



Welcome to the PEDro Newsletter for 1 July 2024

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PEDro's Top 25 Trials
**Nominate a trial published
between July 2019 – 2024**

#PEDroTurns25



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.

You can help us by nominating a trial published between July 2019 – August 2024. Eligible trials:

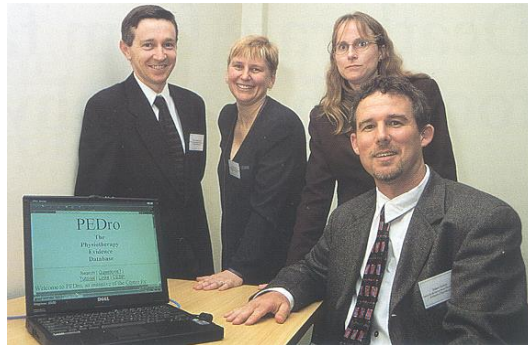
- Randomised controlled trial
- Evaluate the effects of a physiotherapy intervention
- Primary report published in a peer reviewed journal between July 2019 – August 2024
- Answer an important clinical question
- Methodologically robust and innovative

[Nominate now!](#)

Nominations close 11 August 2024.

In celebration of PEDro's 25th birthday, it is a good time to reflect on its origins and the people behind it.

[Listen to this interview](#) with Anne Moseley on the development of PEDro when she was awarded the #WCPT Mildred Elson Award 2019. Anne is one of the four co-founders of PEDro which launched in 1999!




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](#)



The advertisement features the Cliniko logo at the top center, which consists of the word "Cliniko" in a blue sans-serif font next to a blue icon of two stylized human figures. Below the logo, a laptop and a smartphone are shown. The laptop screen displays a calendar interface with a sidebar on the left containing navigation options like "Dashboard", "Appointments", "Patients", "Invoices", "Payments", "Products", "Exercises", "Content", "Communications", "Reports", "Settings", and "Help". The main calendar area shows a grid of dates with colored blocks representing appointments. The smartphone screen shows a medical diagram of a human torso with a red highlight on the right arm, accompanied by the text "Sharp pain on abduction of right arm." Below the visual elements, the text "PEDro's practice management software partner" is written in a bold, dark font. At the bottom, a red rounded rectangle contains the text "60-day free trial" in white.

Infographic: Systematic review found that exercise-based cardiac rehabilitation does not affect all-cause mortality in people with heart failure.

Last month we summarised the systematic review by Molloy et al. 2024. The review concluded that exercise-based cardiac rehabilitation does not affect all-cause mortality in people with heart failure.

Some findings are included in this infographic.

EXERCISE-BASED CARDIAC REHABILITATION FOR ADULTS WITH HEART FAILURE

Molloy et al. *Cochrane Database of Systematic Reviews*. 2024;Issue 3. Art No.: CD003331

WHAT DID THEY DO?

Study design: Systematic review of 60 randomised controlled trials.

Population: 8,728 adults with heart failure with reduced (<45%) or preserved (≥45%) ejection fraction.

Intervention: Exercise-based cardiac rehabilitation (hospital or centre-based, home-based, or digitally-supported programs).

Comparator: No-exercise control (ie, education, psychological intervention, or usual medical care alone).

Outcome: All-cause mortality, heart failure mortality, all-cause hospital admission, heart failure-related hospital admission, health-related quality of life (HRQoL).



All trials included aerobic exercise.
21 trials also included resistance training.

FINDINGS

Exercise-based cardiac rehabilitation compared to no-exercise control:

- **No difference in all-cause mortality** (RR 0.93; 95% CI 0.71 to 1.21; 34 trials)
Low certainty evidence
- **Likely ↓ all-cause hospital admissions** (RR 0.69; 95% CI 0.56 to 0.86; 23 trials)
Moderate certainty evidence
- **Likely ↓ heart failure-related hospital admissions** (RR 0.82, 95% CI 0.49 to 1.35; 10 trials)
Moderate certainty evidence
- **May result in improvements in HRQoL** (SMD -0.52; 95% CI -0.70 to -0.34; 33 trials)
Very low certainty evidence

Note: Only one trial reported heart failure-specific mortality with one death due to heart failure in the high-intensity interval training arm and no heart failure-specific deaths in either the moderate continuous training or control arms.

Exercise-based cardiac rehabilitation does not affect all-cause mortality in people with heart failure, but likely reduces all-cause and heart failure-related hospital admissions.



Infographic prepared by Renae McNamara, Katie Warren and Courtney West

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

Molloy C, Long L, Mordi IR, Bridges C, Sagar VA, Davies EJ, Coats AJS, Dalal H, Rees K, Singh SJ, Taylor RS. Exercise-based cardiac rehabilitation for adults with heart failure.

Help power PEDro into the future! Donate to keep PEDro freely accessible

For 25 years, PEDro has been the leading global resource for physiotherapy evidence. We provide free, rapid access to the best evidence for better patient outcomes.

The volume of physiotherapy evidence is exploding and PEDro needs support from users to keep up.

Today, we ask you to become a PEDro Supporter to help power PEDro into the future.

[Please donate any amount that you can.](#) Every dollar will help.

Systematic review found 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.

- During pregnancy, women may experience low back pain (LBP), pelvic girdle pain (PGP) or a combination of both (lumbopelvic pain [LBPP]) which impacts on activities of daily living and their quality of life. Up to half will continue to have some pain complaints one year after childbirth. This systematic review aimed to investigate the short-term and long-term effectiveness and acceptability of a prevention strategy compared to control, on episodes of LBP, PGP or LBPP in women during pregnancy.
- Inclusion criteria were randomised and quasi-randomised controlled trials that 1) enrolled pregnant women without LBP or PGP at the onset of the study; 2) compared an experimental group receiving a prevention strategy aimed at preventing LBP, PGP or LBPP during pregnancy to a control group receiving no intervention, placebo, sham or waitlist control; 3) included at least one of the outcomes of interest.
- Key outcomes: incidence of LBP, PGP, or LBPP and acceptability in the short-term [<12 week] and long-term [> 12 weeks].
- Trial quality was evaluated using the PEDro scale. Certainty of evidence was evaluated using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.
- Six trials (2,231 participants) were included in the meta-analyses.
- Stand-alone exercise likely reduces the risk of LBP, has uncertain effects on reducing the risk of PGP and likely does not reduce the risk of LBPP in the long-term. Stand-alone exercise is likely acceptable among women with LBPP but

uncertain among women with LBP. Exercise combined with education likely does not reduce the risk of LBP or PGP and there is uncertainty of its' effect on LBPP in the long-term.

- Current moderate quality evidence supports stand-alone exercise as an acceptable intervention for pregnant women with lumbopelvic pain and has a small protective effect regarding episodes of low back pain in the long-term.

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

We are excited to announce that the #PEDroTacklesBarriers to evidence-based physiotherapy campaign is now available in German!

- 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 Cordula Braun and Stefan Hegenscheidt for kindly translating the content into [German](#)

Content on the Italian language PEDro website has now been updated!

Thank you to our collaborators Francesco Gambino and Roberto Iovine for translating the content into [Italian](#).

PEDro update (1 July 2024)

[PEDro](#) contains 61,607 records. In the 1 July 2024 update you will find:

- 47,070 reports of randomised controlled trials (46,162 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 13,746 reports of systematic reviews, and
- 791 reports of evidence-based clinical practice guidelines.

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

DiTA update (1 July 2024)


[DiTA](#) contains 2,484 records. In the 1 July 2024 update you will find:

- 2,202 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 (August 2024)

The next [PEDro](#) and [DiTA](#) updates are on 5 August 2024.



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