



## A. PEDro update (3 May 2021)

PEDro contains 50,562 records. In the 3 May 2021 update you will find:

- 39,102 reports of randomised controlled trials (38,352 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 10,771 reports of systematic reviews, and
- 689 reports of evidence-based clinical practice guidelines.

PEDro was updated on 3 May 2021. For latest guidelines, reviews and trials in physiotherapy visit [Evidence in your inbox](#).

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## B. DiTA update (3 May 2021)

DiTA contains 2,128 records. In the 3 May 2021 update you will find:

- 1,922 reports of primary studies, and
- 206 reports of systematic reviews.

DiTA was updated on 3 May 2021. For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit [Evidence in your inbox](#).

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## C. PEDro website is now available in Greek

We are excited to announce that the PEDro website is now available in Greek.

This enhancement means that PEDro has 17 language sections: English, simplified Chinese, traditional Chinese, Portuguese, German, French, Spanish, Italian, Japanese, Korean, Turkish, Tamil, Arabic, Ukrainian, Polish, Romanian and Greek. Users can select their preferred language with the language selector in the header.

Producing the Greek section of the PEDro website has been a real team effort. We are grateful to the following people who helped with translation: Yiannis Sotiralis and Konstantinos Sakellariou from Hellenic OMT.Edu.

We invite all physiotherapists whose primary language is Greek to visit the PEDro website at [pedro.org.au](http://pedro.org.au).

You can use the PEDro website to SEARCH for research articles that answer your clinical questions, BROWSE the latest research in your area of interest, LEARN more about using PEDro and skills for evidence-based practice, access useful RESOURCES, or find out more ABOUT this invaluable global resource.

PEDro has three search pages (Advanced, Simple and Consumer). We strongly encourage health professionals to use the Advanced Search. This is why the SEARCH buttons in the header, footer and PEDro navigation wheel take you directly to the Advanced Search page. The Advanced Search page contains 13 fields to define search terms with precision. Those who are new to searching may like to begin with the Simple Search, which contains a single text field. Patients and other users of physiotherapy can access the Consumer Search, which has less technical language. You can click through to the Simple and Consumer search pages from the PEDro Advanced Search page.

The BROWSE page gives you access to the latest Evidence in your inbox monthly feeds. This is a curated collection of recent trials, reviews and guidelines grouped by 15 areas of clinical practice. Scroll down to subscribe to PEDro's Evidence in your inbox. The latest research will be emailed to you each time PEDro is updated. Subscription is free.

The LEARN page gives you access to tutorials, frequently asked questions, search help, PEDro statistics, indexing criteria and codes, the PEDro Top 20 Trials (available in the English, Portuguese and Spanish sections), World-Wide Journal Club (only available in the English section), the latest news (available in the English and Portuguese sections) and the "You Ask #PEDroAnswers" campaign (only available in the English section). For tips on PEDro searching using the Advanced Search page we suggest you visit the ["You Ask #PEDroAnswers" campaign page](#). The World-Wide Journal Club page includes instructions

and materials to facilitate the translation of research findings into clinical practice.

The RESOURCES page includes tools to help you use PEDro and implement evidence-based practice. These are the PEDro scale, confidence interval calculator, filters for referencing software, useful links, publications about PEDro (only available in the English section), systematic review summaries published in the British Journal of Sports Medicine (only available in the English section), newsletter archive (available in the English and Portuguese sections) and press release archive (only available in the English section).

To find out more about the team and organisations behind PEDro visit the ABOUT page.

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## **D. Fourth video of PEDro Advanced Search for the “You Ask #PEDroAnswers” campaign**

Each month in 2021 we will share short videos illustrating how to use the PEDro Advanced Search to find the best research to answer clinical questions submitted by PEDro users.

The fourth question to be answered is “In musicians with musculoskeletal injuries, does trigger point therapy decrease the time to return to playing an instrument compared to rest and advice?”


The Search terms are:

- musculoskeletal (Subdiscipline)
- trigger\* (Title Only)
- upper arm, shoulder or shoulder girdle (Body Part).

PEDro acknowledges the contributions of: Ana Helena Salles from Faculdade de Ciências Médicas de Minas Gerais, Brazil who translated and recorded the Portuguese version; and, Sébastien Matéo, Celine Lesage and Matthieu Guémann from the [Société Française de Physiothérapie](#) who translated and recorded the French version.

You can submit your question for the “You Ask #PEDroAnswers” campaign at <https://pedro.org.au/english/learn/you-ask-pedro-answers/>.


In musicians with musculoskeletal injuries, does trigger point therapy decrease the time to return to playing an instrument compared to rest and advice?



