PEDro Newsletter 3 June 2020

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PEDro

Physiotherapy Evidence Database

A. PEDro update (3 June 2020)

PEDro contains 47,188 records. In the 3 June 2020 update you will find:

- 36,693 reports of randomised controlled trials (35,876 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 9,811 reports of systematic reviews, and
- 684 reports of evidence-based clinical practice guidelines.

PEDro was updated on 3 June 2020. For latest guidelines, reviews and trials in physiotherapy visit *Evidence in your inbox*.

B. DiTA update (1 June 2020)

DiTA contains 1,784 records. In the 1 June 2020 update you will find:

- 1,616 reports of primary studies, and
- 168 reports of systematic reviews.

DiTA was updated on 1 June 2020. For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit *Evidence in your inbox*.

C. PEDro indexes 47,000+ reports

We are pleased to announce that PEDro has just achieved a new milestone for the amount of evidence. There are now 47,000+ reports of trials, reviews and guidelines indexed on PEDro.

D. PEDro World-Wide Journal Club on exercise for falls prevention in community-dwelling older people is now available

Welcome to the PEDro World-Wide Journal Club. The purpose of the PEDro World-Wide Journal Club is to encourage the global physiotherapy community to read trials, reviews and guidelines that have important implications for clinical practice. We hope that facilitating discussion of this research will help physiotherapists to implement the results into their clinical practice.

Journal clubs are a great way to translate research into practice. In March 2020 PEDro published a blog that outlined some key features of running a successful journal club. We are going to use this framework to run three or four journal clubs during 2020. The idea is for physiotherapists to use resources provided by PEDro as the basis for running a local

journal club with their peers.

The second PEDro World-Wide Journal Club is about exercise for falls prevention in community-dwelling older people. We will be discussing the exercise for falls prevention systematic review by Sherrington et al. We encourage physiotherapists with an interest in gerontology to participate in a five-step process:

1. invite your colleagues to be involved

2. read the article

3. watch (or listen to) the video summarising the exercise for falls prevention review

4. watch (or listen to) the video of the panel discussing the exercise for falls prevention review

5. meet with your colleagues to have your own discussion about the exercise for falls prevention review.

If you are interested in being involved, please visit the PEDro web-site for more information.

E. Time to start thinking about physiotherapy beyond the COVID-19 pandemic

The easing of COVID-19 restrictions in some countries presents an opportunity to reflect on what we have learnt so far and how we can shape the future. Madeleine Albright, the United States of America's first female Secretary of State, made this point very eloquently in a recent interview on the Australian Broadcasting Corporation's Late Night Live show. She said: "We need to use this isolated time to think ahead. To understand the importance of resiliency, of optimism or hope, and working together and trying to sort out what the next steps are going to be and who are going to be the people who are going to help us get there. This is a cliché, but we need to use a crisis as an opportunity to think anew."

The PEDro Team have started to think about the future of physiotherapy. During the pandemic, physiotherapists have embraced telehealth to provide intervention. While this will not replace in-person care, increased use of technology has great potential for making

treatment more accessible and equitable for all. It is also a time to re-evaluate how we use high-quality clinical research to improve patient care. We need researchers to rigorously evaluate important clinical questions and disseminate the findings in a clear and transparent way. We need clinicians to use this research to guide practice, so the most effective and cost-effective interventions are offered to patients and unnecessary, ineffective or harmful interventions are phased out. Finally, we need researchers and clinicians to work collaboratively in networks, both nationally and internationally, to identify and answer important evidence gaps. Taking these steps will help solve the complex health challenges of our future.

Around the globe, physiotherapists continue to provide frontline care for COVID-19. We have some more key initiatives and resources to highlight in this post.

A webcast recording of a 2-day virtual cardiorespiratory intensive care unit training course is now available. The training is hosted by the Ministry of Health and the Health Education and Training Institute in New South Wales (Australia) and was prepared in partnership with the Australian Physiotherapy Association. The training supports physiotherapists to function effectively in intensive care units with increasing cases of COVID-19 and focuses on methods to wean patients off ventilators. This webcast is freely available to all (access instructions are in the last paragraph of the web-site).

The Cochrane Collaboration have recently updated a systematic review evaluating personal protective equipment, including which type of full-body equipment and which method of donning or doffing have the least risk of infection for healthcare workers. The review concluded that there is low- to very low-certainty evidence that covering more parts of the body leads to better protection but usually comes at the cost of more difficult donning or doffing and less user comfort. Modifications to equipment design, such as tabs to grab, may decrease the risk of contamination. Face-to-face training and spoken instructions during doffing may reduce errors. This review is a great support document for the World Confederation for Physical Therapy's #PPE4PT advocacy campaign.

