



Thank you for joining PEDro at the 2023 World Physiotherapy Congress

Thank you for joining the PEDro activities at the 2023 World Physiotherapy Congress. The PEDro team had a great time meeting you all and look forward to connecting with you in the future and hearing your ideas of support.



Funding is vital to sustain PEDro

Support for PEDro comes from the following global physiotherapy organisations. Thank you to [Asociación de Fisioterapeutas \(Guatemala\)](#), [Associação Espanola de Fisioterapeutas](#), [Deutscher Verband für Physiotherapie](#), [Hong Kong Physiotherapy Association](#), [Irish Society of Chartered Physiotherapists](#), [Physio Austria](#), [Physiotherapeuten-Verband Liechtenstein](#), [Singapore Physiotherapy](#)

[Association](#), [Suomen Fysioterapeutit](#), [Taiwan Physical Therapy Association](#), [UNIFY ČR](#), [Združenje Fizioterapevtov Slovenije](#), [Panhellenic Physiotherapists' Association](#), [Fysioterapeuterna](#), [American Physical Therapy Association](#), and [Macau Physical Therapists Association](#).

PEDro update (5 June 2023)

[PEDro](#) contains 59,049 records. In the 5 June 2023 update you will find:

- 45,060 reports of randomised controlled trials (43,844 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 13,245 reports of systematic reviews, and
- 744 reports of evidence-based clinical practice guidelines.

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

DiTA update (5 June 2023)

[DiTA](#) contains 2,414 records. In the 5 June 2023 update you will find:

- 2,153 reports of primary studies, and
- 261 reports of systematic reviews.

For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit [Evidence in your inbox](#).

PEDro satellite centres contribute to developing the PEDro and DiTA databases: Meet PEDro PEDro OsloMet

Earlier this year the PEDro Steering committee announced the global expansion of the PEDro and DiTA databases and launched the PEDro satellite centres. The four satellite centres that are currently contributing to the maintenance of the PEDro and DiTA databases are PEDro Canada (Université de Sherbrooke), PEDro OsloMet, PEDro Brazil, PEDro Singapore. The PEDro Steering Committee is grateful for these satellite centres and all volunteers involved.

This month PEDro introduces PEDro OsloMet and the key people working in the satellite centre.

Who are the key people in your PEDro satellite, and what organisation/s are represented by your satellite?



Karin Hesseberg is Head of Master Studies in the Department of Rehabilitation Science and Health Technology at OsloMet University. Her research interests include physical function and fitness in older people.



Sigrid Ryeng Alnes is a PhD candidate at OsloMet University, conducting a randomised controlled trial on digital follow-up of people with Parkinson's disease. She is responsible for the day-to-day work of PEDro OsloMet.

What is the role of PEDro OsloMet within PEDro?

PEDro OsloMet maintains the systematic reviews records that are indexed on PEDro. This involves screening search results for eligibility, formatting and coding eligible reviews and uploading them to the PEDro database.

How did your satellite form?

OsloMet was invited to form a PEDro satellite in 2021. It took some time to figure out in what way OsloMet could best contribute and how the satellite should be organized, but at the start of 2022 we were up and running. In the first year, there was a focus on learning the tasks and technicalities of processes, gradually adding on more responsibilities.

What are the benefits of being a satellite for PEDro?

Research and research dissemination is an important priority for OsloMet University. As the largest educational institution for physiotherapy in Norway, being a part of the work on informing physiotherapy practice is essential. PEDro is a natural collaboration partner with us. OsloMet can contribute to making physiotherapy-relevant research accessible as part of an international collaboration and make contacts with relevant research environments.

What are potential areas of development for PEDro OsloMet?

The OsloMet satellite is still very new and most of the focus has been on the technicalities and practical work. There is a potential for more promotion of this collaboration and the involvement of other relevant organisations and institutions.

[Read more on PEDro.](#)


Infographic: Systematic review that prescribed home exercise programs with an additional digital intervention increased exercise adherence in the short-term when compared to interventions without additional digital interventions.

Last month we [summarised the systematic review by Lang et al. 2022](#). The review concluded short-term adherence to home exercise may improve if prescribed with a digital intervention. Benefits in the longer-term are unclear.

Some findings are included in this infographic.

