



A. PEDro update (11 January 2021)

PEDro contains 49,279 records. In the 11 January 2021 update you will find:

- 38,160 reports of randomised controlled trials (37,414 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 10,429 reports of systematic reviews, and
- 690 reports of evidence-based clinical practice guidelines.

PEDro was updated on 11 January 2021. For latest guidelines, reviews and trials in physiotherapy visit [Evidence in your inbox](#).

B. DiTA update (11 January 2021)

DiTA contains 1,917 records. In the 11 January 2021 update you will find:

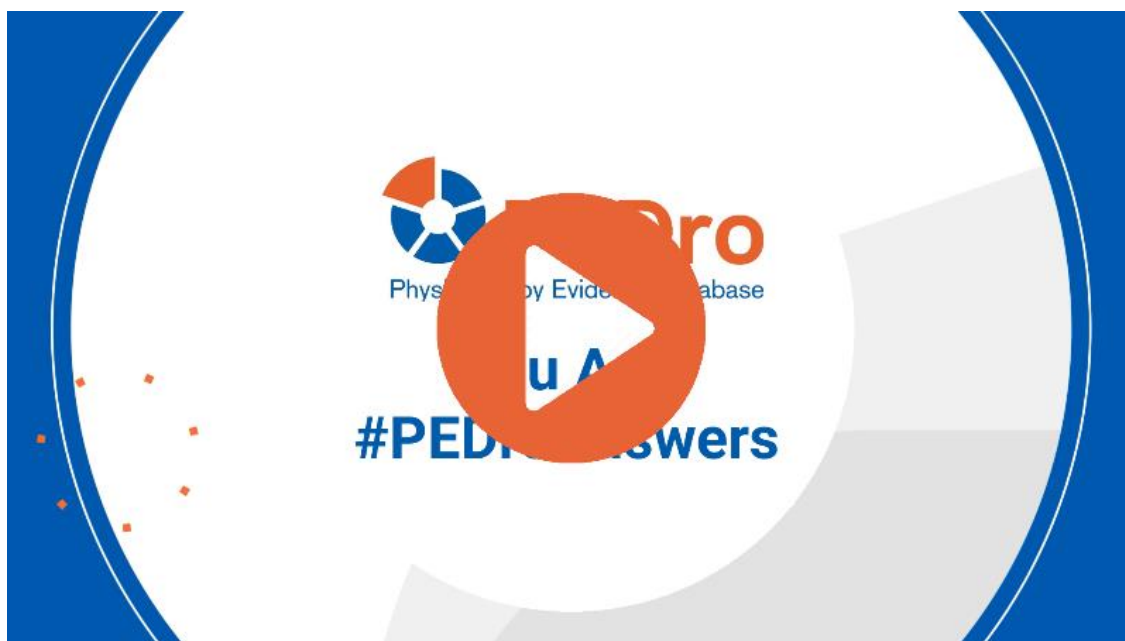
- 1,719 reports of primary studies, and
- 198 reports of systematic reviews.

DiTA was updated on 11 January 2021. For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit [Evidence in your inbox](#).

C. PEDro has a new Twitter handle

PEDro has decided to start 2021 with a new Twitter handle. To stay up-to-date with the PEDro resource follow [@PEDro_database](https://twitter.com/PEDro_database) (for English) or [@PEDrinho_dbase](https://twitter.com/PEDrinho_dbase) (for Portuguese).

D. Welcome to the “You Ask #PEDroAnswers” campaign to develop your searching skills



An essential element of evidence-based practice is searching to find the best high-quality research to answer your clinical questions.

Despite the importance of searching, just one in three physiotherapists perform a database search each month.

Skill is an obstacle to searching. We think physiotherapists would do more searching if they could increase their competency and efficiency.

With PEDro providing easy access to over 49,000 articles evaluating the effects of physiotherapy interventions, it is time for this to change.

The “You Ask #PEDroAnswers” campaign is designed to encourage physiotherapists to develop their searching skills and perform more database searching to find high-quality research to inform practice. In this campaign we will help you to improve your searching skills using the PEDro Advanced Search.

