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A. PEDro update (6 September 2021)

PEDro contains 52,165 records. In the 6 September 2021 update you will find:

- 40,243 reports of randomised controlled trials (39,328 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 11,240 reports of systematic reviews, and
- 682 reports of evidence-based clinical practice guidelines.

PEDro was updated on 6 September 2021. For latest guidelines, reviews and trials in physiotherapy visit [Evidence in your inbox](#).

B. DiTA update (6 September 2021)

DiTA contains 2,217 records. In the 6 September 2021 update you will find:

- 1,994 reports of primary studies, and
- 223 reports of systematic reviews.

DiTA was updated on 6 September 2021. For the latest primary studies and systematic reviews evaluating diagnostic tests in physiotherapy visit [Evidence in your inbox](#).

C. PEDro celebrates World PT Day on 8 September 2021

September 8 marks World PT Day 2021. The theme for this year is rehabilitation for long COVID.

The start of the pandemic saw many physiotherapists step up to provide high-quality clinical care to manage the respiratory symptoms of COVID-19 as well as adapting to contactless practice using technologies like [telehealth for other patient groups](#). With the introduction of vaccines, physiotherapists in many parts of the world developed new skills so they could contribute to the vaccine rollout and so reduce the impact of COVID-19 in their communities.

While many people return to their normal health after COVID-19, some experience long COVID symptoms for 12 months or more. Long COVID has over 200 symptoms, including respiratory and neural impairments, but the symptoms are not the same for everyone. Physiotherapists are now playing a crucial role in the treatment of long COVID because of their expertise in rehabilitation. Rehabilitation can involve individually prescribed exercise programs.

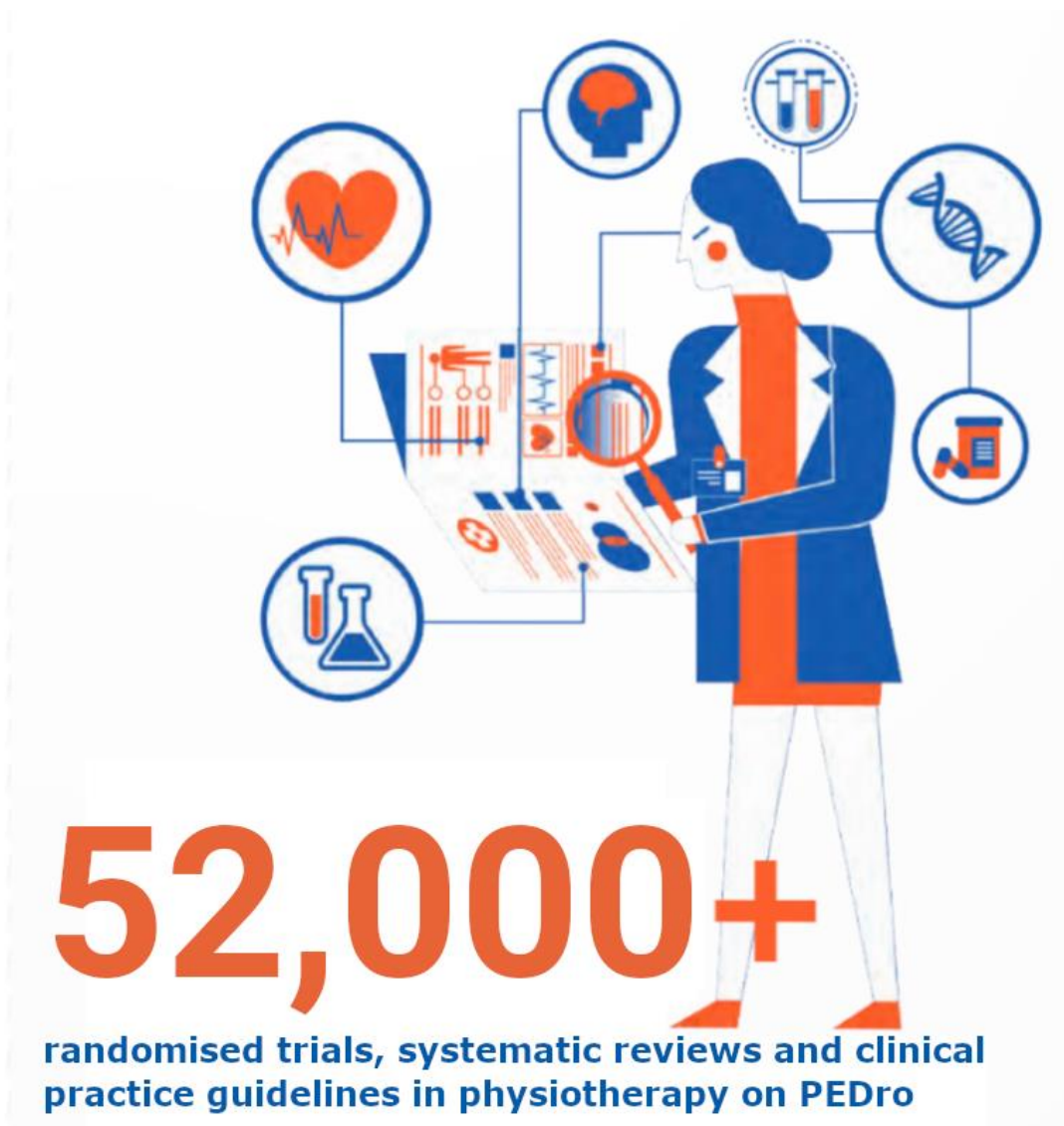
PEDro indexes high-quality clinical research that physiotherapists can use to inform practice during the pandemic, including respiratory management for COVID-19, rehabilitation for long COVID, and providing contactless treatment for a range of conditions. You can browse this evidence using this link <https://bit.ly/38hrBX5>.

