

PEDro Newsletter 5 August 2024

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Welcome to the PEDro Newsletter for August 2024

Thank you to the [Chartered Society of Physiotherapy](#), [Physio Deutschland](#) and [Asociación Española de Fisioterapeutas](#) who have renewed their partnership with PEDro for another year.

In this issue:

- Last chance to nominate a trial for PEDro's Top 25 Trials!
 - To celebrate 25 years of PEDro, we explore the dynamic landscape of PEDro usage across the globe over the past 15 years
 - Thank you to our PEDro Supporters
 - Are you recently graduated or embarking on a new physiotherapy practice?
 - Content on the German, Polish, Chinese, French language PEDro websites has now been updated!
 - We are excited to announce that the #PEDroTacklesBarriers to evidence-based physiotherapy campaign is now available Polish and Chinese!
 - Infographic
 - Systematic review summary
 - PEDro update
 - DiTA update
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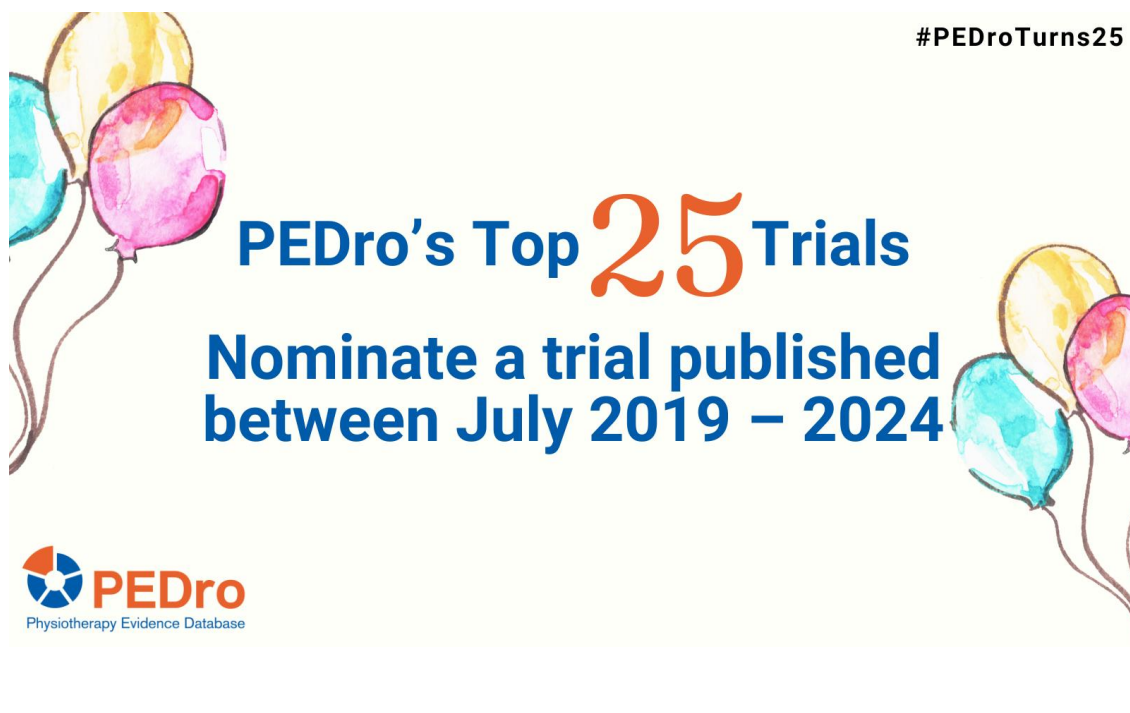
Last chance to nominate a trial for PEDro's Top 25 Trials!

To celebrate PEDro's 25th anniversary we are looking to expand PEDro's Top 20 Trials to the Top 25 Trials. Nominations close 11 August 2024.