We invite the global physiotherapy community to submit clinical questions using a contact

form on the [PEDro web-site](#), by tagging us with your question in a Tweet ([@PEDro_database](#) or [@PEDrinho_dbase](#)) or through Facebook by posting your question as a comment on a “You Ask #PEDroAnswers” post or sending us your question via Messenger ([@PhysiotherapyEvidenceDatabase.PEDro](#) or [@PhysiotherapyEvidenceDatabase.PEDrinho](#)). Remember to include all the PICO elements in your question. That is, the Patient, Intervention, Comparator and Outcome.

Each month in 2021 we will share short videos illustrating how to use the PEDro Advanced Search to find the best research to answer these clinical questions. The videos will focus on searching for high-quality research using PEDro, they will not be providing recommendations for treatment. You can submit your questions in any language but, at least initially, the videos illustrating PEDro searching will be in English.

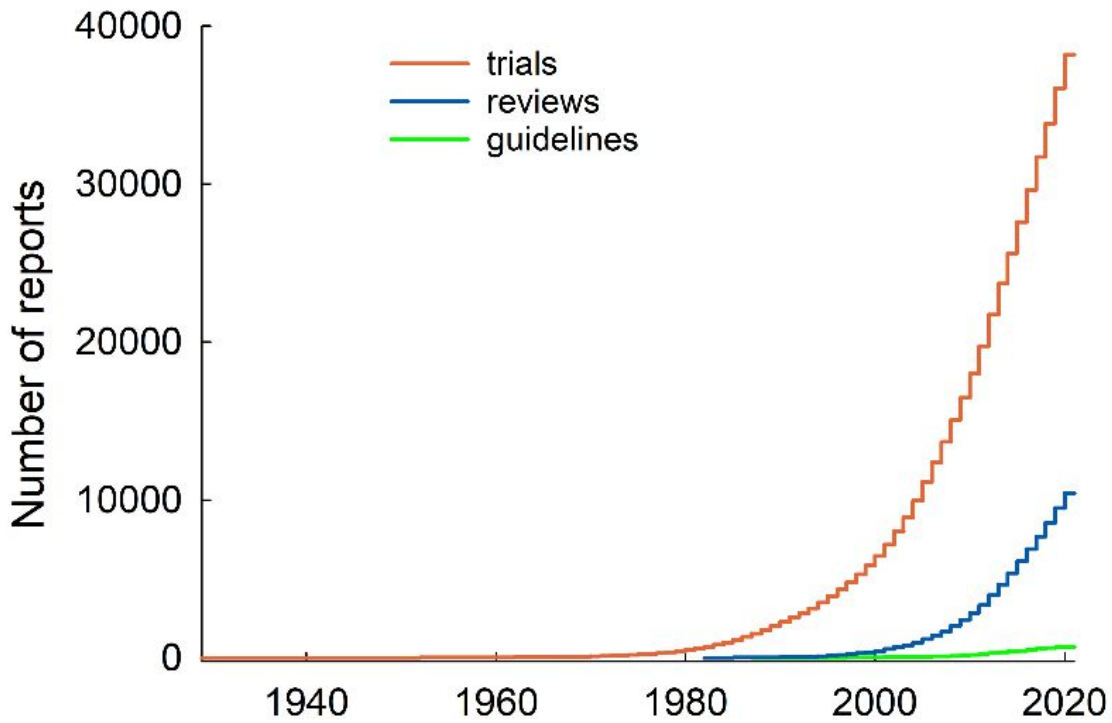
Throughout 2021 we will also be sharing some tips on how to use the PEDro Advanced Search.

This campaign is supported by World Physiotherapy, Australian Physiotherapy Association, Asociación Española de Fisioterapeutas, Società Italiana Fisioterapia and Société Française de Physiothérapie.

