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## **EBP II: SEARCH THE EVIDENCE**

Eric Magrum PT, DPT, OCS, FAAOMPT

Orthopaedic Manual Physical Therapy Series Charlottesville 2017-2018 Search Efficiently Manage EB collection PUSH Evidence





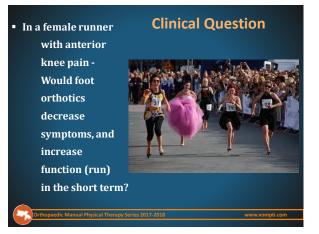
## **Knowledge Broker**

- Someone who is capable of 'bringing researchers and decision makers together, facilitating their interaction so that they are able to better understand each others' goals and professional culture, influence each others' work, forge new partnerships, and use research-based evidence.
- Brokering is ultimately about supporting evidence-based decision making in the organization, management and delivery of health services'

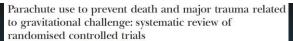
## Steps involved in practice of EBP

- 1. Convert information needed into answerable questions - PICO
- 2. Track down
- 3. Critically appraise the evidence
- 4. Integrate this appraisal with clinical expertise and patient values
- 5. Evaluate performance

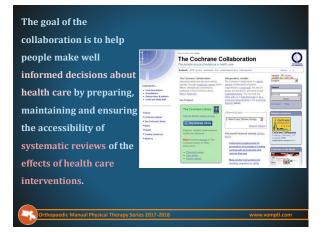
	Patient or Problem	Intervention (a cause, prognostic factor, treatment, etc.)	Comparison Intervention	Outcomes
Tips for Building	Starting with your patient, ask "How would I describe a group of patients similar to mine?" Balance precision with brevity.	Ask "Which main intervention am I considering?" Be specific.	Ask "What is the main alternative to compare with the intervention?" Again, be specific.	Ask "What can I hope to accomplish?" or "What could this exposure really affect?" Again, be specific
Example	"In patients with anterior knee pain"	" would adding orthotics to exercise"	" when compared with standard therapy alone"	" lead to lower faster return to <b>running</b> ?
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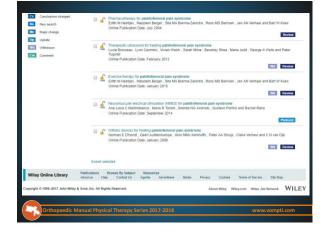




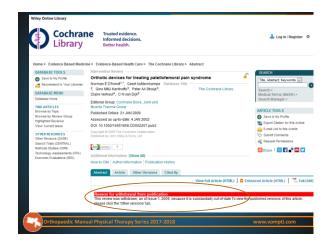


- Independent nonprofit organization consisting of group of over 28,000 volunteers in more than 100 countries
- Formed to organize research information in a systematic way
- The Collaboration aims to provide compiled scientific evidence to aid well informed health care decisions
- It conducts Systematic reviews of randomized controlled trials of health care interventions and tries to disseminate the results and conclusions.







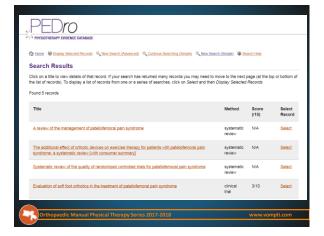




1.	Eligibility criteria were specified
2.	Subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received)
3.	Allocation was concealed
4.	The groups were similar at baseline regarding the most important prognostic indicators
5.	There was blinding of all subjects
6.	There was blinding of all therapists who administered the therapy
7.	There was blinding of all assessors who measured at least one key outcome
8.	Measurements of at least one key outcome were obtained from more than 85% of the subjects initially allocated to groups
9.	All subjects for whom outcome measurements were available received the treatment or control condition as allocated, or where this was not the case, data for at least one key outcome were analyzed by "intention to treat"
10.	The results of between-group statistical comparisons are reported for at least one key outcome
11.	The study provides both point measurements and measurements of variability for at leas one key outcome

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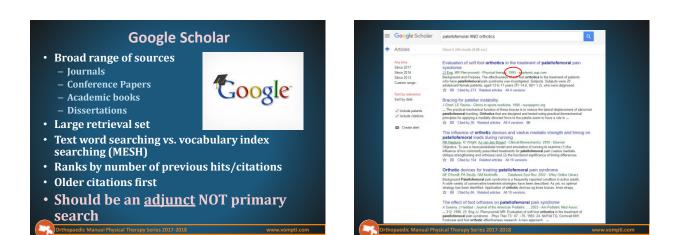