Last month in the “You Ask #PEDroAnswers” campaign we showed PEDro users how to perform an Advanced Search to answer the clinical question “In people experiencing post-COVID-19 syndrome, does aerobic exercise improve exercise tolerance more than watchful waiting?” You can view the video at <https://bit.ly/3DmShnC>.

Later this month we will be releasing a summary of the rapid review by Goodwin et al (2021) that found that rehabilitation could enable recovery from COVID-19. You can access the [review on PEDro](#) and watch a 5-minute interview with the [lead author](#).

D. PEDro now contains 52,000+ reports of trials, reviews and guidelines

We are pleased to announce that PEDro has just achieved a new milestone. There are now 52,000+ reports of trials, reviews and guidelines indexed on PEDro.



E. Systematic review found that rehabilitation could enable recovery from COVID-19

COVID-19 was declared a pandemic by the World Health Organization on 11 March 2020. [Physiotherapy consensus guidelines](#) were quickly developed to guide acute respiratory management for those with COVID-19. When managing a new disease like COVID-19, health professionals can utilise high-quality clinical research evaluating the

management of similar patient groups (eg, those admitted to an intensive care unit with severe respiratory illness). This systematic review aimed to estimate the effects of rehabilitation interventions compared to usual care on functional ability and quality of life in people with severe respiratory illness and consider whether this evidence was generalisable to people with severe COVID-19. A secondary aim was to explore the views and experiences of those undergoing rehabilitation.

Guided by a prospectively registered protocol, Cochrane guidance for rapid reviews and the PRISMA guidelines, sensitive searches were performed in 7 databases (including Medline and PEDro) to 7 May 2020. Systematic reviews and randomised controlled trials that evaluated any rehabilitation intervention aimed at enhancing or restoring physical impairment or disability in adults with severe respiratory illness requiring intensive or critical care (eg, severe adult respiratory distress syndrome) were included. Interventions were classified as: fitness, balance or strengthening exercise; mobility training; early mobilisation; neuromuscular electrical stimulation; insufficient information to categorise. Interventions that used a combination of these were classified as multicomponent. The intervention could be applied in any setting, including in the intensive care unit, in a sub-acute hospital ward, as an outpatient, at home, or any combination of these settings. Qualitative studies were also included if they explored the patient experience of rehabilitation. The comparator was usual care. The primary outcomes were functional ability and quality of life. Two independent reviewers screened 25% of the search results. The remaining 75% were screened by a single reviewer and a second reviewer checked the excluded articles. Data were extracted by a single reviewer and checked by a second reviewer. A third reviewer was involved where necessary. Quality was assessed using the Critical Appraisal Skills tools. A narrative synthesis was undertaken, organised by age and intervention type and setting.

