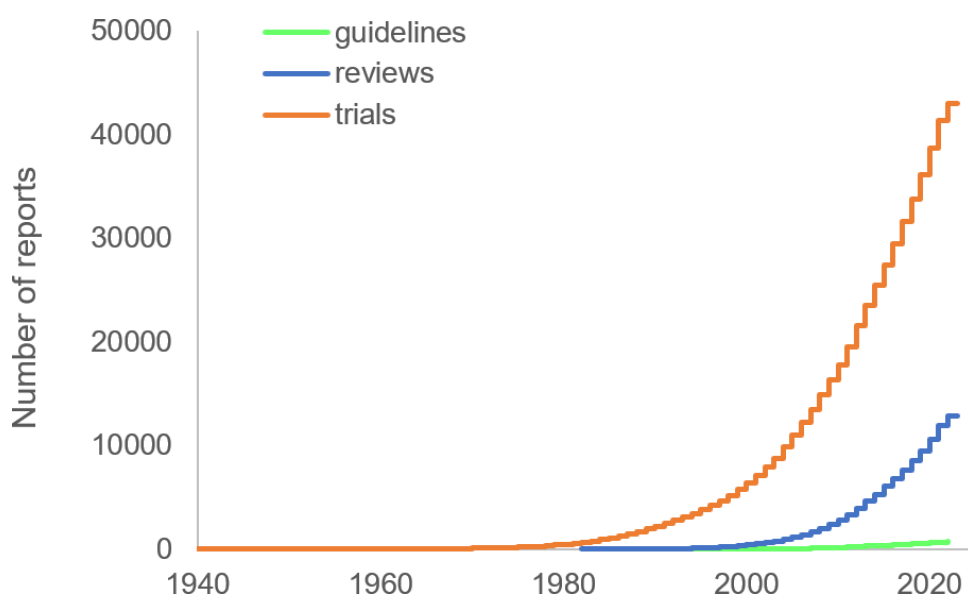




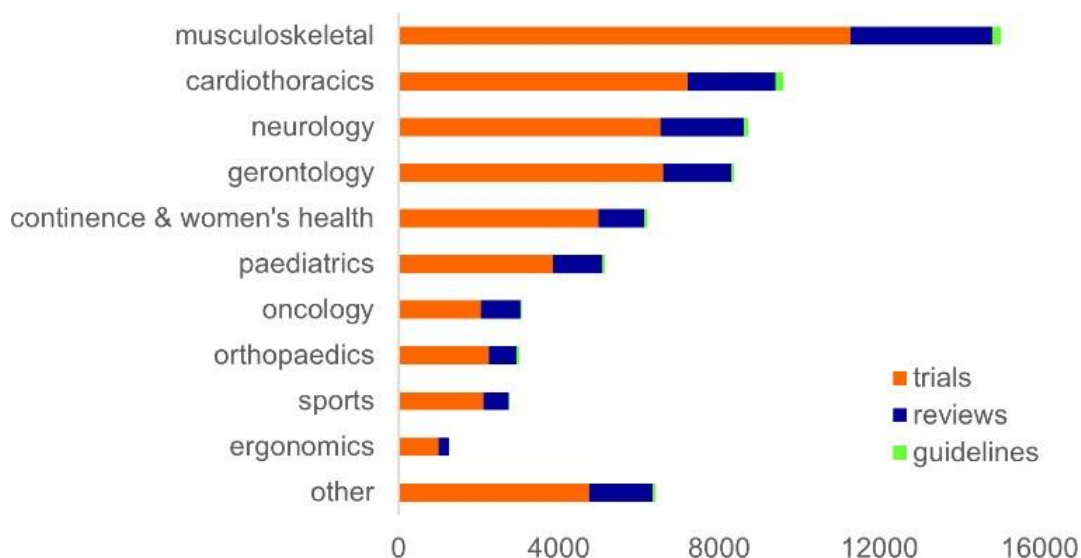
### A. PEDro statistics

An analysis of the contents of PEDro in the 6 February 2023 update is presented on this page. These data will be updated annually, so the next update is planned for February 2024.