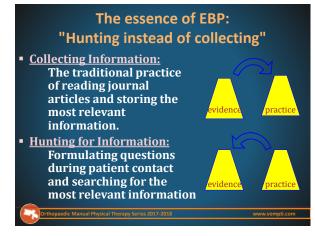


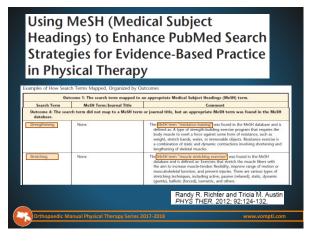
MEDLINE – Largest database of biomedical journals/abstracts Pub Med • Free Maintained by US National Library of . National Library of Medicine Medicine, NIH • >27 million records going back to 1966, selectively to the year 1865, and very selectively to 1809 · About 500,000 new records are added each year • 12.81 million articles have links to fulltext • PubMed Central – Free full text database (4.5 million articles) Features to make searching, managing, "pushing" easier

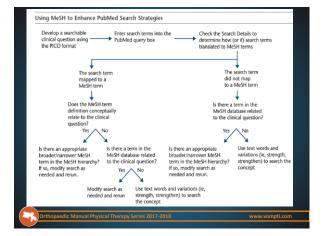


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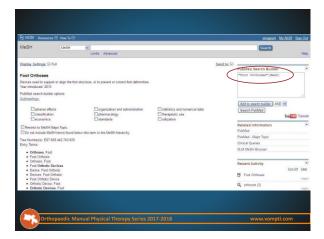


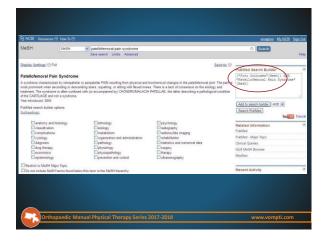










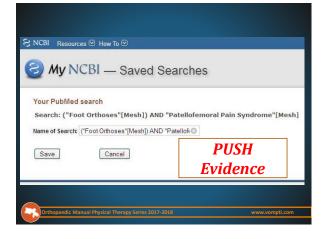




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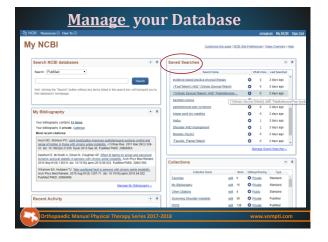
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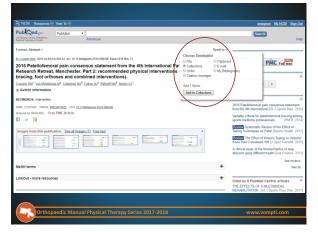


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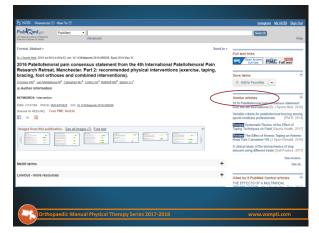




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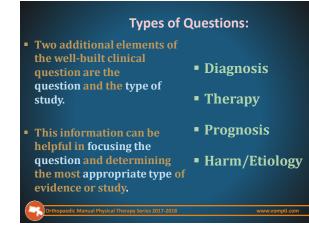
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## P.I.C.O. (T.T.) Model for Clinical Questions

Ρ	Patient, Population, or Problem	How would I describe a group of patients similar to mine?
T	Intervention, Prognostic Factor, or Exposure	Which main intervention, prognostic factor, or exposure am I considering?
С	Comparison to Intervention (if appropriate)	What is the main alternative to compare with the intervention?
0	Outcome you would like to measure or achieve	What can I hope to accomplish, measure, improve or affect?
т	What type of question are you asking?	Therapy/Treatment, Diagnosis, Prognosis, Harm/Etiology (may be referred to as "domains" in PubMed)
т	Type of study you want to find	What would be the best study design/methodology?