23 systematic reviews (61 unique randomised controlled trials), 11 additional trials (993 participants) and 8 qualitative studies (99 participants) were included in the narrative synthesis. The quality of the reviews was generally good, but the additional trials and qualitative studies were more variable. The most common intervention was early mobilisation (9 reviews, 3 qualitative) followed by multicomponent intervention (6 reviews, 2 trials), exercise and early mobilisation (3 reviews, 2 trials), neuromuscular electrical stimulation (3 reviews, 2 trials), and fitness, balance or strengthening exercise (4 trials, 1 qualitative). There was insufficient information provided to categorise the intervention for 2 reviews, 1 trial and 4 qualitative studies. The interventions were mostly implemented in the intensive care unit (17 reviews, 6 trials, 4 qualitative).

Early mobilisation in intensive care may decrease intensive care acquired weakness and improve functional ability. Within 72 to 96 hours of starting mechanical ventilation appears to be the optimal time to commence this intervention. More information about the effects of early mobilisation is available in a [PEDro blog](#). Exercise combined with early mobilisation or as part of a multicomponent intervention in intensive care can improve

strength and independent walking, while multicomponent intervention may improve activities of daily living when applied in a sub-acute hospital ward and improve respiratory function when home-based. Progressive fitness, balance and strength exercise delivered in intensive care can improve functional independence. Home-based exercise may increase functional capacity in younger patients, but the findings are inconclusive for older patients. The findings are inconclusive for neuromuscular electrical stimulation in the intensive care setting, but may improve strength in older patients in the sub-acute hospital ward setting. Findings regarding quality of life were inconclusive.

The qualitative studies revealed that people receiving rehabilitation valued it. A consistent theme was that individually tailored interventions encouraged hope and confidence.

Exercise, early mobilisation and multicomponent rehabilitation programs may improve recovery following admission to intensive care for severe respiratory illness. This evidence can be generalised to people with, or recovering from, COVID-19.

Goodwin VA, et al. Rehabilitation to enable recovery from COVID-19: a rapid systematic review. *Physiotherapy* 2021;111:4-22

[Read more on PEDro.](#)



Physiotherapy

Physiotherapy

[Watch or listen to an interview with Vicki Goodwin about the review.](#)

Rehabilitation to enable recovery from COVID-19: a rapid systematic review

Victoria A. Goodwin^{a,*}, Louise A. Cresswell^b, Alison Bethel^d, Alison Bowley^b, Jane L. Cross^c, Jo Day^a, Avriana Dhillon^d, Abi J. Hogg^d, Howard^d, Naomi Morley^a, Jo Tuckwell^a, S. Coon^a, S. Coon^a

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F. Infographic for systematic review that found exercise prehabilitation increases preoperative functional capacity and decreases postoperative hospital length of stay in people undergoing surgery for abdominal cancer

Last month we summarised the [systematic review by Waterland et al.](#) The review concluded that exercise prehabilitation, particularly multimodal approaches, improves preoperative functional capacity and reduces postoperative hospital length of stay in people undergoing surgery for abdominal cancer.

Some suggestions for providing prehabilitation are included in this infographic.



