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## A. PEDro update (March 2018)

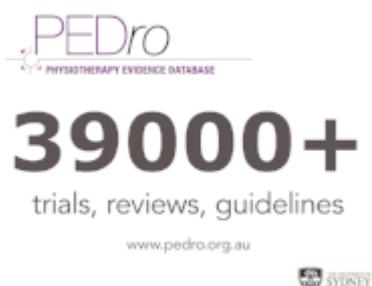
PEDro contains 39,281 records. In the 5 March 2018 update you will find:

- 30,983 reports of randomised controlled trials (30,142 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 7,652 reports of systematic reviews, and
- 646 reports of evidence-based clinical practice guidelines

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

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## B. PEDro indexes 39,000+ reports (and 30,000+ trials with complete ratings)



We are pleased to announce that PEDro has just achieved two new milestones for the amount of evidence. There are now 39,000+ reports of trials, reviews and guidelines indexed on PEDro. The number of trials with complete ratings now exceeds 30,000.

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## C. Systematic reviews should only be updated to improve the certainty of evidence, duplication should be avoided

A recent editorial published in the *Journal of Physiotherapy* explored issues around the updating systematic reviews. The *Cochrane Collaboration's Panel for Updating Guidance for*

*Systematic Reviews Group* defines an update as a new edition of an existing review that can include new methods, new analyses or new data. Updates should only be performed in order to improve the certainty of the evidence, by changing the findings or credibility of the review. Unnecessary updates should be avoided because they are a duplication of effort, add to volume of evidence which needs to be considered, and could cause confusion because of differing conclusions. One way to avoid this duplication of effort is for the protocols of systematic reviews to be registered prospectively. Two databases which provide for registration of systematic reviews are PROSPERO and the Cochrane Database of Systematic Reviews.

[Elkins MR. Updating systematic reviews \(editorial\). \*J Physiother\* 2018 Jan;64\(1\):1-3](#)

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#### **D. Registration of protocols for systematic reviews should be encouraged**

This survey of systematic reviews evaluating physiotherapy interventions was conducted to estimate the proportion of reviews that have a registered protocol, compare the methodological quality of registered and unregistered reviews, and calculate the prevalence of outcome reporting bias in registered reviews. A random sample of 150 systematic reviews published in 2015, written in English, Italian, Portuguese or Spanish, and indexed in the PEDro evidence resource were evaluated. Protocol registration was determined by searching the full-text of the reviews, searching protocol registries (PROSPERO and Cochrane Database of Systematic Reviews), and contacting authors. Two independent raters evaluated methodological quality using the AMSTAR checklist and extracted data about the methods used from both the reviews and registered protocols. Only 19% (n=29) of reviews were registered. Registered reviews demonstrated significantly higher methodological quality (median 8/11) than unregistered reviews (median 5/11). One-third (n=9) of the registered reviews demonstrated discrepancies between the protocol and review results, with no evidence that such discrepancies were applied to favor the statistical significance of the intervention (relative risk 1.16; 95% confidence interval 0.63 to 2.12). A low proportion of physiotherapy systematic reviews are registered. The registered systematic reviews showed high methodological quality without evidence of outcome reporting bias. Further strategies should be implemented to encourage registration.

[Oliveira CB, et al. A low proportion of systematic reviews in physical therapy are registered: a survey of 150 published systematic reviews. \*Braz J Phys Ther\* 2017 Oct 26;Epub ahead of print](#)

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## **E. Systematic review found that physical activity improves social functioning in older people**

This recent systematic review evaluates the effects of physical activity interventions on social functioning, isolation and support in community-dwelling older people. This appears to be the first review to address this question. The protocol for this review was prospectively registered on [PROSPERO](#). The main outcomes were loneliness, social isolation, social support, social networks, and social functioning (a subdomain of health-related quality of life). The review identified 38 randomised controlled trials (5,288 participants) that compared a physical activity intervention to a non-physical activity or control (sedentary) intervention. 26 of the trials had a low risk of bias. A small significant positive effect favouring physical activity intervention was found for social functioning (standardised mean difference 0.30; 95% confidence interval 0.12 to 0.49), but no effect was found for loneliness, social isolation, social support, or social networks. There were sufficient trials to explore the influence of different subgroups on social functioning. The strongest effects were obtained for physical activity interventions provided in isolation, in populations with a medical condition, in the group exercise setting, and when delivered by a medical healthcare provider. Possible mechanisms underlying the social health effects of physical activity are discussed in the article.

Shvedko A, et al. Physical activity interventions for treatment of social isolation, loneliness or low social support in older adults: a systematic review and meta-analysis of randomised controlled trials. *Psychol Sport Exerc* 2018 Jan;34:128-137

[Read more on PEDro.](#)

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## **F. Browse the latest research with PEDro *Evidence in your inbox***

Over 8,000 physiotherapists have signed up to receive PEDro *Evidence in your inbox* feeds. Subscribers can select from 15 areas of physiotherapy practice. To date, the most popular feeds are musculoskeletal, orthopaedics, chronic pain, and sports. Subscribers receive email messages (one for each area of practice) containing the latest research each time PEDro is updated (currently once per month). The number of articles varies from about 2 per month for the whiplash feed to about 50 per month for the musculoskeletal feed.

The *Evidence in your inbox* messages contain links to guidelines, reviews and trials (ranked by method). This allows subscribers to browse through the latest high-quality clinical research

in their area of practice. This is ideal for clinicians wanting to optimise treatment or choose an article for a journal club.

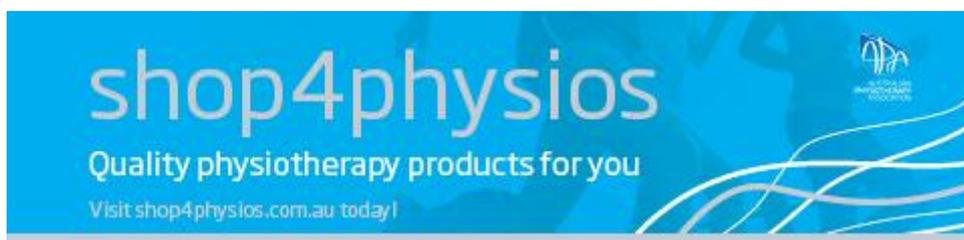
[Subscription is free.](#)

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## G. Next PEDro update (April 2018)

The next PEDro update is on Monday 9 April 2018. This is a week later than usual because of the Easter holidays.

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