**You Ask #PEDroAnswers**

[English](#)


Em músicos com lesões musculoesqueléticas, a terapia de ponto-gatilho diminui o tempo para voltar a tocar um instrumento em comparação com descanso e conselho?



**You Ask #PEDroAnswers**

[Portuguese](#)

Chez les musiciens présentant des lésions musculosquelettiques, la thérapie des points trigger réduit-elle la durée de retour à la pratique d'un instrument comparée au repos et aux recommandations?



**You Ask #PEDroAnswers**

[French](#)

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## E. “You Ask #PEDroAnswers” search tip #4 - Use wildcards (truncation)

Throughout 2021 we will be sharing some tips on how to use the PEDro Advanced Search. The fourth tip is “Use wildcards (truncation)”.

Using wildcards refers to the replacement of a letter or letters of a word with a symbol in order to represent more than one version of that word. There are different wildcards for different purposes.

An asterisk (\*) can be used to replace any number of letters (including no letters) that form part of the start or end of a word.

Truncation is most commonly used by placing an asterisk at the end of a full or shortened word to permit alternative endings. So searching with ambula\* will retrieve articles that contain the words ambulate, ambulant or ambulation. Other examples include:

- Parkinson\* will retrieve articles that contain Parkinson, Parkinson's or Parkinsonism.
- cue\* will retrieve articles that contain cue, cues or cueing.
- fall\* will retrieve articles that contain fall, falls or falling.

Alternatively, an asterisk can be placed at the beginning of a word. So searching with \*feedback will retrieve articles that contain biofeedback or myofeedback, as well as just feedback. Other examples include:

- \*edema will retrieve articles that contain oedema, lymphedema or lymphoedema.
- \*continence will retrieve articles that contain continence or incontinence.

Another type of wildcard is the @ symbol. It can be used in the place of one letter within a word, allowing any letter to fill that position. This can be useful for searching for words that have spelling variants in English. For example, searching with mobili@ation will retrieve articles that contain mobilisation or mobilization.

The @ wildcard can also be useful when searching for a particular article if you are unsure of the exact spelling of the author's name. For example, searching with Peters@n would retrieve articles that contain Peterson or Petersen.

[We've recently revised the PEDro video tutorial on how to do an Advanced Search.](#)

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## **F. Submit your questions to the “You Ask #PEDroAnswers” campaign**

This year we are asking PEDro users to submit their clinical questions to the “You Ask #PEDroAnswers” campaign. The campaign aims to help physiotherapists develop their searching skills on PEDro. Each month we release videos demonstrating how to perform an Advanced Search on PEDro to find the best high-quality research to help answer your clinical questions.

This month we are calling on PEDro users to submit clinical questions related to musculoskeletal, orthopaedics, sports, whiplash and chronic pain. You can submit a question by using the form on the [PEDro web-site](#), tag us in a Tweet [@PEDro\\_database](#) or on [Facebook](#) by commenting on a “You Ask #PEDroAnswers” post or by sending us a question via Messenger.

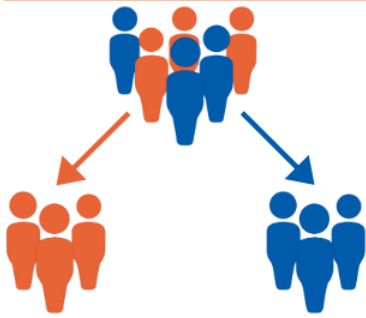
You can keep up to date with the latest evidence for your field by subscribing to the [PEDro Evidence in your inbox feeds](#).

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## **G. Infographic for systematic review that found passive physical treatments for low back pain were most likely to help people who were younger with higher disability and lower psychological distress and psychological treatments were more likely to help those with severe disability**

Last month we summarised the [systematic review by Hee et al](#). The review concluded that passive physical treatments for low back pain were most likely to help people who were younger with higher levels of disability and low levels of psychological distress. Psychological treatments were more likely to help those with severe disability. Active physical treatments appeared to help all subgroups equally. However, the size of the additional benefit achieved in the subgroups was small and unlikely to be clinically important. These findings do not support the use of subgrouping for people with low back pain.

Some suggestions for selecting treatments for people with low back pain are included in this infographic.



Systematic review of 19 trials found passive physical treatments for low back pain were most likely to help younger people with high disability and low psychological distress, and psychological treatments were more likely to help those with severe disability

### Should subgrouping inform treatment choices for people with low back pain?

- Subgroup effects were small and unlikely clinically meaningful
- The literature does not support the use of subgroups to inform treatment choices
- Treatment decisions should be made in collaboration with the patient, considering their values, preferences and circumstances

**CITATION** Hee SW, et al. Identification of subgroup effect with an individual participant data meta-analysis of randomised controlled trials of three different types of therapist-delivered care in low back pain. *BMC Musculoskelet Disord* 2021;22(191):Epub.