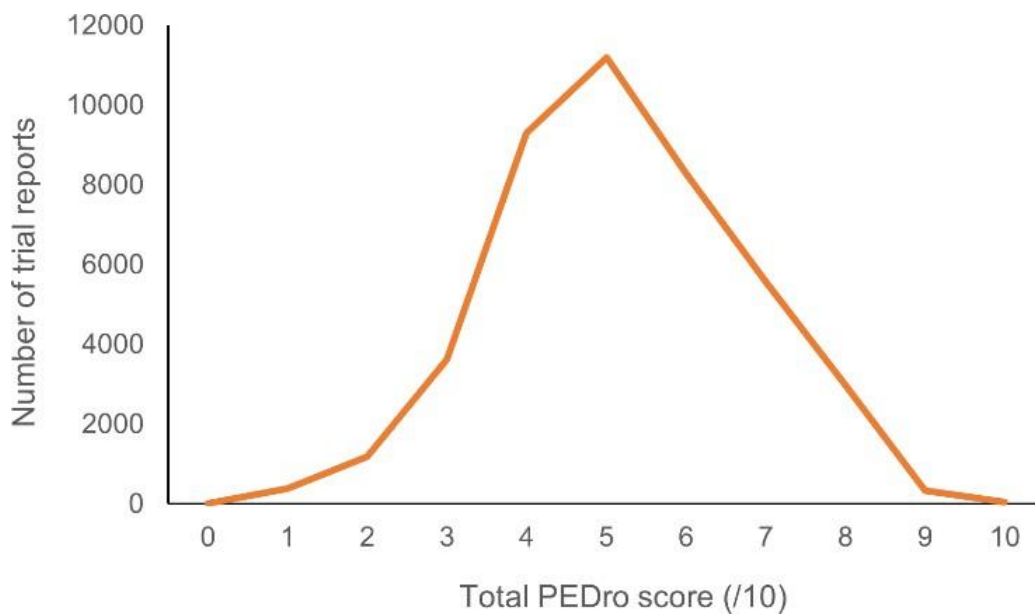
On 6 February 2023 PEDro contained 57,660 reports of randomised controlled trials, systematic reviews and evidence-based clinical practice guidelines. There were 43,946 trials, 12,975 reviews, and 739 guidelines. The graph below illustrates the cumulative number of trials, reviews and guidelines available each year.



