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Welcome to the PEDro Newsletter for November 2024

Thank you to our Association Partner <u>Macau Physical Therapy Association</u> who have just renewed their partnership with PEDro for another year.

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PEDro's Top





Trials

We are excited to announce the PEDro Top 25 Trials!

To celebrate PEDro's 25th birthday we have identified the five most important randomised controlled trials in physiotherapy published in the years 2019-2024, to add to PEDro's Top 20 Trials. The trials were nominated by PEDro users, and judged by an independent panel of international trialists judged the nominations received.

These ground-breaking trials are from a broad cross-section of physiotherapy practice. The trials answer important clinical questions that will change the way people are treated for a variety of conditions seen by physiotherapists and other healthcare professionals. All of them mark important milestones in the evolution of physiotherapy treatment.

The trials are listed below in no particular order:

- Kent P, et al. <u>Cognitive functional therapy with or without movement sensor</u>
 <u>biofeedback versus usual care for chronic, disabling low back pain (RESTORE): a</u>
 <u>randomised, controlled, three-arm, parallel group, phase 3, clinical trial.</u> *Lancet.* 2023;401(10391):1866-1877.
- Dumoulin C, et al. <u>Group-based vs individual pelvic floor muscle training to treat urinary incontinence in older women: a randomized clinical trial</u>. *JAMA Intern Med*. 2020;180(10):1284-1293.
- Cox NS, et al. <u>Telerehabilitation for chronic respiratory disease: a randomised controlled equivalence trial</u>. *Thorax*. 2022;77(7):643-651.
- Hinman RS, et al. <u>Telerehabilitation consultations with a physiotherapist for chronic knee pain are not inferior to traditional in-person care: the PEAK non-inferiority randomised controlled trial</u>. *Lancet*. 2024; 403(10433):1267-78.
- Lamb SE, et al. <u>Screening and intervention to prevent falls and fractures in older people</u>. *N Eng J Med*. 2020; 383:1848-1859.

Congratulations to the teams who produced the PEDro Top 25 Trials. Your contributions to physiotherapy are highly valued and appreciated. PEDro would also like to thank all the users who nominated trials and those who served on the independent judging panel.

You will hear more about these trials over the coming months.



PEDro's new online course: Evidence-Based Healthcare: Searching and Appraising the Evidence

Evidence-based healthcare begins with asking the 'right' clinical question then acquiring high-quality clinical research that answers the question. Many health professionals and clinical researchers report trouble identifying high-quality research due to difficulty understanding research methodology.

To address these issues, our 4-part webinar series aims to facilitate evidence-based practice. Develop your knowledge, skills and join a live question-and-answer webinar (Tuesday 12 November 2024) about searching and appraising the evidence for evidence-based healthcare.

The course is convened through the Sydney Health Executive Education unit at The University of Sydney.

More details and registration here.



Help PEDro Keep Delivering World-Class Physiotherapy Evidence!

For 25 years, PEDro has been the go-to resource for physiotherapists worldwide, offering free access to the latest research and evidence that improve patient outcomes. But with the growing volume of physiotherapy evidence, we need your support to continue providing this essential service.

You can make a difference by donating just \$5 - the price of a coffee - to help keep PEDro running strong! Every dollar helps us update the database with the latest research and keep it free for all users.

Join us in supporting better physiotherapy for everyone. Click here to donate today.

Learn more on PEDro.

Lee et al. (2024) infographic

Systematic review found the use of acupuncture improved pain and cervical spine extension range of motion compared to no acupuncture in people with whiplash associated disorder. Read more on PEDro.

EFFICACY OF ACUPUNCTURE FOR

WHIPLASH INJURY

WHAT DID THEY DO?

Study design: Systematic review of 8 randomised controlled trials.

Population: 525 adults diagnosed with whiplash associated disorder (WAD).

Intervention: General acupuncture, electroacupuncture, or motion-style acupuncture treatment, alone or combined with other conventional treatments. Total sessions were 6 or more (5 trials), between 2-6 sessions (1 trial) or one session (1 trial).

Comparator: Usual care, sham, or other conventional treatments (e.g. physiotherapy, medication).

Outcome: Primary outcome was neck pain, based on the visual analogue or numeric rating scale. Secondary outcome was neck range of motion.

Most trials prescribed general acupuncture (5 trials) or electroacupuncture (2 trials); one prescribed motion-style acupuncture treatment (MSAT). Low risk of bias for 5 trials.