Hee SW, et al. Identification of subgroup effect with an individual participant data meta-analysis of randomised controlled trials of three different types of therapist-delivered care in low back pain. *BMC Musculoskelet Disord* 2021;22(191):Epub.

[Read more on PEDro.](#)

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## H. Systematic review found that providing group-based pelvic floor muscle training for all women during pregnancy is more efficient than individual training

Pelvic floor dysfunction and incontinence are common after pregnancy and childbirth. In the first 3 months after childbirth about one in three women have urinary incontinence and up to one in ten have faecal incontinence. Pelvic floor muscle training is the recommended first-line care to prevent and treat both forms of incontinence.

In July 2020 we published a [PEDro blog summarising a Cochrane review](#) that estimated the effects of pelvic floor muscle training (antenatal or postnatal) for preventing or treating urinary and faecal incontinence in late pregnancy and after childbirth. The review concluded that structured antenatal pelvic floor muscle training for continent women can

prevent the onset of urinary incontinence in late pregnancy and in the early and mid postnatal periods. Uncertainty surrounds the effects of pelvic floor muscle training as a treatment for urinary incontinence in antenatal and postnatal women and for the treatment of faecal incontinence.

Information about value for money is required by health services and policy-makers to inform service planning and determine the best use of the limited funds available to promote health and provide health care. A systematic review has recently been published that expands on the results of the Cochrane review by reanalysing the trials to determine the costs and cost-effectiveness of different models of care used to provide pelvic floor muscle training in the antenatal or postnatal periods. The aim was to determine the most cost-effective way of providing pelvic floor muscle training to prevent or treat postpartum incontinence.

Trials included in the Cochrane review were included in the cost-effectiveness review if they reported statistically significant between-group differences in preventing or curing incontinence and contained sufficient information about the intervention to categorise the pelvic floor muscle training on two strata. The strata were: (1) individual, group-based or mixed individual and group; and (2) during or after pregnancy. The participants were pregnant or postnatal women. The primary outcome was postpartum urinary or faecal incontinence. Costs for each model of intervention were calculated in 2019 Australian dollars using publicly available market rates and enterprise agreements (including estimates of health service, consumer and societal costs plus cost savings). One author performed the calculations, which were cross-checked by a second author. The incremental cost effectiveness of each mode of intervention delivery to successfully prevent or cure one case of incontinence were calculated. Sensitivity analyses were performed to account for variations in the number of participants per group for group-based training, the cost of patient out-of-pocket costs, salary rate of the health professional delivering the intervention and the proportion of patients who would have postnatal incontinence without intervention.

Eleven trials (3,005 participants) were included in the cost effectiveness analysis. Three models of intervention were evaluated: (1) individual pelvic floor muscle training during pregnancy to prevent urinary incontinence (2 trials); (2) group-based training during pregnancy to prevent or treat incontinence (3 trials); and (3) individual postnatal training to treatment urinary incontinence (3 trials) or urinary and faecal incontinence (3 trials).

The costs to the health service to prevent or cure one case of urinary incontinence were \$768 for individual pelvic floor muscle training during pregnancy and \$1,970 for individual postnatal training. In contrast, group-based training during pregnancy generated a cost saving of \$14 if there were eight participants per session. Sensitivity analyses revealed that savings were greater if more participants attend each group. The health service cost per faecal incontinence case prevented or cured was \$2,784. The certainty around these



cost estimates (ie, 95% confidence intervals) were not reported.

Providing group-based pelvic floor muscle training for all women during pregnancy is more efficient than individual training. However, providing pelvic floor muscle training for postnatal women with urinary incontinence should not be discounted because of the added known benefit for preventing and treating faecal incontinence.

Brennen R, et al. Group-based pelvic floor muscle training for all women during pregnancy is more cost-effective than postnatal training for women with urinary incontinence: cost-effectiveness analysis of a systematic review. *J Physiother* 2021;67(2):105-14

[Read more on PEDro.](#)

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## I. Support for PEDro comes from the Physio Deutschland, Physio Austria, Félag Sjúkraþjálfara and Komora Fizioterapeuta Crne Gore

We thank [Physio Deutschland](#), [Physio Austria](#), [Félag Sjúkraþjálfara](#) and [Komora Fizioterapeuta Crne Gore](#) who have just renewed their partnership with PEDro for another year.

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## J. Next PEDro and DiTA updates (June 2021)

The next PEDro and DiTA updates are on Monday 7 June 2021.

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