



A. PEDro update (3 December 2018)

PEDro contains 42,137 records. In the 3 December 2018 update you will find:

- 33,006 reports of randomised controlled trials (32,104 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 8,464 reports of systematic reviews, and
- 667 reports of evidence-based clinical practice guidelines.

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

B. PEDro indexes 42,000+ reports



42000+

trials, reviews, guidelines

www.pedro.org.au



We are pleased to announce that PEDro has just achieved a new milestone for the amount of evidence. There are now 42,000+ reports of trials, reviews and guidelines indexed on PEDro.

C. Take the #MyPTArticleOfTheMonth challenge in 2019

An essential element of evidence-based practice is reading articles reporting the results of high-quality clinical research. Unfortunately, only one-third of clinicians report reading journal articles - and those who do, read on an irregular basis. With over 42,000 articles reporting the effects of physiotherapy interventions now easily available online, it's time for this to change.

The #MyPTArticleOfTheMonth challenge is designed to encourage physiotherapists to regularly read high-quality research. The challenge is simple; read at least one article reporting the results of clinical research each month during 2019.

The articles can evaluate the effects of an intervention, usefulness of a diagnostic test, estimate prognosis, or explore patient perceptions. You can identify the articles by posing clinical questions or by browsing the latest journals. PEDro is a great source of articles about the effects of interventions, and you can subscribe to PEDro's [Evidence in your inbox](#) to receive the latest research in your area of practice every time PEDro is updated.

The aim of the #MyPTArticleOfTheMonth challenge is to help physiotherapists develop their skills in identifying and reading the best clinical research to inform patient care. This is a skill that improves with practice and is facilitated by sharing discoveries with your peers. We will use a hashtag #MyPTArticleOfTheMonth on Twitter and Facebook for you to share your reading with the global physiotherapy community.

Each month PEDro will be sharing the reading habits of prominent physiotherapy clinicians, researchers and educators. We will also be posting resources on how to identify high-quality articles and how to read and understand research articles throughout 2019.

This campaign is supported by [World Confederation for Physical Therapy](#), the [Australian Physiotherapy Association](#) and the [Société Française de Physiothérapie](#).

Please join us on this journey.



D. Anne Moseley talks about PEDro for PT Pintcast

Jimmy McKay from [PT Pintcast](#) recently interviewed Anne Moseley about PEDro. In the podcast, Jimmy and Anne discuss some of the features of PEDro that make it a useful tool for busy clinicians. They also preview some of the plans for PEDro in 2019, including the #MyPTArticleOfTheMonth challenge and celebrating PEDro's 20th birthday. To commemorate 20 years of informing physiotherapy practice, education and research, PEDro will be running a campaign to identify the five most important trials published in 2014-2019 and launching a new database for diagnostic test accuracy.



[Listen to the podcast.](#)

E. Trial found physiotherapy is as effective as arthroscopic meniscectomy for knee pain with non-obstructive meniscal tears

Summary: Arthroscopic partial meniscectomy is among the most frequently performed procedures in orthopaedic surgery. This trial is consistent with current consensus that surgery should not be first line treatment in middle-aged and older people with meniscal tears.

ESCAPE was a large (n=321) multi-site randomised controlled trial conducted in the Netherlands. Participants were aged 45 to 70 years with non-obstructive meniscal tears (ie, no locking of the knee joint). People with knee instability, severe osteoarthritis, and body mass index > 35 kg/m² were excluded. Participants were randomised to either physiotherapy or surgery. The physiotherapy protocol consisted of 16 sessions of exercise therapy over 8 weeks focused on coordination and closed kinetic chain strengthening exercises. The primary outcome measure was patient reported knee function (the International Knee Documentation Committee Subjective Knee Form) rated on a 0-100 point scale at the 2-year follow-up.

A non-inferiority margin of 8 points was pre-specified in the trial protocol. The confidence limits for the difference between the two treatment groups did not exceed this margin, therefore the authors concluded that that exercise-based physiotherapy was not inferior to surgery for people with knee pain and non-obstructive meniscal tears. The best estimate of the effect of physiotherapy was that it is 3.6 points less effective than surgery, and at worst physiotherapy could be as much as 6.5 points less effective. This is considered a very small difference as the outcome measure uses a 100-point scale. Adverse events occurred in 18 participants in the

surgery group and 12 in the physiotherapy group. Costs were not evaluated.

29% of the physiotherapy group ended up having surgery. A secondary, 'as treated', analysis with these participants in a third 'delayed arthroscopic partial meniscectomy' group, revealed outcomes similar to physiotherapy alone. Further research needs to explore why such a significant proportion of participants were not satisfied with initial non-surgical management.

[Listen to Norman Swan interview Victor van de Graaf](#) (an orthopaedic surgery resident and doctoral student from the Onze Lieve Vrouwe Gasthuis Hospital, Amsterdam who is the lead author of this trial) for ABC Radio National's Health Report.

van de Graaf VA et al. Effect of early surgery versus physical therapy on knee function among patients with nonobstructive meniscal tears: the ESCAPE randomized clinical trial. *JAMA* 2018;320(13):1328-37

[Read more on PEDro.](#)

F. Systematic review found that telephone-based interventions for people with osteoarthritis or spinal pain are effective when compared to usual care

This systematic review assessed whether real-time telehealth interventions reduce pain intensity and disability in people with osteoarthritis of the knee and hip or spinal (back or neck) pain compared to usual care or face-to-face interventions. Types of telehealth interventions included interventions delivered remotely by any person (i.e., therapist, health professional or trained operator) by telephone or videoconferencing in which there was a direct person-to-person verbal exchange of information. The primary outcomes were pain intensity and disability. Risk of bias was assessed with the Cochrane risk of bias tool. The quality of the evidence was evaluated using the GRADE approach. In total, 15 randomised controlled trials were included in the meta-analyses (n=2789 participants). Meta-analysis of data from five studies (n=1357 participants) revealed moderate quality evidence of a small intervention effect of telephone-based interventions with educational materials on pain intensity when compared to usual care (standardised mean difference -0.27, 95% CI -0.53 to -0.01). Positive effects were found for spinal pain (standardised mean difference -0.55, 95% CI -0.92 to -0.19) but not for osteoarthritis. Meta-analysis of seven studies (n=1537 participants) revealed moderate quality evidence of a small effect of telephone-based interventions with educational materials on disability when compared to usual care (standardised mean difference -0.21, 95% CI -0.40 to -0.02). Again, positive effects were found for spinal pain (standardised mean difference -0.64, 95% CI -1.01 to -

0.27), but not for osteoarthritis. There was moderate quality evidence that telephone intervention plus face-to-face intervention did not improve pain or disability compared to usual care or face-to-face intervention alone. Telephone-based services offer the potential to support people with spinal or osteoarthritis pain to access better quality care.

O'Brien KM et al. Effectiveness of telephone-based interventions for managing osteoarthritis and spinal pain: a systematic review and meta-analysis. *PeerJ* 2018 Oct 30;6:e5846

[Read more on PEDro.](#)

G. Support for PEDro comes from the Chartered Society of Physiotherapy

We thank the [Chartered Society of Physiotherapy](#) who have just renewed their partnership with PEDro for another year.

H. Next PEDro update (January 2019)

The next PEDro update is on Tuesday 8 January 2019.



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