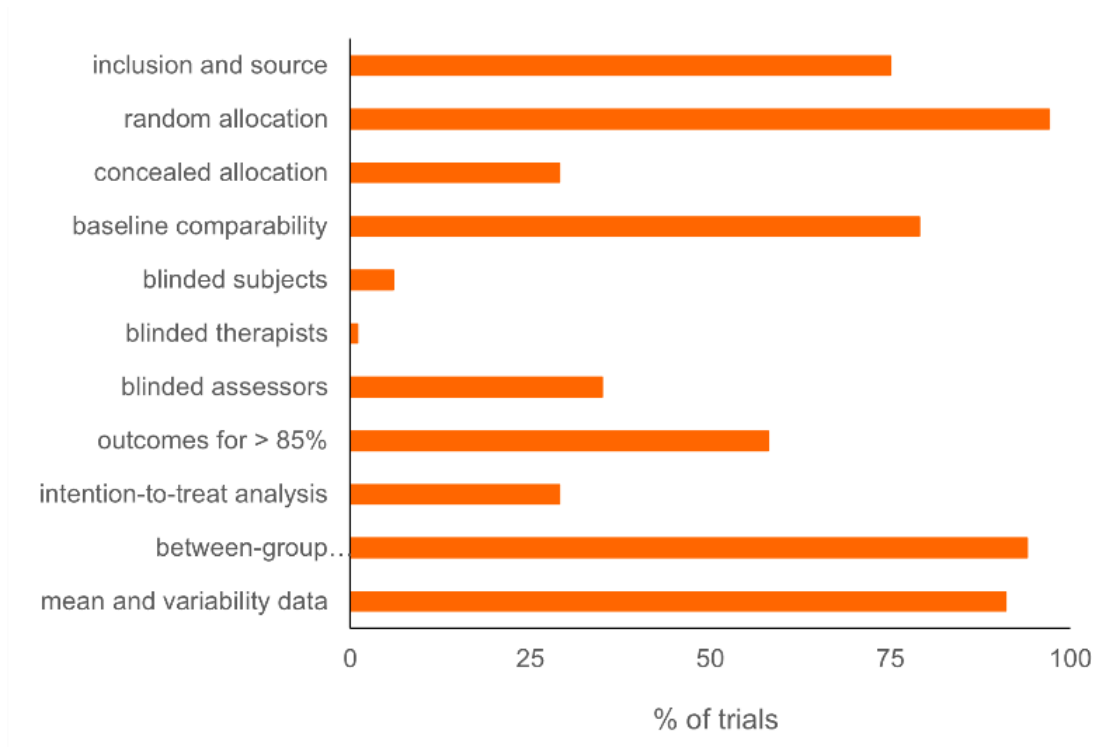
PEDro indexes reports of trials, reviews and guidelines for all areas of physiotherapy. The graph below illustrates the number of trials, reviews and guidelines available for each area of physiotherapy. Musculoskeletal and cardiothoracics had the largest quantity of trials, reviews and guidelines. Note that this graph is based on coding for 56,581 records with complete data (1,079 records are in-process, so have not been coded for area of physiotherapy yet). Each trial, review and guideline can be coded for more than one area of physiotherapy, so the total number of reports in this graph adds to more than 56,581.



Trial reports indexed on PEDro are rated with a checklist called the “PEDro scale”. The PEDro scale was developed to help PEDro users rapidly identify trials that are likely to be internally valid and have sufficient statistical information to guide clinical decision-making. Each trial report is given a total PEDro score, which ranges from 0 to 10. The graph below illustrates the number of trial reports scoring each total PEDro score. The average total PEDro score is 5.2, with a standard deviation of 1.6. 40% of trial reports are of moderate to high quality, scoring  $\geq 6/10$  on the PEDro scale. Note that this graph is based on coding for 42,980 records with complete data (1,079 trial reports are in-process, so have not been rated using the PEDro scale yet).

