Ten years of evidence to guide physiotherapy interventions: Physiotherapy Evidence Database (PEDro)

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AN EVIDENCE-BASED APPROACH
Clinicians are increasingly using evidence from high-quality clinical research to guide clinical decision making. Recent articles in this journal have examined research evidence to assist in clinical decisions as diverse as the prescription of running shoes,1 exercise therapy in the treatment of chronic disease2 and the use of protective equipment to prevent concussion.3

THE PHYSIOTHERAPY EVIDENCE DATABASE
The most valid information about the effectiveness of healthcare interventions is provided by randomised controlled trials and systematic reviews of randomised controlled trials.4 The Physiotherapy Evidence Database (PEDro; http://www.pedro.org.au) provides easy access to randomised controlled trials and systematic reviews of physiotherapy interventions. PEDro also includes links to evidence-based clinical practice guidelines. October 2009 marked the 10th anniversary of the launch of PEDro.

PEDro is freely available on the internet. The database indexes citation details, author abstracts and, where available, links to full text for randomised controlled trials, systematic reviews and practice guidelines in physiotherapy. Although the PEDro database is designed primarily for health professionals, a subsite, called Physiotherapy Choices (http://www.physiotherapychoices.org.au), provides information in lay terms directly to consumers of physiotherapy services.

As of August 2009, more than 15 000 records (12 408 trials, 2060 reviews and 603 guidelines) have been indexed on PEDro. Each record is coded according to the subdiscipline(s) of physiotherapy it addresses. PEDro now includes 615 randomised controlled trials and 102 systematic reviews coded as “sports physiotherapy.” Many of the sports-coded records are also coded as being relevant to another physiotherapy subdiscipline. The most common of these were musculoskeletal (66% of sports-coded records) and orthopaedics (29%), and a small proportion were also relevant to cardiopulmonary, gerontology, continence, and women’s health, paediatrics and neurology (fig 1).

PEDro is used in more than 80 countries. More than 2300 searches of PEDro are performed each day. This means that in the past year alone, PEDro provided answers to more than 800 000 clinical questions.

THE GROWTH OF PEDRO
The amount and quality of evidence to guide physiotherapy interventions have grown markedly in the past few decades.5 In fact, the number of randomised controlled trials and systematic reviews of physiotherapy interventions has doubled every 3½ years. As fig 2 shows, there has also been an exponential increase in the records coded as being relevant to sports physiotherapy.

THE PEDRO SCALE
The PEDro scale6 was developed to rate the methodological quality of trials. A quality score is generated for each trial report by counting the number of individual quality criteria from the PEDro scale that the trial report satisfies. The PEDro score aims to give users a quick indication of the study design features of different trials on PEDro. A recent independent Rasch analysis supports the use of the PEDro score.7 Trials with higher PEDro scores are displayed first in PEDro search output. Figure 3 shows the distribution of PEDro scores for the trials coded as being of relevance to sports physiotherapy. The maximum PEDro score is 10. Two points are given for “blinding” of the people receiving interventions and therapists delivering interventions. Because such blinding is often not possible in many trials of sports interventions, such trials would only be able to receive a score out of 8. The median PEDro score for sports physiotherapy trials is currently 4 (interquartile range 3–5). This is slightly less than the median PEDro score for all 11 503 rated trials on PEDro (median 5, interquartile range 4–6). Figure 4 shows the proportion of sports trials meeting the criteria for each individual item on the PEDro scale.

PEDRO INDEXES MANY JOURNALS AND LANGUAGES

PEDro indexes physiotherapy evidence in any language. The 15 071 records currently indexed were published in 34 languages. The most common languages were English (90%), Chinese (3%), German (2%), Dutch (1%) and French (1%). A smaller proportion (5%) of sports-related records indexed on PEDro have been published in languages other than English. This might reflect publication trends, or it could reflect methods used to identify studies indexed on PEDro.

INTEGRATING EVIDENCE WITH PATIENT VALUES AND CLINICAL EXPERTISE
Evidence-based practice has been criticised for being separate to, and potentially in conflict with, a “humanist” approach to care which seeks to understand the patient as a person and consider patient values, goals.
Evidence on the effects of exercise in the treatment of chronic disease.  

Evidence of the effects of exercise therapy in the treatment of chronic disease.  

Is protective equipment useful in preventing concussion? A systematic review of the literature.  

Guyatt GH, Sackett DL, Cook DJ. Users’ guides to the medical literature. II. How to use an article about therapy or prevention. A. Are the results of the study valid? Evidence-Based Medicine Working Group. JAMA 1993;270:2598–601.


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and preferences. However, most models of evidence-based health practice call for the integration of best research evidence with patient values and clinician expertise. Research evidence should complement and need not be at odds with a humanist approach to care.

Ideally, clinicians integrate research evidence with their clinical expertise to estimate the likely effects of different intervention options for individual patients. Patients can then be informed of these likely effects and the costs and risks associated with particular interventions. Such information enables patients to make informed choices about intervention. PEDro provides easy access to research evidence, which is a vital component of evidence-based practice.

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