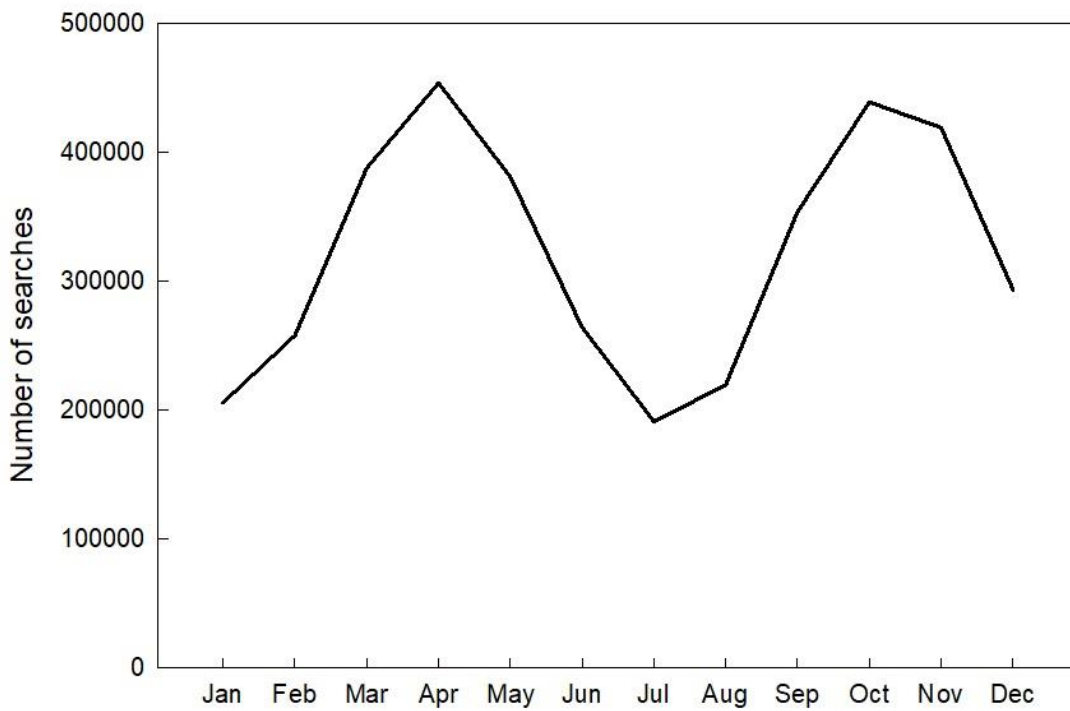
Please join us on the “You Ask #PEDroAnswers” campaign in 2021 to develop your searching skills.

E. Who used PEDro in 2020

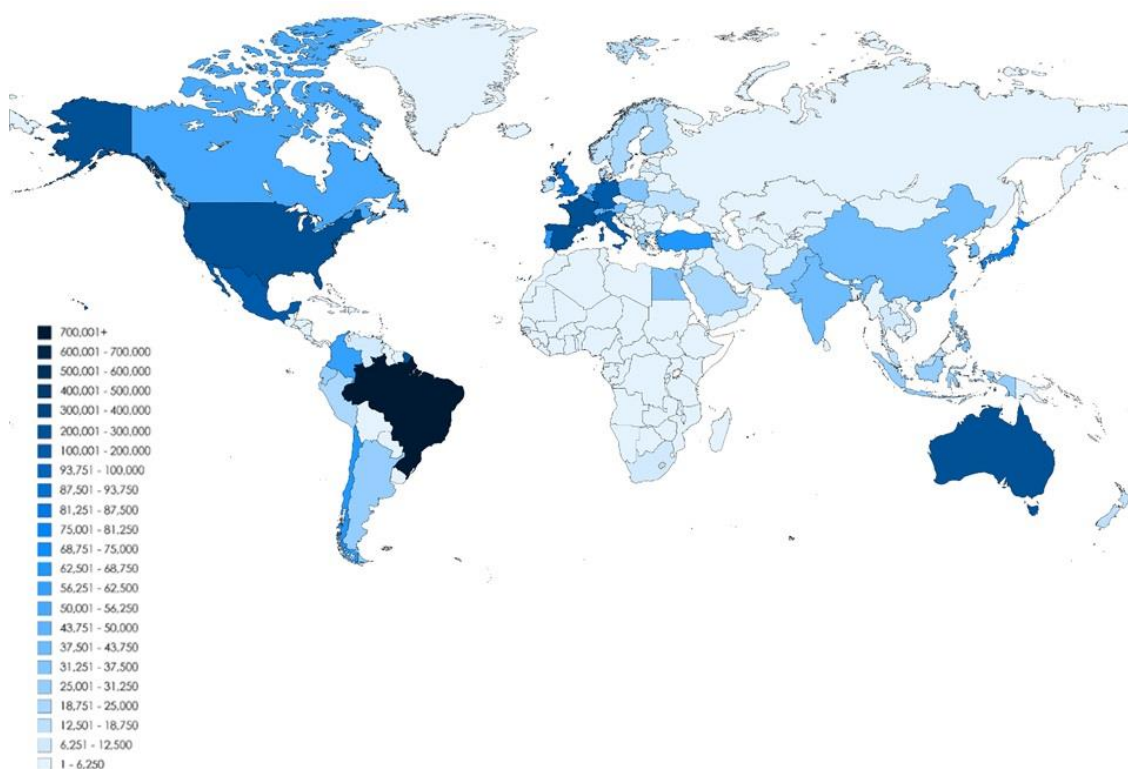
An analysis of the contents of PEDro in the 11 January 2021 update is now available on the [PEDro statistics page](#).