A systematic review of 21 trials found that exercise prehabilitation improves preoperative functional capacity and decreases length of stay in surgery for abdominal cancer

Effective prehabilitation included a combination of:

- Aerobic and resistance exercise
- Psychological interventions to reduce anxiety
- Nutritional support
- Inspiratory muscle training

CITATION

Waterland JL, et al. Efficacy of prehabilitation including exercise on postoperative outcomes following abdominal cancer surgery: a systematic review and meta-analysis. *Front Surg* 2021;8:628848



Waterland JL, et al. Efficacy of prehabilitation including exercise on postoperative outcomes following abdominal cancer surgery: a systematic review and meta-analysis. *Front Surg* 2021;8:628848

[Read more on PEDro.](#)

G. Eighth 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.

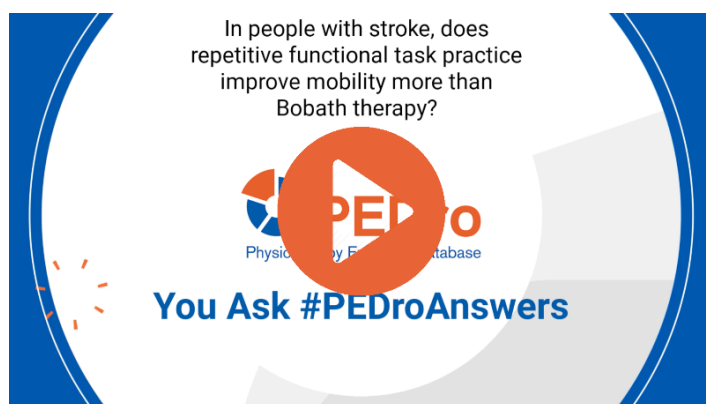
The eighth question to be answered is “In people with stroke, does repetitive functional task practice improve mobility more than Bobath therapy?”

The Search terms are:

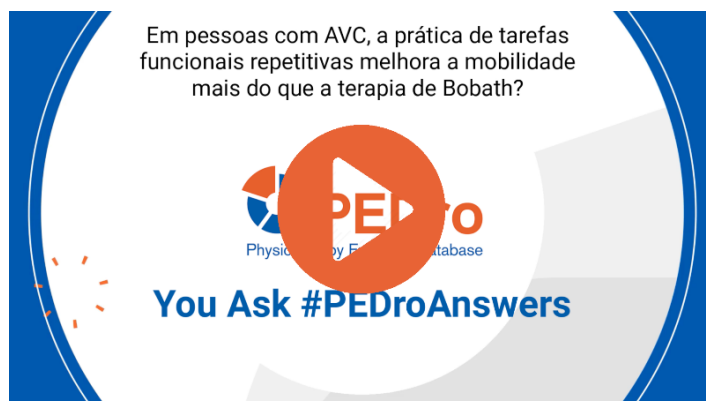
- stroke Bobath (Title Only)
- skill training (Therapy).

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, Guillaume Galliou, Sébastien Mateo and Matthieu Guemann from the [Société Française de Physiothérapie](#) who translated and recorded the French version.

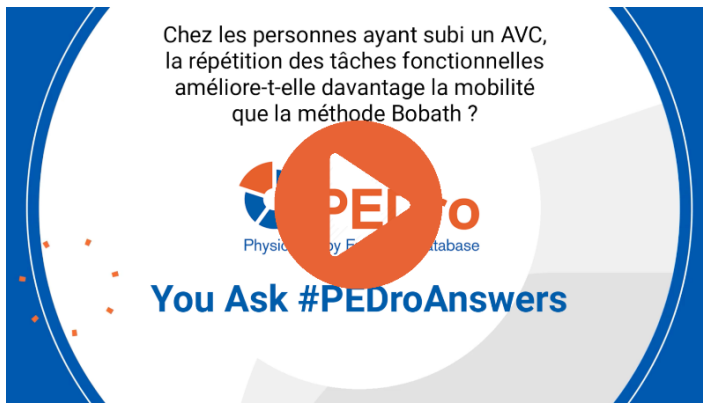
You can submit your question for the “You Ask #PEDroAnswers” campaign at <https://pedro.org.au/english/learn/you-ask-pedro-answers/>.



[English](#)



[Portuguese](#)



[French](#)

H. “You Ask #PEDroAnswers” search tip #8 - If you get too few search results...

Throughout 2021 we are sharing some tips on how to use the PEDro Advanced Search. The eighth tip is “If you get too few search results ...”.

