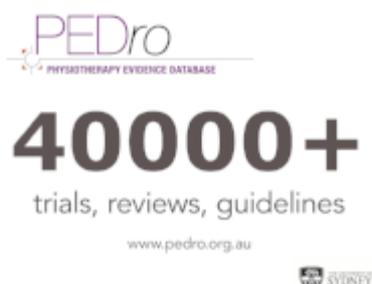
A. PEDro update (4 June 2018)

PEDro contains 40,287 records. In the 4 June 2018 update you will find:

- 31,713 reports of randomised controlled trials (30,837 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 7,915 reports of systematic reviews, and
- 659 reports of evidence-based clinical practice guidelines

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

B. PEDro indexes 40,000+ reports



We are pleased to announce that PEDro has just achieved two new milestones for the amount of evidence. There are now 40,000+ reports of trials, reviews and guidelines indexed on PEDro.

C. Recruitment open for a PEDro Research Officer

We are recruiting a Research Officer for PEDro. The position is part-time (2.5 days/week) and is based in Sydney (in the School of Public Health at The University of Sydney). Duties include actively contributing to PEDro development activities, undertaking core aspects of the work to keep PEDro up-to-date and online, communication with PEDro users, and contributing to

analysis and evaluation of PEDro. If you are interested in finding out more please visit the [Careers at Sydney web-site](#).

Applications close at 11.30pm on 13 June 2018.

D. Support for PEDro comes from the American Physical Therapy Association, physioswiss, Physio Austria, Fysioterapeuterna, Associação Espanola de Fisioterapeutas, Taiwan Physical Therapy Association, Association Luxembourgeoise Des Kinésithérapeutes, Hong Kong Physiotherapy Association, Lietuvos Kineziterapeutų Draugija, and Ghana Physiotherapy Association

We thank the [American Physical Therapy Association](#), [physioswiss](#), [Physio Austria](#), [Fysioterapeuterna](#), [Associação Espanola de Fisioterapeutas](#), [Taiwan Physical Therapy Association](#), [Association Luxembourgeoise Des Kinésithérapeutes](#), [Hong Kong Physiotherapy Association](#), [Lietuvos Kineziterapeutų Draugija](#), and [Ghana Physiotherapy Association](#) who have just renewed their partnerships with PEDro for another year.

E. Systematic review found that supervised exercise therapy improves walking distance compared to home-based exercises or walking advice in people with intermittent claudication

This recent systematic review evaluates the effects of supervised exercise therapy compared to home-based exercise therapy and walking advice in people with intermittent claudication. This is an update of a Cochrane systematic review, which was first published in 2006. The primary outcome was maximal treadmill walking distance or time. Secondary outcomes were pain-free treadmill walking distance or time, quality of life, functional impairment, mortality and adherence to exercise program. Supervised exercise therapy was defined as a treatment program lasting at least 6 weeks with more than 50% of total exercise spent on walking or training the lower limbs and conducted under supervision of a physiotherapist or trained medical professional either as a hospital-based or community-based program. Home-based exercise therapy was defined as structured walking advice supplemented with an observation component (e.g., exercise log-book). Walking advice was defined as “go home and walk” advice provided with or without a predefined exercise scheme. The review identified 21 randomised controlled trials (1,400 participants), among which 635 received supervised exercise therapy, 320 home-based exercise therapy and 445 received walking advice. 17 trials