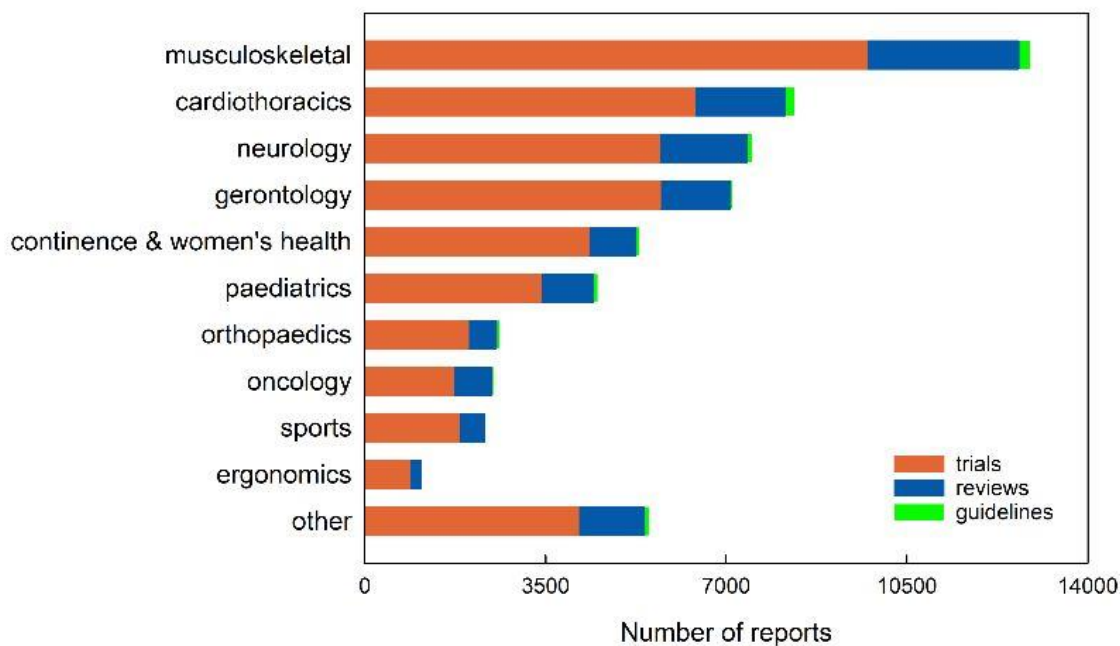
The number of reports of trials has continued to expand at an exponential rate.