Let’s use this PICO (Patient-Intervention-Comparator-Outcome) question to illustrate what to do if you get too few (or even no) articles in the search results in PEDro: In people with femoroacetabular impingement syndrome, does joint mobilisation reduce pain more than rest? One starting point for the search to answer this question would be to enter terms for the Patient and Intervention by typing femoroacetabular impingement syndrome joint mobilisation into the Abstract and Title field. If you do this, you will get 0 results.

When you get too few (or even no) articles in your search results, four strategies that can make your search broader are:

1. Check that you have spelt the terms correctly and in English if using text fields

2. Remove the term for a PICO component

If you initially entered terms for more than one PICO component, you could remove the terms for one of these components. In the search for our example question we entered terms for both the Patient and Intervention components by typing femoroacetabular impingement syndrome joint mobilisation into the Abstract and Title field. We could make the search broader by removing the term related to the Intervention. If you delete joint mobilisation from the Abstract and Title field and rerun the search just using femoroacetabular impingement syndrome, the search results include around 7 articles.

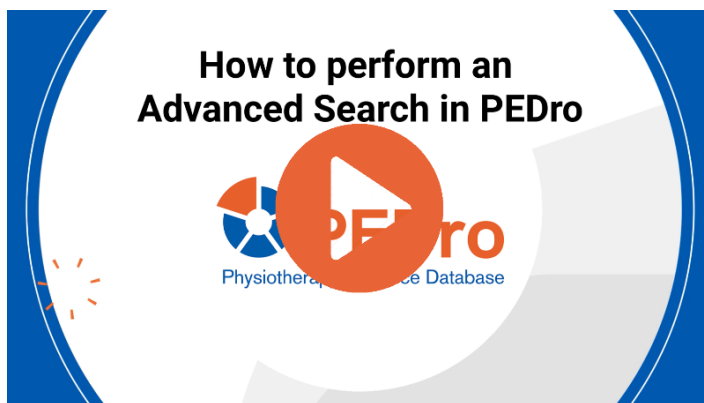
3. Change the field you use to enter a search term

Another strategy to make the search broader is to use a different field to enter the term for a PICO component. In our question and search we typed the term for the Intervention (joint mobilisation) into the Abstract and Title field. This could be problematic because there are

a relatively large number of words that can be used in the abstract and title of an article to describe this Intervention, including manual therapy, mobilisation, mobilization, manipulation and thrust. Using a code in one of the drop down lists could help overcome this problem. In this case we could use the stretching, mobilisation, manipulation, massage code in the Therapy drop down list. Deleting joint mobilisation but retaining femoroacetabular impingement syndrome in the Abstract and Title field and selecting stretching, mobilisation, manipulation, massage in the Therapy drop down list returns about 6 articles. Generally, entering terms in the Abstract and Title or Title Only fields will retrieve less search results than using a drop down list.

4. Make a search term less specific

For our example search we used a very specific term for the Patient (femoroacetabular impingement syndrome). One strategy to increase the number of articles in the search results is to make the term for the Patient less specific. We could replace femoroacetabular impingement syndrome with hip impingement in the Abstract and Title field. If you search for hip impingement in the Abstract and Title field and stretching, mobilisation, manipulation, massage in the Therapy drop down list there will be about 14 articles in the PEDro search results.



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

I. Call for questions from physiotherapists working in oncology for “You Ask #PEDroAnswers” campaign

This month we invite physiotherapists to submit a clinical question related to oncology to the “You Ask #PEDroAnswers” campaign. You can submit a question by:

- using a [form on the PEDro web-site](#)
- tagging us in a Tweet ([@PEDro_database](#)) and using the hashtag #PEDroAnswers
- commenting on a “You Ask #PEDroAnswers” post on Facebook or by sending us your question via [Messenger](#).

To keep up to date with the latest evidence, subscribe to the PEDro [Evidence in your inbox](#) feed for oncology.

J. Next PEDro and DiTA updates (October 2021)

The next [PEDro](#) and [DiTA](#) updates are on Monday 11 October 2021. This is a week later than usual because of a public holiday in Australia.

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