(81%) were considered to be low risk of bias. There is moderate quality evidence showing that structured exercise therapy is superior to home-based exercise therapy (standardised mean difference 0.37; 95% confidence interval 0.12 to 0.62) and high quality evidence showing that supervised exercise therapy is superior to walking advice (standardised mean difference 0.80; 95% confidence interval 0.53 to 1.07) in improving maximal treadmill walking distance at three months. These effect sizes represent that participants treated with structured exercise therapy were able to walk 120 metres further than those treated with home-based exercise therapy and 210 meters more than those treated walking advice, on average. There is moderate quality evidence showing that home-based exercise therapy did not improve walking distance compared to those treated with walking advice (standardised mean difference 0.30; 95% confidence interval -0.45 to 1.05). There is moderate quality evidence that supervised exercise therapy was more effective than home-based exercise therapy in increasing pain-free walking distance at 3 months (standardised mean difference 0.51; 95% confidence interval 0.21 to 0.81), and low quality evidence that it was not more effective in improving quality of life at 3 months (standardised mean difference 0.00; 95% confidence interval -4.79 to 4.79). This review showed moderate and high evidence that supervised exercise therapy provides an important benefit in improving walking distance compared to home-based exercise therapy and walking advice, respectively.

Hageman D, et al. Supervised exercise therapy versus home-based exercise therapy versus walking advice for intermittent claudication. *Cochrane Database Syst Rev* 2018;Issue 4

[Read more on PEDro.](#)

F. The Template for Intervention Description and Replication (TIDieR) checklist can be summed to create a score

The [Template for Intervention Description and Replication \(TIDieR\) checklist](#) is a tool designed to improve the reporting of interventions in randomised controlled trials that has been promoted widely in physiotherapy. Until now, TIDieR items have been reported individually. A recent study has examined whether it is reasonable to calculate a summary score from the TIDieR checklist. TIDieR summary scores (range 0-24) were calculated for 200 reports of physiotherapy trials published in 2013 and randomly selected from PEDro. Rasch analysis was used to investigate the item hierarchy, category function and reliability of the TIDieR checklist and determine the extent to which the summary score can be considered an interval-level measure. The data fit the Rasch model suggesting the summary score is able to assess the completeness of reporting. The items appeared to target the study sample well (average report

measure was 0.48 (0.87) compared to the average item measure of 0.0 (1.82)), and progressed in a logical manner, suggesting the summary score can be used as a single variable. The low internal consistency (0.62) suggests the summary score may only be able to discriminate between the least and most detailed reports. These results support use of the TIDieR summary score, but replication in an independent data set is required.

[Yamato TP et al. Rasch analysis suggested that items from the Template for Intervention Description and Replication \(TIDieR\) checklist can be summed to create a score. *J Clin Epidemiol* 2018 May 21;Epub ahead of print](#)

G. *This Girl Can* campaign inspires women to engage in physical activity



Do you know that women (particularly teenagers and young adults) play less regular sport than men? Do you know that a key factor driving this gender-gap is the fear of being judged?

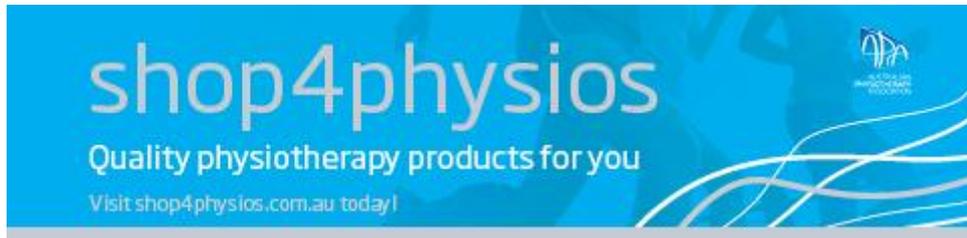
Back in 2015, [Sport England](#) initiated a great public health campaign to encourage women to become more active. Called [This Girl Can](#), the campaign uses videos and case studies to inspire women to beat their barriers and get involved.

This Girl Can is becoming an international phenomenon, with localised versions of the campaign being launched in Australia ([Girls make your move](#)) and the Australian state of Victoria ([This Girl Can – Victoria](#)). If you are aware of initiatives in other countries we'd like to [hear from you](#).

This Girl Can is a great resource for physiotherapists to share with their patients.

H. Next PEDro update (July 2018)

The next PEDro update is on Monday 2 July 2018.



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