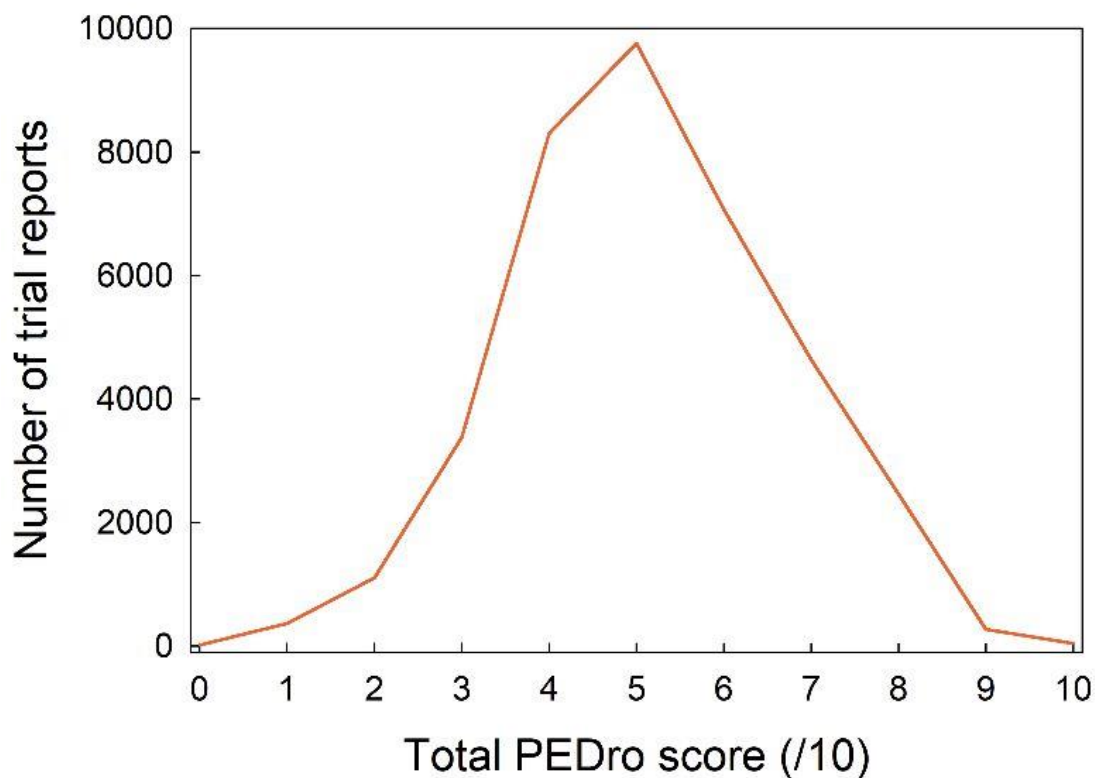
During 2020 PEDro was used to answer 3,865,967 questions. This means that a new search was initiated every 8 second, on average, during 2020. PEDro users were from 215 countries.



Countries with the highest usage were : Brazil (26%), Spain (8%), USA (7%), Australia (6%), and France (6%).



Musculoskeletal and cardiothoracic physiotherapy have the largest quantity of trials, reviews and guidelines indexed on PEDro.

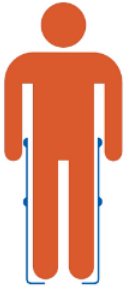


For all trial reports indexed on PEDro, the average total PEDro score is 5.1 (standard deviation 1.6). 39% of trial reports are of moderate to high quality, scoring 6/10 or more on the PEDro scale.

F. Infographic for systematic review that found that electromechanical- or robot-assisted training increases the likelihood of independent walking after stroke

Last month we summarised the systematic review by [Mehrholtz et al.](#) The review concluded that electromechanical- or robot-assisted training increases the likelihood of independent walking after stroke.

Some suggestions for providing electromechanical- or robot-assisted training for people with stroke are included in this infographic.



A systematic review of 62 trials found that electromechanical- or robot-assisted training increases the likelihood of independent walking after stroke

The intervention

- uses end-effector or exoskeleton equipment
- dose is 30-60 minutes/session, 3-5 days/week, 3-4 weeks
- benefits both acute and chronic stroke

CITATION

Mehrholtz J, et al. Electromechanical-assisted training for walking after stroke. *Cochrane Database Syst Rev* 2020;Issue 10



Mehrholtz J, et al. Electromechanical-assisted training for walking after stroke. *Cochrane Database Syst Rev* 2020;Issue 10

[Read more on PEDro.](#)

G. Large clinical trial found that screening for fall risk and targeted exercise or multifactorial intervention did not result in fewer fractures than advice by mail alone in community-dwelling older people

Community screening and therapeutic prevention strategies may reduce the incidence of falls in older people. The effects of these measures on the incidence of fractures are unknown. The PreFIT trial aimed to estimate the effects of falls risk screening by mail followed by an exercise program or multifactorial intervention compared to no screening or exercise or intervention on the rate of fractures in community-dwelling older people.