FINDINGS

- · Moderate certainty evidence that acupuncture, alone or combined with conventional treatment, reduces neck pain (SMD = -0.57, 95% CI: -0.86 to -0.28, I2 = 51%, n = 423, 6 trials) compared to usual care.
- · Low certainty evidence that acupuncture, alone or combined with conventional treatment, improves neck extension range of motion (SMD = 0.47, 95% CI: 0.05 to 0.89, I2 = 56%, n = 216, 3 trials), but not other neck range of motion.

Adverse events: Only 5/8 trials reported adverse events. All were mild, for example dizziness or bruising, except for one reported moderate adverse event (type not reported). The frequency of adverse events was not reported.

Note: There was a minimal number of trials.

Acupuncture, when used alone or combined with other conventional treatments, may reduce neck pain and improve neck extension in people with whiplash associated disorder compared to usual care.



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🚹 Physiotherapy Evidence Database



Physiotherapy Evidence Database (PEDro)



Infographic prepared by Lara Edbrooke, Emre Ilhan and Courtney West

Lee SH, Park SY, Heo I, Hwang EH, Shin BC, Hwang MS. Efficacy of acupuncture for whiplash injury: a systematic review and meta-analysis. BMJ Open. 2024 Jan 17;14(1):e077700. doi: 10.1136/bmjopen-2023-077700

Dong et al. (2024) systematic review summary

Systematic review found that physiotherapy specific exercise approaches improved body posture, trunk deformity, and quality of life in adolescents with idiopathic scoliosis.

- Idiopathic scoliosis is a S-shaped curvature of the spine, defined as having a Cobb angle of 10 degrees or more. Conventional rehabilitation approaches to managing idiopathic scoliosis in adolescents vary but may include physiotherapy specific exercise (PSSE) approaches, including Schroth therapy. The most effective approach for improving body, trunk deformity, and quality of life remains uncertain. This systematic review aimed to determine the efficacy of PSEE in improving the Cobb angle in adolescents with idiopathic scoliosis compared to conventional rehabilitation.
- Trials included: RCTs comparing any rehabilitation based on PSSE (e.g., Schroth therapy) with conventional rehabilitation (e.g., brace therapy); adolescents diagnosed with idiopathic scoliosis according to the 2016 SOSORT guidelines. Primary outcome was Cobb angle; other outcomes were angle of trunk rotation (ATR), quality of life. Trial quality was evaluated using the Cochrane risk of bias tool. Certainty of evidence was not evaluated.
- 17 trials (724 participants) were included in the meta-analyses. Interventions ranged from 30-90 minutes per session, 1-7 days a week for 6-52 weeks. Compared to conventional rehabilitation, PSSE approaches improved Cobb angle (SMD = -1.11, 95% CI: -1.59 to -0.64), ATR (SMD = -1.05, 95% CI: -1.52 to -0.58), quality of life (SMD = 0.61, 95% CI: 0.16 to 1.07). Subgroup analysis showed significant improvement in Cobb angle and ATR when the duration of rehabilitation was 6-24 weeks or more than 24 weeks. Risk of bias was rated as high or unclear for all trials and the certainty of evidence was not evaluated.
- This review found that PSSE approaches are superior to conventional rehabilitation. PSSE showed greater improvements when the treatment lasted 6 weeks or more.

Access the full summary in the PEDro blog.

PEDro now contains 63,000+ reports of trials, reviews and guidelines

We are pleased to announce that PEDro has just achieved a new milestone. There are now 63,000+ reports of trials, reviews and guidelines indexed on PEDro.



WORLD COPD DAY





20 November 2024

World COPD Day 2024

This year's Global Initiative for Chronic Obstructive Lung Disease (GOLD) theme is 'Know Your Lung Function'.

World COPD Day is organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) in collaboration with health care professionals and COPD patient groups throughout the world.

Inform your COPD clinical practice with PEDro. Sign up to receive up-to-date evidence delivered straight to your inbox.

Thank you Association Partners!





Support for PEDro

Funding is vital to sustain PEDro. Support for PEDro comes from the following global physiotherapy organisation.

We thank <u>Macau Physical Therapy Association</u>, our Association Partner who has just renewed their partnership with PEDro for another year.

Thank you for your financial support!

PEDro update (4 November 2024)

PEDro contains 63,271 records. In the 4 November 2024 update you will find:

- 47,912 reports of randomised controlled trials (46,760 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 14,553 reports of systematic reviews, and
- 806 reports of evidence-based clinical practice guidelines.

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

DiTA update (4 November 2024)

DiTA contains 2,494 records. In the 4 November 2024 update you will find:

• 2,210 reports of primary studies, and

• 284 reports of systematic reviews.

For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit *Evidence in your inbox*.

Next update

Next PEDro and DiTA updates are on 2 December 2024.



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