From Italy to India, people around the globe have been expressing their gratitude to healthcare workers providing frontline services during the COVID-19 pandemic. Letters For The Front is a new initiative aimed at boosting the morale and wellbeing of frontline healthcare workers. You can leave a message of support for anyone in the Australian healthcare system here.

F. PEDro celebrates World Continence Week 15-22 June 2020

15-22 June 2020 is World Continence Week, a global initiative run by the World Federation of Incontinence Patients with the support of the International Continence Society. Their

goal us to help facilitate continence awareness and promote a multi-disciplinary approach to treatment.

Physiotherapists help to improve the quality of life of those with bladder and bowel continence issues across the lifespan. They help diagnose and treat a wide range of conditions such as stress and urge urinary incontinence, faecal incontinence, enuresis, and pelvic pain. Physiotherapists are integral in treatment of continence following pelvic surgery and in some neurological conditions.

There is a significant amount of high-quality clinical research to guide the physiotherapy management of incontinence. PEDro currently indexes over 1,060 clinical practice guidelines, systematic reviews and randomised controlled trials evaluating physiotherapy treatment for people with incontinence. You may like to review the following practice guidelines, which provide useful summaries for physiotherapists working in this clinical area:

- Gormley EA et al. Diagnosis and treatment of overactive bladder (non-neurogenic) in adults: American Urological Association, Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction guideline, 2019
- Burkhard FC et al. European Association of Urology guidelines on assessment and nonsurgical management of urinary incontinence, 2018
- Gravas S et al. Guidelines on the management of non-neurogenic male lower urinary tract symptoms, including benign prostatic obstruction, 2015
- National Institute for Health and Care Excellence. Urinary incontinence and pelvic organ prolapse in women: management (NG123), 2019

The Cochrane Library includes many systematic reviews specific to continence, links to recent reviews can be found below:

- Thomas LH et al. Interventions for treating urinary incontinence after stroke in adults. *Cochrane Database Syst Rev* 2019;Issue 2
- Bakali E et al. Interventions for treating recurrent stress urinary incontinence after failed minimally invasive synthetic midurethral tape surgery in women. *Cochrane Database Syst Rev* 2019;Issue 9
- Buckley BS et al. Conservative interventions for treating functional daytime urinary incontinence in children. *Cochrane Database Syst Rev* 2019;Issue 9

To keep up-to-date with the latest trials, reviews and guidelines evaluating physiotherapy interventions for people with incontinence, subscribe to the “continence and women’s health” feed of PEDro’s *Evidence in your inbox*. Subscription is free.

G. PEDro and DiTA's Evidence in your inbox helps you keep up-to-date with the latest research

One way of keeping up-to-date with high quality clinical research is to subscribe to an alert service. Randomised controlled trials indicate that, compared to usual information seeking, clinicians who subscribe to an alert service have greater familiarity with research articles (Jenssen et al 2014; Tanna et al 2011).

PEDro's *Evidence in your inbox* is an alert service for busy clinicians who want to stay up-to-date with research about the effects of physiotherapy interventions. All randomised controlled trials, systematic reviews and clinical practice guidelines relevant to your area of practice are listed in one place, the quality of the trials are summarised using the PEDro scale, and articles are ordered by type (guidelines, reviews then trials) and trial quality (highest to lowest). Evidence in your inbox is available for 15 different areas of practice: cardiothoracics, continence and women's health, ergonomics and occupational health, gerontology, musculoskeletal, neurology, oncology, orthopaedics, paediatrics, sports, cerebral palsy, chronic pain, chronic respiratory disease, neurotrauma, and whiplash. Every month subscribers to *Evidence in your inbox* receive an email containing the latest research for each area of practice they subscribe to.

Evidence in your inbox is also available for the database of Diagnostic Test Accuracy (DiTA). Here users can subscribe to a single feed that includes all recently added systematic reviews and primary studies evaluating the accuracy of diagnostic tests used by physiotherapists.

Two users share their experiences of PEDro's *Evidence in your inbox* with us in this blog.

Dr Leanne Hassett is a Senior Lecturer and the Neurology Teaching Team Leader in the Discipline of Physiotherapy at the University of Sydney. Leanne scans each release of the *Evidence in your inbox* neurology feed to identify high quality research to inform the lectures she and her colleagues deliver to students. For example, she recently delivered a lecture on technology in rehabilitation and incorporated the new Cochrane review on telerehabilitation services for stroke which

was in the March 2020 release of *Evidence in your inbox*. Leanne also exposes her students to PEDro, developing the information seeking behaviours required for contemporary physiotherapy practice.