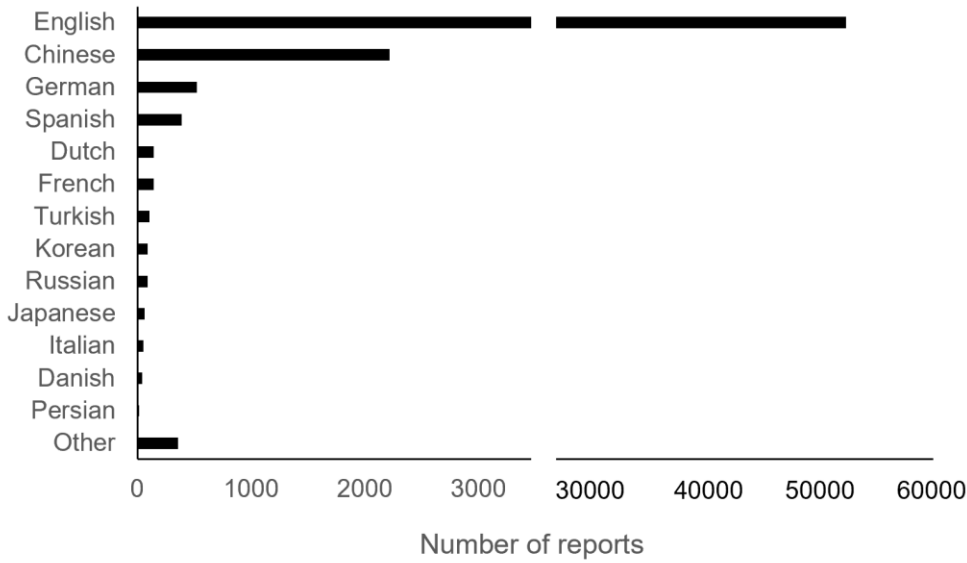


The graph below illustrates the percentage of trial reports satisfying each item of the PEDro scale. The majority of trials use random allocation (97%), report between group comparisons (94%), and report mean and variability data (91%). Few trials blind the subjects (6%) or therapists (1%), use concealed allocation (28%), and use intention to treat analysis (29%). Note that this graph is based on coding for 42,980 records with complete data (1,079 reports are in-process, so have not been rated using the PEDro scale yet).

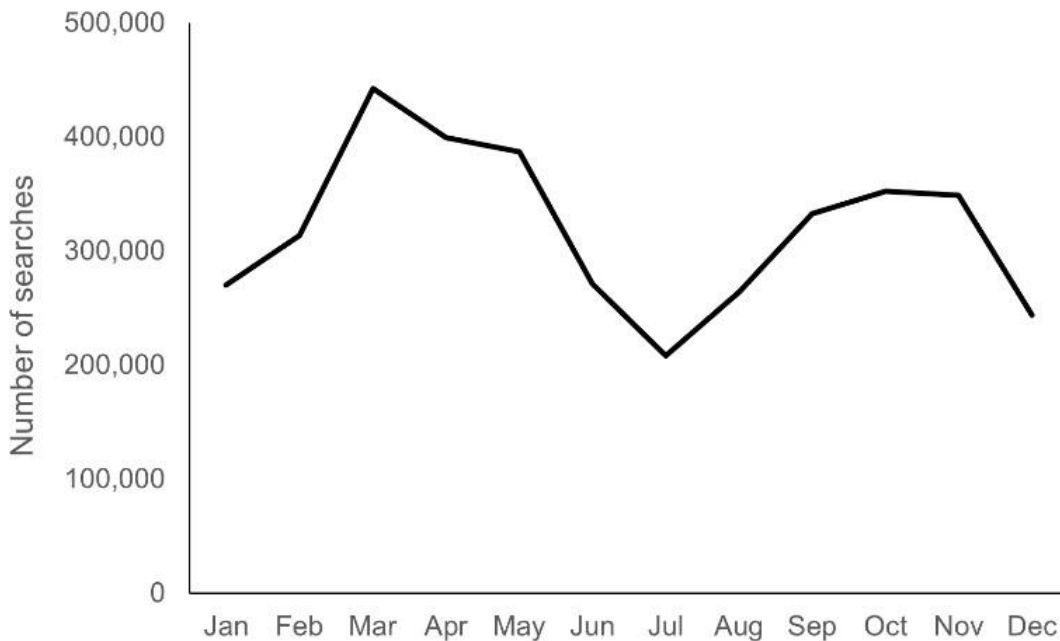


There is no language restriction for indexing reports of trials, reviews and guidelines on PEDro. The graph below illustrates the number of records by language of publication. Reports were published in a total of 20 different languages. English was the most prevalent

language of publication (92.0% of reports), followed by Chinese (4.8%), German (1.0%) and Spanish (0.5%).



During 2022 PEDro was used to answer 3,836,164 clinical questions. This means that a new search was initiated every 7 seconds, on average, during 2022. The graph below illustrates the number of new PEDro searches performed each month during 2022.