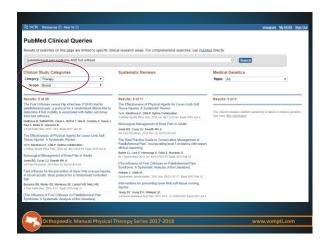
Diagnosis	How to select and interpret diagnostic tests
Therapy	How to select treatments to offer patients that do more good than harm and that are worth the efforts and costs of using them
Prognosis	How to estimate the patient's likely clinical course over time and anticipate likely complications of disease
Harm/Etiology	How to identify causes for disease (including iatrogenic forms)
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Type of Question:	Suggested best type of study:
Diagnosis	prospective, blind comparison to a gold standard
Therapy	RCT > cohort > case control > case series
Prognosis	cohort study > case control > case series
Harm/Etiology	RCT > cohort > case control > case series
Prevention	RCT > cohort study > case control > case series
Clinical Exam	prospective, blind comparison to gold standard
Cost Benefit	economic analysis
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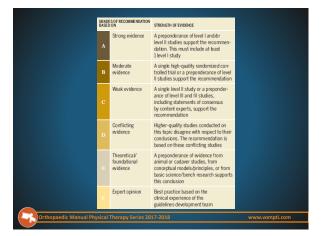
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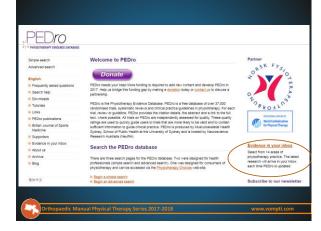
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I	Evidence obtained from high-quality diagnostic studies, prospective studies, or randomized controlled trials
п	Evidence obtained from lesser-quality diagnostic studies, prospective studies, or randomized controlled trials (eg, weaker diagnostic criteria and reference standards, im- proper randomization, no blinding, less than 80% follow-up)
III	Case-controlled studies or retrospective studies
IV	Case series
V	Expert opinion



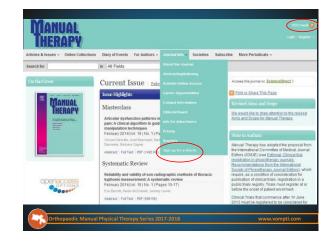
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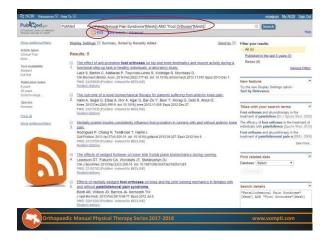


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Centers, Interagency Collaborations, and I		Many SRP scientists have published their findings in "high-impact journals" - those considered							
Superfund Resear Program	ch	to be highly influential in their field which an average article in a journ	al has been cited in a partic	ular year. The fo					
Publications and	t Patents	highlights some recent SRP-funde	ed publications in high impac	t journals.					
Bibliometrics		The New England Journal of Med	cine (impact factor: 72.406)						
High Impact Journals		Chemical Reviews (impact factor: 47.928)							
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Publication	s By Year	JAMA - Journal of the American Medical Association (impact factor: 44.405)							
Grantee Publ	ications	Nature Biotechnology (impact fact	lor: 41.667)						
Patents		Nature (impact factor: 40.137)							
Reviews and Commentarie		Nature Reviews Immunology (imp	act factor: 39.932)						
Staff Publicat	ions	Nature Materials (impact factor: 3	9.737)						
All Research Groups		Nature Nanotechnology (impact fa	actor: 38,986)						
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3	Sports Medicine		journal	3.136 Q1	142	187	408	11004	2658	345	7.23	58.84	
4	Journal of Bone and Mineral R	esearch	journal	2.712	210	251	858	10493	4654	768	5.74	41.80	
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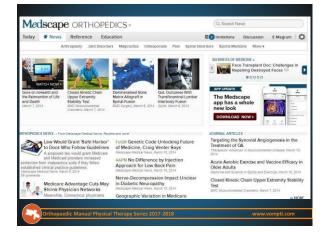


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			concussions over a 5 year period of regular season NHL, games	othietic seasons (2009-2012) Setting University of Toronto, Ontario,	were collected retrospectively for UFC events during 2006–2009.	D JOSPT	12	
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- Clinical in services
- Patient Centered topics
  - List most common diagnosis in clinic
  - Review EBP Guidelines
  - Present conclusions
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