You can help us by [nominating a trial](#) published between July 2019 – August 2024. Eligible trials:

- Randomised controlled trial
- Evaluate the effects of a physiotherapy intervention
- Primary report published in a peer reviewed journal between July 2019 – August 2024
- Answer an important clinical question
- Methodologically robust and innovative


[Nominate now!](#)



#PEDroTurns25

PEDro's Top 25 Trials

Nominate a trial published between July 2019 – 2024

 **PEDro**
Physiotherapy Evidence Database

The graphic features a light yellow background with watercolor-style balloons in shades of blue, pink, and yellow on the left and right sides. The text is centered and uses a mix of blue and orange colors for emphasis.

To celebrate 25 years of PEDro, we explore the dynamic landscape of PEDro usage across the globe over the past 15 years

[This video](#) highlights the top 10 countries annually from 2010 to 2024, with each country's prominence depicted by varying shades of orange. Darker hues represent higher utilisation rates ranging from 25% to 30%, and the lightest tones signify usage of 5% or less.

Witness the ebb and flow of interest in evidence-based practice unfold visually — from Brazil's prominence to the evolving trends worldwide.



Evolution of the top 10 countries using PEDro 2010-2024

Thank you to our PEDro Supporters

Funding is vital to sustain PEDro. PEDro is proud to announce the [Chartered Society of Physiotherapy](#) in the UK, is a Silver Partner, who have just renewed their partnership with PEDro for another 3 years.

Our Bronze Partners, [Physio Deutschland](#) in Germany, [Associação Espanola de Fisioterapeutas](#) in Spain have just renewed their partnership with PEDro for another year.

Thank you for your financial support!

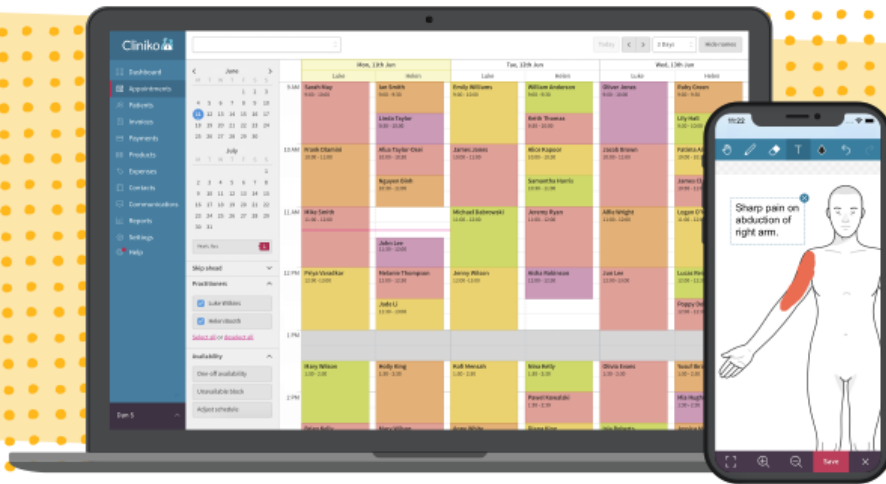
Are you recently graduated or embarking on a new physiotherapy practice?

PEDro has partnered with Cliniko! Cliniko provides practice software for busy clinics and allied health practitioners across more than 70 countries.

The Cliniko platform can help you manage individual and group bookings, scheduling, treatment notes, invoices, reporting, automated appointment reminders, and includes integrated telehealth software all in the one platform.

For a limited time, PEDro users can access a FREE 60-day trial of Cliniko.

[Learn more.](#)



PEDro's practice management software partner

60-day free trial

Content on the German, Polish, Chinese, French language PEDro websites has now been updated!

Thank you to our collaborators for kindly translating the content.

[German](#): Cordula Braun and Stefan Hegenscheidt

[Polish](#): Maciej Płaszewski, Weronika Krzepakowska, Zbigniew Wroński

[Chinese \(simplified\)](#): Siya Zhao, Zixin Zhang, Qi Lu

[French](#): Claudia Cote-Picard, Magda Costa Castany, François-Xavier Dessus, Guillaume Galliou, Matthieu Guemann, Erwan le Guenne, Elodie Louvion, Valentin Vaillant

We are excited to announce that the #PEDroTacklesBarriers to evidence-based physiotherapy campaign is now available Polish and Chinese!

The ‘#PEDroTacklesBarriers to evidence-based physiotherapy’ campaign will help you to tackle the four biggest barriers to evidence-based physiotherapy.