Nicholas Draheim is a clinician and co-owner of Movement Solutions Physiotherapy, which provides services for all ages and abilities, with a strong paediatric focus. His practice uses *Evidence in your inbox* to support their in-service program. Nick says: “Each month a staff member presents an article from the latest paediatric feed to ensure we are in touch with the latest research.” He also examines the paediatric feed to identify practice guidelines and important systematic reviews to add to Movement Solutions Physiotherapy’s local research archive. Staff use these key articles to develop and inform their practice, particularly when seeing a patient with a rarer or unique condition. Nick believes *Evidence in your inbox* is a key resource for maintaining clinical excellence.

Anyone can subscribe to Evidence in your inbox. The PEDro feeds are available at https://www.pedro.org.au/english/evidence-in-your-inbox and the DiTA feed at https://www.dita.org.au/browse/evidence-in-your-inbox/. Importantly, subscription is free!

Articles cited in this blog:

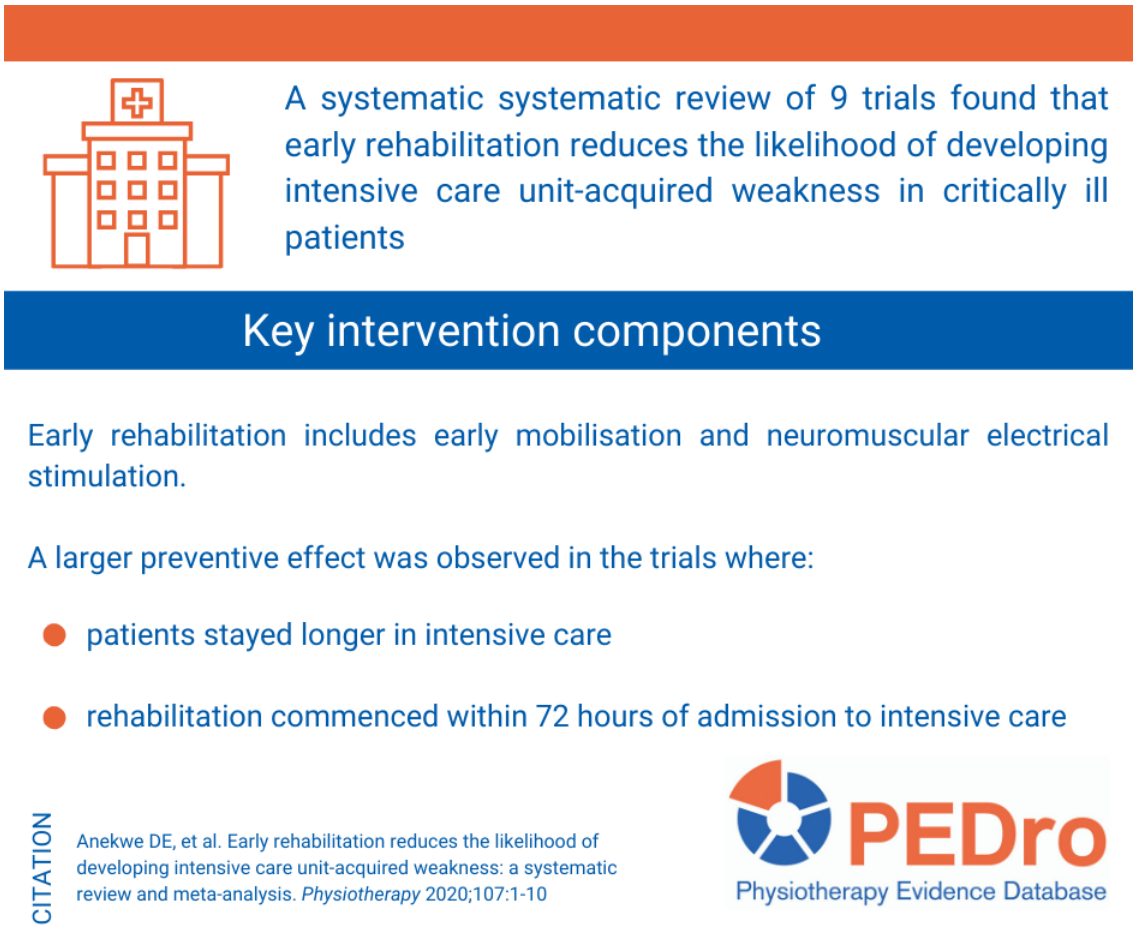
- Jenssen BP, et al. Randomized controlled trial of RSS reader use and resident familiarity with primary literature. *J Grad Med Educ* 2014;6(2):341-4
- Tanna GV, et al. Do e-mail alerts of new research increase knowledge translation? A “Nephrology Now” randomized control trial. *Acad Med* 2011;86(1):132-8

H. Infographic for systematic review that found that early rehabilitation interventions reduce the likelihood of developing intensive care unit-acquired weakness in critically ill patients

Last month we summarised the Anekwe et al. The review concluded that early rehabilitation interventions (early mobilisation and/or neuromuscular electrical stimulation) reduce the likelihood of developing intensive care unit-acquired weakness in critically ill

patients.