DIGITAL INTERVENTIONS INCREASED ADHERENCE TO HOME EXERCISE REHABILITATION

Lang S, et al. 2022. Do digital interventions increase adherence to home exercise rehabilitation? A systematic review of randomised controlled trials. *Archives of Physiotherapy*, 12:24

WHAT DID THEY DO?	FINDINGS
<p>Study design: Systematic review of 10 randomised controlled trials.</p> <p>Population: Adults with a diagnosed clinical condition (e.g. knee osteoarthritis, frozen shoulder, ankle sprain). Review included 1,117 participants.</p> <p>Intervention: Home exercise with a digital intervention. Digital interventions included web interphases, text messages, phone calls, or phone-based applications.</p> <p>Comparator: Home exercise without a digital intervention.</p> <p>Outcome: Exercise adherence.</p>	<ul style="list-style-type: none">• 7 trials found the addition of digital interventions increased adherence to home exercise. 3 trials found no effect.• 8/10 trials reported follow up of 12 weeks or less.  <p>Note: No meta-analysis was conducted. Overall certainty of the evidence was not reported.</p>

Short-term adherence to home exercise may improve if prescribed with a digital intervention.

Benefits in the longer-term are unclear.

Lang, S, McLelland, C, MacDonald, D & Hamilton, D 2022, "Do digital interventions increase adherence to home exercise rehabilitation? A systematic review of randomised controlled trials" *Archives of Physiotherapy*, 12:24

[Read more on PEDro.](#)

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

Systematic review found that supervised exercise-based rehabilitation may result in large increases in exercise capacity for people with pulmonary hypertension

This Cochrane systematic review aimed to estimate the effects of supervised exercise-based rehabilitation compared with usual care or no exercise-based rehabilitation on the primary outcomes; exercise capacity, serious adverse events and health-related quality of life in people with pulmonary hypertension.

This review included randomised controlled trials that assessed supervised exercise-based rehabilitation for people with pulmonary hypertension. Eligible trials were identified from five electronic databases. Trials were included if they compared supervised exercise-based rehabilitation of any duration, frequency or setting to a control group of education or usual care with no specific exercise component. Primary outcomes were; exercise capacity, which included measures such as the six-minute walk test and peak exercise capacity; serious adverse events during the intervention period, defined as mortality, disease progression, symptoms precluding training, and discontinuation of the study; and health-related quality of life, which was measured with any validated generic or disease specific quality of life measure.

Two reviewers independently identified and selected studies, extracted data, and assessed risk of bias using the Cochrane Risk of Bias 1.0 tool. Certainty of the evidence was evaluated using the GRADE framework.

The review included 14 trials (574 participants), of which 11 trials (462 participants) contributed to the meta-analyses. The mean age of participants ranged from 35 to 68 years and all trials included participants who were classified as being stable on medical therapy. Exercise-based programmes included both inpatient- and outpatient-based rehabilitation that incorporated both upper and lower limb exercise.

For the outcome exercise capacity, there is low certainty that supervised exercise-based rehabilitation compared with control may increase mean six-minute walk distance (MD

48.52 metres, 95% CI 33.42 to 63.62; 11 studies, 418 participants), may increase mean peak oxygen uptake (MD 2.07 mL/kg/min, 95% CI 1.57 to 2.57; 7 studies, 314 participants) and may increase mean peak power (MD 9.69 W, 95% CI 5.52 to 13.85; 5 studies, 226 participants).

For the outcome serious adverse events, there was moderate certainty that supervised exercise-based rehabilitation compared with control was probably not associated with an increased risk of serious adverse events (RD 0, 95% CI -0.03 to 0.03; 11 studies, 439 participants).

For the outcome health-related quality of life, there was moderate certainty that supervised exercise-based rehabilitation compared with control probably increases the 36-item Short Form Physical Component Score (MD 3.98 points, 95% CI 1.89 to 6.07; 5 studies, 187 participants) and the 36-item Short Form Mental Component Score (MD 3.60 points, 95% CI 1.21 to 5.98 points; 5 RCTs, 186 participants).

In people with pulmonary hypertension who are medically stable, supervised exercise-based rehabilitation may result in a large increase in exercise capacity, it is probably safe and probably improves quality of life.

Morris NR, Kermeen FD, Jones AW, Lee JYT, Holland AE. Exercise-based rehabilitation programmes for pulmonary hypertension. *Cochrane Database of Systematic Reviews* 2023, Issue 3. Art. No.: CD011285. DOI: 10.1002/14651858.CD011285.pub3.

[Read more on PEDro.](#)

PEDro now contains 59,000+ reports of trials, reviews and guidelines

We are pleased to announce that PEDro has just achieved a new milestone. There are now 59,000+ reports of trials, reviews and guidelines indexed on PEDro.



PEDro acknowledges World continence week 19-25 June

[Inform your practice with the latest evidence.](#)

PEDro acknowledges International Day of Yoga, 21 June

[Search for the latest evidence about yoga.](#)

Next PEDro and DiTA updates (July 2023)

The next [PEDro](#) and [DiTA](#) updates are on 3 July 2023.

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