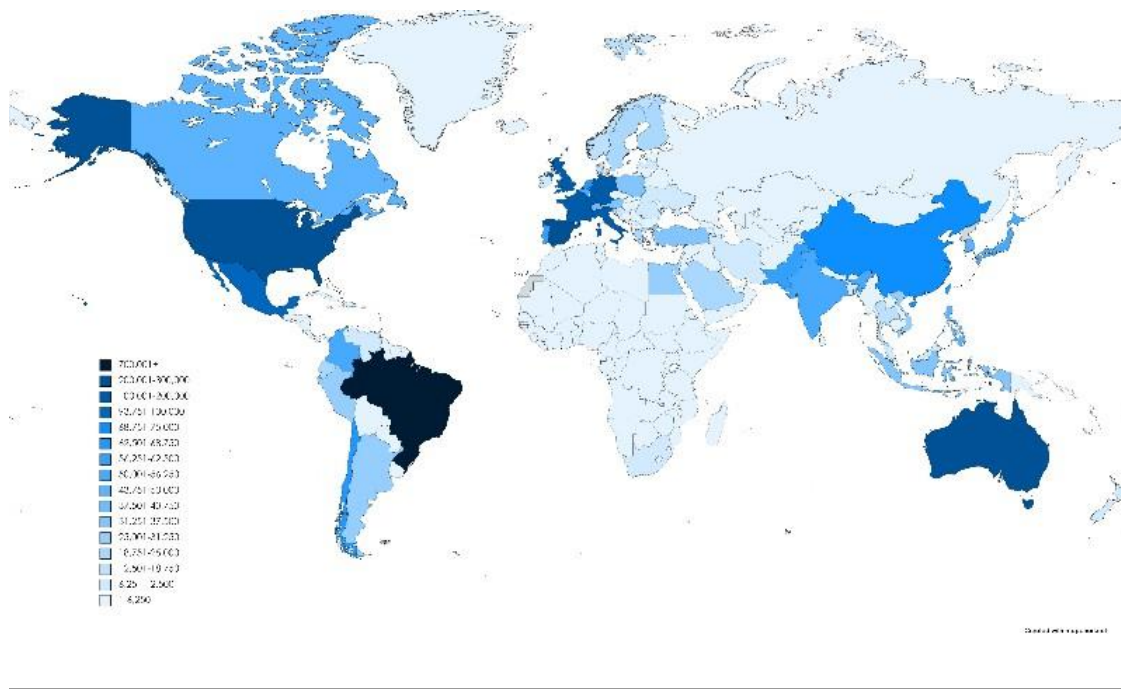


PEDro users were from over 211 countries. The five countries with the highest usage were:

- 25% Brazil
- 7% Spain
- 7% United States of America

- 6% Australia
- 5% France

A heat map of the PEDro searches performed during 2022 is illustrated below.



## B. #PEDroTacklesBarriers to evidence-based physiotherapy: Success stories. Part 1 – individual-clinician perspective.

The [#PEDroTacklesBarriers to evidence-based physiotherapy campaign](#) shared tips on tackling the four biggest barriers to evidence-based physiotherapy – lack of time, language, lack of access, and lack of statistical skills. The final two months of the campaign will showcase success stories of how physiotherapists have overcome different barriers to ensure patients receive evidence-based care.

This month we cover success stories from an individual clinician-perspective in the fields of stroke rehabilitation and oncology.



**Kate Scrivener** (consultant physiotherapist Sydney, Australia) presents how implementing guidelines on stroke rehabilitation helped her patient (**Sharon**) gain significant function after a stroke.

The context: Sharon was a stroke survivor in her 40s who was initially very disabled and discharged to an aged care facility. Fortunately, the facility had a rehabilitation centre on site.

The evidence: Evidence-based clinical practice guidelines on stroke rehabilitation recommend high-intensity, intensive and task specific practice.

The barriers to implementation: Sharon had several impairments, including motor planning issues and severe spasticity, which made implementing guideline recommendations very challenging. As a result, she initially needed two people to stand and couldn't walk.

The solution: With a lot of problem solving and trial and error, Kate and her team found a way to ensure Sharon performed intensive, task specific practice. Key strategies included using whole (vs. part) task practice linked to meaningful daily activities to overcome the motor planning issue and using a zimmer split to ensure her knee stayed extended during standing and walking practice.

The outcomes: Between 6 and 12 months after her stroke, Sharon transitioned from walking with an aid, to without, and then to walking outside the facility. She eventually left the aged-care facility and now lives on her own in supported accommodation.



**Rohit Raykar** (first year graduate physiotherapy, Sydney Australia) presents how evidence increased a cancer survivor's motivation to exercise.