This campaign was inspired by a [recent systematic review](#) by Matteo Paci and colleagues that investigated the barriers to evidence-based physiotherapy. The review included 29 studies reporting the opinions of nearly 10,000 physiotherapists. Lack of time was the most frequently encountered barrier and was reported by 53% of physiotherapists. This was followed by language (36%), lack of access (34%), and lack of statistical skills (31%).

Thank you to Maciej Płaszewski from Zakład Podstaw Fizjoterapii, Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie, Filia Biała Podlaska; Weronika Krzepakowska from Krajowa Izba Fizjoterapeutów; and , Zbigniew Wroński from Zakład Rehabilitacji, Warszawski Uniwersytet Medyczny, Poland for kindly translating the content into [Polish](#).

Thank you to Siya Zhao, Zixin Zhang from the Institute for Musculoskeletal Health, The University of Sydney, and Qi Lu from Beijing United Family Rehabilitation Hospital for kindly translating the content into [Chinese](#).

Infographic: Systematic review found that moderate certainty evidence that “stand-alone” exercise is acceptable to pregnant women with lumbopelvic pain and prevents episodes of low back pain in the long-term.

Last month we summarised the systematic review by Santos et al 2023. The review concluded that moderate certainty evidence that “stand-alone” exercise is acceptable to pregnant women with lumbopelvic pain and prevents episodes of low back pain in the long-term.

Some findings are included in this infographic.

PREVENTION OF LOW BACK AND PELVIC GIRDLE PAIN DURING PREGNANCY

Santos et al. 2023. *Physiotherapy* 118;1-11

WHAT DID THEY DO?

Study design: Systematic review of 6 randomised controlled trials.

Population: Pregnant women without low back pain (LBP), pelvic girdle pain (PGP). Review included 2231 women aged 23-31 years, gestational ages 12-24 weeks.

Intervention: Education combined with exercise and stand-alone exercise aimed to prevent LBP, PGP or lumbopelvic pain (LBPP) during pregnancy.

Comparator: No active intervention during the study period.

Outcome: Incidence of LBP, PGP, LBPP, sick leave, acceptability in the short-term (<12 weeks) and long term (>12 weeks).



Adverse events: Potential harms of the prevention strategies were not considered in the review.

FINDINGS

Moderate certainty evidence that stand-alone exercise:

- likely reduces the risk of LBP (RR 0.92, 95% CI 0.85-0.99; 2 trials, n=621);
- likely does not reduce the risk of LBPP in the long-term (RR 0.92, 95% CI 0.68-1.25, 2 trials n=1156); and is
- likely acceptable among women with LBPP (RR 0.60, 95% CI 0.42-0.84).



Moderate certainty evidence that education combined with exercise likely does not reduce the risk of LBP or PGP in the:


- short-term (LBP: RR 1.06, 95% CI 0.85-1.31; PGP: RR 1.19, 95% CI 0.71-1.98); or
- long term (LBP: RR 1.05, 95% CI 0.85-1.30; PGP: RR 1.02, 95% CI 0.80-1.29) (2 trials, n= 438).

Note: Acceptability was assessed using data on discontinuation of the intervention for any reason, so discontinuations for other reasons may confound the results for acceptability. The evidence was moderate at best, primarily due to the inclusion of few trials.

Stand-alone exercise is acceptable to pregnant women and appears to prevent LBP in the long term but it is unclear whether the effect is large enough to be clinically worthwhile. The efficacy of other strategies for preventing LBPP remains unclear.

 pedro.org.au

 @PEDro_database

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 Physiotherapy Evidence Database

 Physiotherapy Evidence Database (PEDro)

 **PEDro**
Physiotherapy Evidence Database

Infographic prepared by Leanne Hassett and Courtney West

Santos FF, Lourenço BM, Souza MB, Maia, LB, Oliveira VC, Oliveira MX. Prevention of low back and pelvic girdle pain during pregnancy: a systematic review and meta-analysis of randomised controlled trials with GRADE recommendations. *Physiotherapy* 118 (2023) 1–11 <https://doi.org/10.1016/j.physio.2022.09.004>

[Read more on PEDro.](#)

[Access the full summary in the PEDro blog.](#)

Systematic review found physiotherapy management was effective for reducing pain in women with dyspareunia when compared to control or no intervention.