This rigorously designed cluster randomised controlled trial was undertaken in general practices in rural and urban regions in England. Each practice recruited 150 to 250 people (randomly selected from patient registries) who were aged 70 years or older, were living in their own homes and gave consent to participate in the trial. Using a concealed process,

practices were randomised to provide advice by mail and falls-risk screening and exercise based on the Otago Exercise Program for people at increased risk of falls, advice by mail and falls-risk screening and a multifactorial falls prevention program for people at increased risk of falls, or advice by mail alone. All exercise and multifactorial fall interventions were arranged through the participants usual National Health Service provider. The primary outcome was the rate of fractures per 100 person-years over the 18-month period after randomisation. Secondary outcomes included falls (per 100 person-years over the 18-month period after randomisation). There was also an economic evaluation. All staff collecting outcome data (including the primary outcome) were blinded to group allocation. Analysis was by intention-to-treat.

A total of 9,803 older people from 63 practices in seven regions in England participated in the trial. About one-third of participants had fallen in the previous year, about 20% were classified as frail and 53% were women. 3,279 participants were assigned to advice by mail and falls-risk screening and exercise (2,925 returned the falls-risk screening; 1,079 were at increased risk of falls and were offered exercise), 3,301 to advice by mail and falls-risk screening and multifactorial fall prevention (2,854 returned the falls-risk screening; 1,074 were at increased risk of falls and were offered multifactorial intervention), and 3,223 to advice by mail alone. Fracture data were available for 9,802 of the 9,803 participants.

Screening and targeted intervention did not result in lower fracture or fall rates compared to advice by mail alone. The rate ratio for fractures over 18 months was 1.20 (95% confidence interval (CI) 0.91 to 1.59 for exercise and 1.30 (95% CI 0.99 to 1.71) for multifactorial fall prevention. The rate ratio for falls over 18 months was 0.99 (95% confidence interval (CI) 0.86 to 1.14) for exercise and 1.13 (95% CI 0.98 to 1.30) for multifactorial fall prevention. However, a reduction in the rate of falls was observed during the period 4 to 8 months after randomisation (which coincided with the duration of the exercise program) for exercise vs. advice by mail alone (rate ratio 0.79, 95% CI 0.64 to 0.96). Exercise was associated with the lowest overall costs. The incremental net monetary benefit was GBP 135 (95% CI -359 to 625) for exercise and GBP -353 (95% CI -840 to 147) for multifactorial fall prevention.

[The effects of exercise in PreFIT were smaller than reported for the original Otago Exercise Program for serious or moderate fall-related injuries \(incidence rate ratio 0.65, 95% CI 0.53 to 0.81\) and falls \(incidence rate ratio 0.65, 95% CI 0.57 to 0.75\).](#) This difference could be explained by variances in delivery of the exercise programs. PreFIT involved at least 3 group or individual sessions while the original Otago program involved 4 to 5 home visits to teach a home exercise program.

When applied in real-world settings, advice by mail, screening for fall risk, and a targeted exercise or multifactorial intervention to prevent falls did not result in fewer fractures than advice by mail alone.

Lamb SE, et al. Screening and intervention to prevent falls and fractures in older people. *N*

[Read more on PEDro.](#)

H. Support for PEDro comes from The Polish Chamber of Physiotherapists

We thank [The Polish Chamber of Physiotherapists](#) who have just renewed their partnership with PEDro for another year.

I. Next PEDro and DiTA updates (February 2021)

The next PEDro and DiTA updates are on Monday 1 February 2021.

Proudly supported by



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION



Copyright © 2021 Physiotherapy Evidence Database (PEDro), All rights reserved.
You are receiving this email because you opted in at our website www.pedro.org.au

Our mailing address is:

Physiotherapy Evidence Database (PEDro)
PO Box M179
MISSENDEN ROAD, NSW 2050
Australia

[Add us to your address book](#)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#)