The context: Rohit was a student on placement and treating a woman in her 60s who had ovarian cancer. Due to her chemotherapy, she was suffering from severe fatigue.

The barriers to implementation: The patient had a hysterectomy to remove the ovaries affected by cancer and Rohit was seeing her to encourage her to exercise post-operatively. The patient was very reluctant to engage in an exercise program due to the fatigue and past negative experiences of exercising when fatigued.

The evidence: Rohit had been told exercise was beneficial for people with cancer but wanted to see the evidence for himself. Using his searching and appraisal skills, he found a high-quality systematic review on the effects of exercise for people with cancer. The review showed that exercise has numerous benefits including reducing weight gain, cognitive dysfunction, lymphedema, and the risk of cancer relapse and secondary cancers just to name a few.

The solution: Rohit communicated this evidence to his patient at the next session and she was astounded by the benefits. Rohit reassured her that any amount of exercise was a good starting point and that she could gradually increase this over time.

The outcomes: Rohit referred the patient to an outpatient exercise physiologist where she was able to gradually increase her activity levels over time.



**Ashleigh** (private practice physiotherapist in Toowoomba, Australia) presents how using guideline recommendations on stroke rehabilitation to modify her exercise program helped her patient (**Wendy**) improve her walking after a stroke. Wendy also shared her perspective on the changes to the exercise program and her improvement.

The context: Wendy is in her 60s and had a stroke 5 years ago. She was walking 1km per day after a few years of rehabilitation but wanted to get back to 5km like before the stroke.

The problem: Ashleigh noticed Wendy had plateaued with her improvements after a few years of rehabilitation. Wendy was mostly doing hydrotherapy and doing only 1-3 sets of exercises that were not task specific (e.g. leg extensions, sit to stand). Ashleigh decided to look for evidence to see if there's anything she could do differently.

The evidence: The most recent evidence-based clinical practice guideline on stroke rehabilitation recommends high-intensity, intensive and task specific practice. Ashleigh found the guideline easy to use to help adapt Wendy's program to have more task-specific exercises relevant to her goals.

The barriers to implementation: Ashleigh suggested Wendy needed to do more land-based training instead of hydrotherapy. However, Wendy enjoyed hydrotherapy and had made a lot of new friends there. There was a need to find a balance between what Wendy wanted to do, and what she needed to do to reach her goals.

The solution: Wendy was allowed to continue hydrotherapy but also had to perform high-repetition practice of land-based exercises which were more specific to her goals of walking more (e.g. 400-600 repetitions of moving the leg faster during the swing phase of gait).



The outcomes: Walking speed improved from 0.8m/s to 1.3m/s over the course of a few months and walking distance improved from 1km to 2km per day.

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## C. PEDro Education and training committee

The PEDro Education and training committee contributes to the development and dissemination of PEDro resources for facilitating evidence-based practice. Meet some of the members.



### **Dr Giovanni Ferreira**

*Sydney Musculoskeletal Health, Institute for Musculoskeletal Health at the University of Sydney and Sydney Local Health District*  
BPthy, MSc, PhD

Giovanni is a National Health and Medical Research Council (NHMRC) research fellow at the University of Sydney. His research interests include the pharmacological, non-pharmacological, and surgical management of back pain. He has been part of the PEDro Education and Training Committee since 2021.



### **Dr Lara Edbrooke**

*The University of Melbourne and The Peter MacCallum Cancer Centre*  
PhD, GDEB, BAppSci(Physio)

Lara is a Senior Lecturer and Victorian Cancer Agency fellow in the Physiotherapy Department at the University of Melbourne and the Allied Health Research Development co-lead at the Peter MacCallum Cancer Centre. Her research focuses on evaluating and implementing multi-disciplinary models of pre- and rehabilitation for people with cancer, with a particular focus on lung, gynaecological and haematological cancers.



