

PEDro Newsletter 7 July 2025

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## Welcome to the PEDro Newsletter for 7 July 2025

Thank you to the [Australian Physiotherapy Association](#), [Chartered Society of Physiotherapy](#), [Physiotherapy New Zealand](#), [Physio Austria](#), [American Physical Therapy Association](#), [Singapore Physiotherapy Association](#), [Irish Society of Chartered Physiotherapists](#), [Fysioterapeuterna](#), [Macau Physical Therapists Association](#) and [Taiwan Physical Therapy Association](#) who have renewed their partnership with PEDro for another year.

In this issue:

- Our Partners renew their commitment to PEDro
- Hannah Withers wins PEDro Prize at the 2025 World Physiotherapy Congress
- Exciting update from PEDro!
- Tune in to PEDroCast - bringing the evidence to you
- PEDro talks with Prof Peter O'Sullivan
- PEDro over 25 years
- What makes PEDro unique?
- How did PEDro start?
- Funding is vital to sustain PEDro
- Juvenile Arthritis Awareness Month 2025
- Systematic review summary
- PEDro update

- DiTA update
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## Our Partners renew their commitment to PEDro

Support for PEDro comes from global physiotherapy organisations and ensures that we can continue delivering the best physiotherapy evidence and expand our services.

Heartfelt thanks to our **Gold Partner**, the [Australian Physiotherapy Association](#), who has played a vital role in supporting evidence-based physiotherapy since the very beginning of PEDro. We are deeply grateful for the APA's strong leadership and partnership in advancing the profession globally.



AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION

We sincerely thank our **Silver Partner**, [Chartered Society of Physiotherapy](#), for their ongoing multi-year support for PEDro and commitment to advancing the profession. Thank you for your leadership and financial support.



CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

We thank and recognise the following global physiotherapy organisations, our Bronze Partners, who have just renewed their partnership with PEDro for another year. Thank you for your financial support.

Physiotherapy New Zealand  
Physio Austria  
American Physical Therapy Association

Thank you to our **Association Partners** who have just renewed their partnership with PEDro for another year: Singapore Physiotherapy Association, Irish Society of Chartered Physiotherapists, Fysioterapeuterna in Sweden, Macau Physical Therapists Association and Taiwan Physical Therapy Association

Thank you for your financial support!

[You can also help keep PEDro running by making a donation](#)

[Learn more about our partners.](#)

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## **Hannah Withers wins PEDro Prize at the 2025 World Physiotherapy Congress**

Congratulations to Hannah Withers (Australia) who won the PEDro Prize at the 2025 World Physiotherapy Congress in Tokyo.

The PEDro prize is awarded to the person who presents the best report of a randomised controlled trial at the World Physiotherapy Congress. The award recognises the achievements of researchers who conduct high quality, clinically important randomised controlled trials.

Read Hannah's paper: Withers HG, et al. (2024) 'Is remotely delivered physiotherapy as good or better than face-to-face physiotherapy for the management of some musculoskeletal health conditions?' *Journal of Physiotherapy*, 70(2): 124-133.

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



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## Exciting update from PEDro!

Introducing Evidence Summaries on the PEDro website. All our monthly systematic review summaries and infographics across the subdisciplines are now located in one place. You'll find evidence summaries and easy-to-understand infographics synthesised by the PEDro team, that present key findings and make high-quality research even more accessible. 🎉

 [Access 90+ articles synthesised by the PEDro team.](#)

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## Tune in to PEDroCast - bringing the evidence to you

In case you missed it, last month we released 4 new episodes on PEDroCast.

1. PEDro World-Wide Journal Club on ask-specific training for bicycle-riding goals in ambulant children with cerebral palsy - summary of paper
2. PEDro World-Wide Journal Club on ask-specific training for bicycle-riding goals in ambulant children with cerebral palsy - panel discussion
3. Understanding the importance of blinding in trials



4. PEDro chats with Prof Peter  
O'Sullivan

[Listen now.](#)

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## **PEDro over 25 years**

For over 25 years PEDro has been informing physiotherapy practice. It is a free database of over 63,000 trials, reviews and guidelines evaluating physiotherapy interventions. PEDro also has a number of resources to help guide your physiotherapy practice. Learn more in this overview of PEDro video.

Help keep PEDro running for another 25 years by donating here:  
<https://neura.edu.au/pedro>

\*Please note this video is in English.

[Full video.](#)

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## **What makes PEDro unique?**

Trials on PEDro are rated by volunteer raters using the [PEDro Scale](#). The PEDro scale considers two aspects of trial quality, namely the “believability” (or “internal validity”) of the trial and whether the trial contains sufficient statistical information to make it interpretable. It does not rate the “meaningfulness” (or “generalisability” or “external validity”) of the trial, or the size of the treatment effect.

A higher PEDro score reflects a better quality trial.

To celebrate 25 years of PEDro, our PEDro Raters reflected on what they enjoy about rating. You can see what they had to say in this video.

\*Please note this video is in English.

<https://www.youtube.com/watch?v=h4Zdf92DKXw>

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## How did PEDro start?

In 1999, a small group of physiotherapists had a large collection of physiotherapy papers which they believed would be a good resource to facilitate the clinical application of the best available evidence in physiotherapy practice. But how could they share it?

They put their heads together and developed an online database known as the Physiotherapy Evidence Database, or PEDro.

Learn more about PEDro from its Founders: Prof Chris Maher, Prof Cathie Sherrington, Prof Rob Herbert and Dr Anne Moseley.