This systematic review aimed to estimate the effects of physiotherapy interventions compared to pharmacological treatment, psycho-behavioural interventions, or no-intervention on pain, sexual function and quality of life in women with pain during or after sexual intercourse (dyspareunia).

Included non-randomised, randomised and pseudo-randomised trials of women with dyspareunia. The intervention group received physiotherapy (including electrotherapy, massage and exercise modalities). The control group received pharmacological treatment, psycho-behavioural interventions, or no-intervention. Outcomes were pain, sexual function and quality of life. Risk of bias was assessed using the ROBINS-I tool (non-randomised studies) and Cochrane Risk of Bias 1 tool (randomised studies). Only randomised studies were pooled for a meta-analysis. Certainty of evidence of the meta-analysis results were evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. Three trials (207 participants) were included in the meta-analyses for pain, two trials (373 participants) were included in the meta-analyses for sexual function and two trials (64 participants) were included in the meta-analyses for quality of life.

There was moderate certainty evidence that physiotherapy management (electrotherapy and electrotherapy + pelvic floor muscle training) improved pain, when compared to control interventions (SMD -4.4, 95% CI -7.9 to -1.0). There was low certainty evidence that physiotherapy management (electrotherapy and electrotherapy + kinesiotherapy) improved quality of life (SMD -0.38 95% CI: -0.74 to -0.03) but did not improve sexual function (SMD 2.37 95% CI: -1.43 to 6.17) compared to control or no intervention. Adverse events were not reported.

Physiotherapy management was effective for reducing pain in women with dyspareunia compared to control or no intervention. Further studies are required to determine if physiotherapy interventions are effective for improving sexual function or quality of life.

[Access the full summary in the PEDro blog.](#)

PEDro update (5 August 2024)

[PEDro](#) contains 61,923 records. In the 5 August 2024 update you will find:

- 47,355 reports of randomised controlled trials (46,277 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 13,776 reports of systematic reviews, and
- 792 reports of evidence-based clinical practice guidelines.

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

DiTA update (5 August 2024)

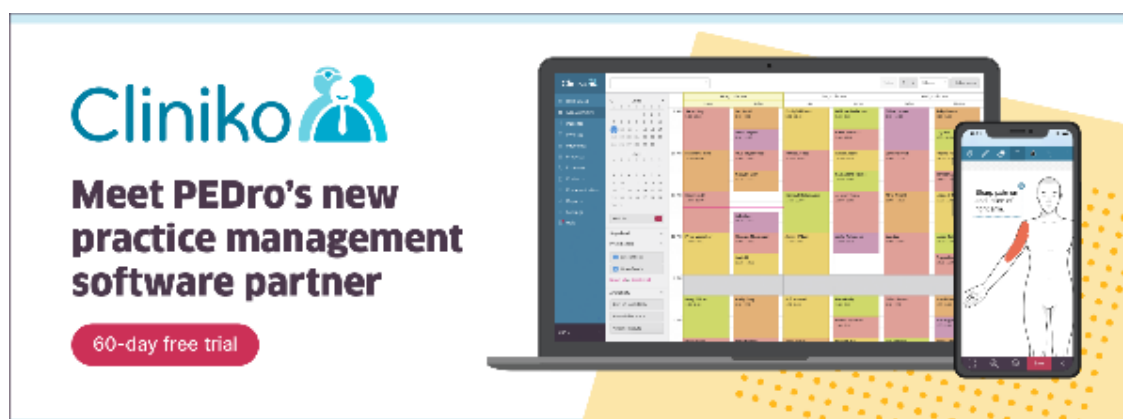
[DiTA](#) contains 2,487 records. In the 5 August 2024 update you will find:

- 2,205 reports of primary studies, and
- 282 reports of systematic reviews.

For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit [Evidence in your inbox](#).

Next PEDro and DiTA updates (September 2024)

The next PEDro and DiTA updates are on 2 September 2024.



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