**Dr Aidan Cashin**

*Neuroscience Research Australia, The University of New South Wales*

PhD, BExPhys

Aidan is a NHMRC Emerging Leadership Fellow at Neuroscience Research Australia and the University of New South Wales. His research focuses on investigating the mechanisms of healthcare interventions for optimisation and translation into clinical practice and health policy. Most of his work is applied to the management of chronic musculoskeletal conditions. Aidan also conducts methodological work that aims to improve research transparency and openness.



**Dr Emre Ilhan**

*Faculty of Medicine, Health and Human Sciences, Macquarie University, Sydney, NSW*

PhD, DPT, BSc Psych (Hons), APAM

Emre is a clinical physiotherapist, researcher and educator within the Department of Health Sciences. Emre's research focusses on pain across the lifespan (neonatal, infant, paediatric, and adult populations) and its biopsychosocial impacts; equity, inclusion, and diversity in research and healthcare; evidence-based healthcare; applied health ethics; paediatric physiotherapy. Emre teaches units on evidence-based healthcare at Macquarie University.



**Dr Joshua Zadro**

*Sydney Musculoskeletal Health, Institute for Musculoskeletal Health at the University of Sydney and Sydney Local Health District*

PhD, BAppSc(Phty)(Hons)

Josh is a National Health and Medical Research Council (Australia) Emerging Leadership Fellow at The University of Sydney. His research interests include improving access to effective and affordable care for musculoskeletal conditions, reducing low-value surgical and non-surgical care, and improving outcomes for

people with low back pain and shoulder pain. He joined the PEDro Education and Training Committee in 2021.



**Dr Peter Stubbs**

*University of Technology Sydney*

BSc, MPhy, PhD

Peter is a Physiotherapist and Senior Lecturer at the University of Technology Sydney. Peter teaches Evidence Based Health and attempts to bridge the gap between evidence and practice. He is passionate about rehabilitation in people with neurological injury, research design and the quality of published research. Peter Joined the Education and Training Committee in 2022.



**Dr Renae McNamara**

*Prince of Wales Hospital, South Eastern Sydney Local Health District, Australia*

PhD, BAppSc(Phty)

Renae is a Clinical Specialist Physiotherapist in pulmonary rehabilitation at the Prince of Wales Hospital, and Clinical Research Fellow of The University of Sydney and Woolcock Institute of Medical Research in Sydney. Her research focuses on interventions to improve health outcomes for people living with chronic respiratory disease. She supports clinical research in her role on the South Eastern Sydney Local Health District Human Research Ethics Committee. Renae joined the PEDro Education and Training Committee in 2021.



**Dr Sarah Wallwork**

*IIMPACT in Health, University of South Australia*

PhD, BPhy(Hons)

Sarah is a Research Fellow at the University of South Australia. Her research aims to make a community-wide generational shift in the way children understand pain, injury, and recovery, to reduce the development of unhelpful misconceptions about pain.



**Piotr Lewandowski**

*Discipline of Physiotherapy, University of Sydney*  
MPhty Student, BHLthSc (Sp&ExSc)

Peter is an Accredited Exercise Scientist and Physiotherapy student. Peter is a PEDro Education and Training Committee student member.

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## D. PEDro update (6 March 2023)

[PEDro](#) contains 58,038 records. In the 6 March 2023 update you will find:

- 44,218 Reports of randomised controlled trials (43,264 of these trials have confirmed ratings of methodological quality using the PEDro scale)
- 13,081 reports of systematic reviews, and
- 739 reports of evidence-based clinical practice guidelines.

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

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## E. DiTA update (6 March 2023)

[DiTA](#) contains 2,403 records. In the 06-03-2023 update you will find:

- 2,146 reports of primary studies, and
- 257 reports of systematic reviews.

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

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## F. PEDro now contains 58,000+ reports of trials, reviews and guidelines

We are pleased to announce that [PEDro](#) has just achieved a new milestone. There are now 58,000+ reports of trials, reviews and guidelines indexed on PEDro.

**58,000 +**  
randomised trials, systematic reviews and clinical practice guidelines in physiotherapy on PEDro

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## G. Next PEDro and DiTA updates (April 2023)

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

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