\*Please note this video is in English.

<https://www.youtube.com/watch?v=yzuvQvBF8NA>

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## Funding is vital to sustain PEDro

Support for PEDro comes from the following global physiotherapy organisations

Thank you to our [Singapore Physiotherapy Association](#), [Irish Society of Chartered Physiotherapists](#), [Fysioterapeuterna](#), [Macau Physical Therapists Association](#) and [Taiwan Physical Therapy Association](#) who have just renewed their partnership with PEDro for another year.

[You can also help keep PEDro running by making a donation.](#)

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## Juvenile Arthritis Awareness Month 2025

This month is Juvenile Arthritis Awareness Month. Juvenile arthritis is an umbrella term used for paediatric rheumatic disease, it is an autoimmune condition affecting 1 in 1000 children worldwide. The most common type is juvenile idiopathic arthritis, but the term also includes juvenile lupus, vasculitis, juvenile myositis and juvenile

scleroderma.

Physiotherapists provide pain management, land and aquatic based exercise therapy, braces and orthotics, and advice on structured physical activity in order to improve range of motion, functional ability, fitness, and quality of life for children with juvenile arthritis. Clinicians, caregivers, and patients use a shared decision-making process that considers patients' values and preferences when formulating a treatment plan.

[Read more on PEDro.](#)

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### **Systematic review found that resistance training improves walking speed among people with multiple sclerosis.**

- Individuals with multiple sclerosis (MS) often have muscular weakness, fatigue, ataxia and balance impairments. This can often negatively contribute to their walking ability, especially walking speed. This systematic review aimed to investigate the effects of lower limb resistance training on walking speed in individuals with MS.
- The review included randomised controlled trials, people aged  $\geq 18$  years with a diagnosis of MS. The intervention was lower limb resistance training and comparator was no intervention or an active control. Primary outcome was walking speed (either 10-Meter Walk Test (10MWT), Timed 25-Foot Walk Test (T25FWT), 50-Meter Walk Test (50MWT), 2-Minute Walk Test (2MWT), 6-Minute Walk Test (6MWT). The methodological quality included studies was assessed using the PEDro scale for randomised controlled trials.
- 12 trials (425 participants ) were included with seven studies contributing to the meta-analyses. The Expanded Disability Status Scale was used to assess disability, ranging from 1.0 to 6.0, indicating mild to moderate disability.
- Compared to active control and no intervention control, a significant improvement in walking speed of 0.10m/s was found favouring resistance training ( $p < 0.05$ ). Results from the short walking tests (10MWT, T25FWT, 50MWT) showed a larger overall effect on walking speed (0.13 m/s, 95% CI 0.04 to 0.23,  $p < 0.05$ ). Comparatively, results from longer walking tests

(2MWT, 6MWT) showed a smaller improvement in walking speed (0.09 m/s, 95% CI 0.01 to 0.17,  $p < 0.05$ ).

- Resistance training improves walking speed compared to active control and no-intervention controls among people with MS.

## CHANGES IN WALKING SPEED FOLLOWING RESISTANCE TRAINING IN PEOPLE WITH MULTIPLE SCLEROSIS

McManaman C, et al. *PM & R*: 2025; Issue 17

### WHAT DID THEY DO?

**Study design:** Systematic review and meta-analysis of 12 randomised controlled trials involving 425 participants.

**Population:** Individuals aged  $\geq 18$  years with a diagnosis of multiple sclerosis (MS).

**Intervention:** Resistance training for the lower limbs (with or without supervision, regardless of duration of intervention or training session frequency, duration, intensity or volume).

**Comparator:** Active control or no-intervention control.

**Outcome:** Measures of walking speed (10MWT, T25FWT, 50MWT, 2MWT and 6MWT) converted to walking speed in m/s.

Resistance training was exercise using a variable external load, performed over one or more sets with a specified number of repetitions. Active control included hatha yoga, mobility exercise, home based neurofunctional training, balance and motor control training, circuit endurance training.



### FINDINGS

A significant improvement in walking speed of 0.10m/s was found favouring the intervention ( $p < 0.05$ ).

Results from the short walking tests (10MWT, T25FWT, 50MWT) showed a larger overall effect on walking speed (0.13 m/s, 95% CI 0.04–0.23,  $p < .05$ ).


Comparatively, results from longer walking tests (2MWT, 6MWT) showed a smaller improvement in walking speed (0.09 m/s, 95% CI 0.01–0.17,  $p < .05$ ).




**Note:** No primary outcome was specified.

**Resistance training significantly improves walking speed in comparison to no-intervention controls in people with MS.**

 [pedro.org.au](https://pedro.org.au)

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 Physiotherapy Evidence Database

 Physiotherapy Evidence Database (PEDro)

 **PEDro**  
Physiotherapy Evidence Database

Infographic prepared by Sandeep Gupta and Sharon Selvakumar



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

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## **PEDro update (7 July 2025)**

PEDro contains 65,600 records. In this update you will find:

- 49,180 reports of randomised controlled trials (48,077 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 15,594 reports of systematic reviews, and
- 826 reports of evidence-based clinical practice guidelines.

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

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## **DiTA update (7 July 2025)**

DiTA contains 2521 records. In the July 7 2025 update you will find:

- 2232 reports of primary studies, and
- 289 reports of systematic reviews.

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

[dita.org.au](http://dita.org.au)

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**Next PEDro and DiTA updates are on 4 August 2025.**

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