

Cochrane Reviews für den Fachbereich Physiotherapie

Ressourcen zur Evidenzbasierung
in den Gesundheitsfachberufen

April bis Juni 2019



Nutzerspezifische
Cochrane Reviews



Die Cochrane Deutschland Stiftung analysiert monatlich alle [neu erschienenen Cochrane Reviews](#) nach Relevanz für die Gesundheitsfachberufe (GFB). Die Relevanz für die Disziplinen wird jeweils durch zwei Experten der GFB unabhängig voneinander beurteilt. Ebenso prüft die Cochrane Deutschland Stiftung, in wie weit die jeweiligen Cochrane Reviews für AWMF-Leitlinien relevant sind und ob sie dort zitiert werden.

Die Berichte können eine aktuelle und berufsspezifische Basis für Übersetzungsaktivitäten und andere Nutzungen von Cochrane Reviews in Forschung und Praxis werden. Für die Erarbeitung von Leitlinien können diese Übersichten ebenfalls hilfreich sein.

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Silva V, Grande AJ, Peccin MS. Physical activity for lower urinary tract symptoms secondary to benign prostatic obstruction. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD012044. DOI: 10.1002/14651858.CD012044.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012044.pub2/full>

Publiziert 04/2019 Studien bis 2018

We rated the quality of the evidence for most of the effects of physical activity for LUTS/BPO as very low. We are therefore uncertain whether physical activity affects symptom scores for LUTS, response rate, and withdrawal due to adverse events. Our confidence in the estimates was lowered due to study limitations, inconsistency, indirectness, and imprecision. Additional high-quality research is necessary.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Broderick J, Vancampfort D. Yoga as part of a package of care versus non-standard care for schizophrenia. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD012807. DOI: 10.1002/14651858.CD012807.pub2.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012807.pub2/full>

Publiziert 04/2019 Studien bis 2018

In view of the lack of evidence from RCTs, it is currently not possible for us to comment on the use of yoga as part of a package of care versus non-standard care.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Gibson W, Wand BM, Meads C, Catley MJ, O'Connell NE. Transcutaneous electrical nerve stimulation (TENS) for chronic pain - an overview of Cochrane Reviews. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD011890. DOI: 10.1002/14651858.CD011890.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011890.pub3/full>

Publiziert 04/2019 Studien bis 2018

We found the methodological quality of the reviews was good, but quality of the evidence within them was very low. We were therefore unable to conclude with any confidence that, in people with chronic pain, TENS is harmful, or beneficial for pain control, disability, health-related quality of life, use of pain relieving medicines, or global impression of change. We make recommendations with respect to future TENS study designs which may meaningfully reduce the uncertainty relating to the effectiveness of this treatment in people with chronic pain.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
CR OUT

Hoare BJ, Wallen MA, Thorley MN, Jackman ML, Carey LM, Imms C. Constraint-induced movement therapy in children with unilateral cerebral palsy. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD004149. DOI: 10.1002/14651858.CD004149.pub3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004149.pub3/full>

Publiziert 04/2019 Studien bis 2018

The quality of evidence for all conclusions was low to very low. For children with unilateral CP, there was some evidence that CIMT resulted in improved bimanual performance and unimanual capacity when compared to a low-dose comparison, but not when compared to a high-dose or dose-matched comparison. Based on the evidence available, CIMT appears to be safe for children with CP.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN

CR OUT

Braun C, McRobert CJ. Conservative management following closed reduction of traumatic anterior dislocation of the shoulder. Cochrane Database of Systematic Reviews 2019, Issue 5. Art. No.: CD004962. DOI: 10.1002/14651858.CD004962.pub4.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004962.pub4/full>

Publiziert 05/2019 Studien bis 2018

The available evidence from randomised trials is limited to that comparing immobilisation in external versus internal rotation. Overall, the evidence is insufficient to draw firm conclusions about whether immobilisation in external rotation confers any benefit over immobilisation in internal rotation.

Considering that there are several unpublished and ongoing trials evaluating immobilisation in external versus internal rotation, the main priority for research on this question consists of the publication of completed trials and the completion and publication of ongoing trials. Meanwhile, evaluation of other interventions, including rehabilitation, is warranted. There is a need for sufficiently large, good-quality, well-reported randomised controlled trials with long-term follow-up. Future research should aim to determine the optimal immobilisation duration, precise indications for immobilisation, optimal rehabilitation interventions, and the acceptability of these different interventions.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN

CR OUT

Bidonde J, Busch AJ, Schachter CL, Webber SC, Musselman KE, Overend TJ, Góes SM, Dal Bello-Haas V, Boden C. Mixed exercise training for adults with fibromyalgia. Cochrane Database of Systematic Reviews 2019, Issue 5. Art. No.: CD013340. DOI: 10.1002/14651858.CD013340.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013340/full>

Publiziert 05/2019 Studien bis 2017

Compared to control, moderate-quality evidence indicates that mixed exercise probably improves HRQL, physical function, and fatigue, but this improvement may be small and clinically unimportant for some participants; physical function shows improvement in all participants. Withdrawal was similar across groups. Low-quality evidence suggests that mixed exercise may slightly improve stiffness. Very low-quality evidence indicates that we are 'uncertain' whether the long-term effects of mixed exercise are maintained for all outcomes; all-cause withdrawals and adverse events were not measured. Compared to other exercise or non-exercise interventions, we are uncertain about the effects of mixed exercise because we found only very low-quality evidence obtained from small, very heterogeneous trials. Although mixed exercise appears to be well tolerated (similar withdrawal rates across groups), evidence on adverse events is scarce, so we are uncertain about its safety. We downgraded the evidence from these trials due to imprecision (small trials), selection bias (e.g. allocation), blinding of participants and care providers or outcome assessors, and selective reporting.

Relevante AWMF-Leitlinien, die das Cochrane Review enthalten (CR IN) bzw. nicht enthalten (CR OUT)

CR IN
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