Some suggestions for providing early mobilisation and/or neuromuscular electrical stimulation are in this infographic.



Anekwe DE, et al. Early rehabilitation reduces the likelihood of developing intensive care unit-acquired weakness: a systematic review and meta-analysis. *Physiotherapy* 2020;107:1-10

Read more on PEDro.

I. Systematic review found that stroke patients who receive stroke unit care are more likely to be alive, independent, and living at home at 1 year post-stroke

Stroke is the third leading cause of disability and the second leading cause of mortality worldwide. Stroke units provide guideline-directed and multi-disciplinary care (medical, nursing, and allied health, including physiotherapy) for patients hospitalised with stroke. This systematic review aimed to estimate the effect of stroke unit care compared to an

alternate form of inpatient care (conventional care or an alternate model of stroke unit care).

The review performed sensitive searches of 13 databases and trial registers (including Medline, Embase, and Cochrane CENTRAL) plus other strategies (including checking reference lists and contacting trialists) to identify randomised controlled trials that compared stroke unit care with an alternate form of inpatient care for people who had sustained a stroke. Pseudo-randomised trials and cross-over trials were excluded. Any model of stroke unit care was included (dedicated stroke ward, mobile stroke team, mixed rehabilitation ward). The comparator was an alternate form of inpatient care, which could include conventional care in a general medical ward or an alternate model of stroke unit care. A clinical definition of stroke was used, and there were no restrictions based on stroke severity or type, age or sex. The composite outcome of death or dependency or requiring institutional care (termed a “poor outcome”) at the end of scheduled follow-up was the primary outcome. One reviewer screened the titles and abstracts of the search results to exclude obviously irrelevant articles. Two reviewers selected trials for inclusion, extracted data, and evaluated risk of bias and certainty of evidence. Risk of bias was evaluated using the Cochrane risk of bias tool. Certainty of evidence was classified using the Grading of Recommendations Assessment, Development and Evaluation (or GRADE) approach. Meta-analysis was used to estimate the risk of a poor outcome, expressed as an odds ratio and its 95% confidence interval (CI). Four subgroup analyses were performed: (1) age < 75 years versus 75 years or older; (2) female versus male; (3) mild versus moderate versus severe stroke, and, (4) ischaemic versus haemorrhagic stroke. Network meta-analysis was used to explore the impact of different models of stroke care, with effect size reported as odds ratios and 95% CIs.

29 trials (5,902 participants) were included in the analyses. 20 trials (4,127 participants) compared stroke unit care with conventional care in a general medical ward, 6 trials (982 participants) compared different models of stroke unit care, and 3 trials (793 participants) incorporated more than one comparison.

There was moderate-certainty evidence that stroke unit care reduced the risk of a poor outcome at the end of scheduled follow-up (median 1 year) compared to conventional care, with an odds ratio of 0.77 (95% CI 0.69 to 0.87; 26 trials; 5,336 participants). This outcome was independent of patient age, sex, stroke severity, and stroke type.

The network meta-analysis revealed that this effect was largest when the model of stroke unit care involved a dedicated stroke ward. Using conventional care in a general ward as the comparator, the odds of a poor outcome were 0.74 (95% CI 0.62 to 0.89; moderate certainty) for dedicated stroke wards, 0.88 (95% CI 0.58 to 1.34; low certainty) for mobile stroke teams, and 0.70 (95% CI 0.52 to 0.95; low certainty) for mixed rehabilitation wards.

Stroke patients who receive stroke unit care are more likely to be alive, independent, and

living at home 1 year after the stroke. This benefit was independent of patient age, sex, stroke severity and stroke type, and was most obvious in stroke units based in a discrete stroke ward. For every 100 stroke patients receiving stroke unit care, two extra patients will be alive, six more will be independent, and six more living at home.

Langhorne P, et al. Organised inpatient (stroke unit) care for stroke: network meta-analysis. *Cochrane Database Syst Rev* 2020;Issue 4

Read more on PEDro.

J. Support for PEDro comes from the Australian Physiotherapy Association, American Physical Therapy Association, Fysioterapeuterna, Latvijas Fizioterapeitu Asociācija, Association Luxembourgeoise Des Kinésithérapeutes, Suomen Fysioterapeutit, Società Italiana di Fisioterapia, Associação Portuguesa de Fisioterapeutas, UNIFY ČR, and Lietuvos Kineziterapeutų Draugija

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K. Next PEDro and DiTA updates (July 2020)

The next PEDro and DiTA updates are on Monday 6 July 2020.

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