

# Cochrane Reviews für den Fachbereich Physiotherapie

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Juli bis September 2017



Nutzerspezifische  
Cochrane Reviews



Cochrane Deutschland 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 Cochrane Deutschland, 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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## Physiotherapierrelevante Cochrane Reviews (CR)

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Langhorne P, Baylan S, Early Supported Discharge Trialists. Early supported discharge services for people with acute stroke. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub4/full>

Publiziert 07\_2017 Studien bis 2017

Appropriately resourced ESD services with co-ordinated multidisciplinary team input provided for a selected group of stroke patients can reduce long-term dependency and admission to institutional care as well as reducing the length of hospital stay. Results are inconclusive for services without co-ordinated multidisciplinary team input. We observed no adverse impact on the mood or subjective health status of patients or carers, nor on readmission to hospital.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/053-011.html>

Valentín-Gudiol M, Mattern-Baxter K, Girabent-Farrés M, Bagur-Calafat C, Hadders-Algra M, Angulo-Barroso RM. Treadmill interventions in children under six years of age at risk of neuromotor delay. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD009242. DOI: 10.1002/14651858.CD009242.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009242.pub3/full>

Publiziert 07\_2017 Studien bis 2017

This update of the review from 2011 provides additional evidence of the efficacy of treadmill intervention for certain groups of children up to six years of age, but power to find significant results still remains limited. The current findings indicate that treadmill intervention may accelerate the development of independent walking in children with Down syndrome and may accelerate motor skill attainment in children with cerebral palsy and general developmental delay. Future research should first confirm these findings with larger and better designed studies, especially for infants with cerebral palsy and developmental delay. Once efficacy is established, research should examine the optimal dosage of treadmill intervention in these populations.

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

CR IN

CR OUT

Miyahara M, Hillier SL, Pridham L, Nakagawa S. Task-oriented interventions for children with developmental co-ordination disorder. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD010914. DOI: 10.1002/14651858.CD010914.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010914.pub2/full>

Publiziert 07\_2017 Studien bis 2017

We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect. The conclusions drawn from previous reviews, which unanimously reported beneficial effects of intervention, are inconsistent with our conclusions. This review highlights the need for carefully designed and executed RCTs to investigate the effect of interventions for children with DCD.

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

CR IN

CR OUT

## Physiotherapierrelevante Cochrane Reviews (CR)

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Baird E, Williams ACDC, Hearn L, Amris K. Interventions for treating persistent pain in survivors of torture. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD012051. DOI: 10.1002/14651858.CD012051.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012051.pub2/full>

Publiziert 08\_2017 Studien bis 2017

There is insufficient evidence to support or refute the use of any intervention for persistent pain in survivors of torture.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/053-036.html> <http://www.awmf.org/leitlinien/detail/II/001-025.html>

Parreira P, Heymans MW, van Tulder MW, Esmail R, Koes BW, Poquet N, Lin CWC, Maher CG. Back Schools for chronic non-specific low back pain. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD011674. DOI: 10.1002/14651858.CD011674.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011674.pub2/full>

Publiziert 08\_2017 Studien bis 2016

Due to the low- to very low-quality of the evidence for all treatment comparisons, outcomes, and follow-up periods investigated, it is uncertain if Back School is effective for chronic low back pain. Although the quality of the evidence was mostly very low, the results showed no difference or a trivial effect in favour of Back School. There are myriad potential variants on the Back School approach regarding the employment of different exercises and educational methods. While current evidence does not warrant their use, future variants on Back School may have different effects and will need to be studied in future RCTs and reviews.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/III/nvl-007.html>

Mehrholz J, Thomas S, Elsner B. Treadmill training and body weight support for walking after stroke. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD002840. DOI: 10.1002/14651858.CD002840.pub4.

Mehrholz J, Thomas S, Elsner B. Treadmill training and body weight support for walking after stroke. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD002840. DOI: 10.1002/14651858.CD002840.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002840.pub4/full>

Publiziert 08\_2017 Studien bis 2017

Overall, people after stroke who receive treadmill training, with or without body weight support, are not more likely to improve their ability to walk independently compared with people after stroke not receiving treadmill training, but walking speed and walking endurance may improve slightly in the short term. Specifically, people with stroke who are able to walk (but not people who are dependent in walking at start of treatment) appear to benefit most from this type of intervention with regard to walking speed and walking endurance. This review did not find, however, that improvements in walking speed and endurance may have persisting beneficial effects. Further research should specifically investigate the effects of different frequencies, durations, or intensities (in terms of speed increments and inclination) of treadmill training, as well as the use of handrails, in ambulatory participants, but not in dependent walkers.

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CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/053-011.html>

## Physiotherapierrelevante Cochrane Reviews (CR)

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Rankin IA, Sargeant H, Rehman H, Gurusamy KS. Low-level laser therapy for carpal tunnel syndrome. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD012765. DOI: 10.1002/14651858.CD012765.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012765/full>

Publiziert 08\_2017 Studien bis 2016

The evidence is of very low quality and we found no data to support any clinical effect of LLLT in treating CTS. Only VAS pain and finger-pinch strength met previously published MCIDs but these are likely to be overestimates of effect given the small studies and significant risk of bias. There is low or very low-quality evidence to suggest that LLLT is less effective than ultrasound in the management of CTS based on short-term, clinically significant improvements in pain and finger-pinch strength.

There is insufficient evidence to support LLLT being better or worse than any other type of non-surgical treatment in the management of CTS. Any further research of LLLT should be definitive, blinded, and of high quality.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/005-003.html>

Cheng KKF, Lim YTE, Koh ZM, Tam WWS. Home-based multidimensional survivorship programmes for breast cancer survivors. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD011152. DOI: 10.1002/14651858.CD011152.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011152.pub2/full>

Publiziert 08\_2017 Studien bis 2016

The results of this systematic review and meta-analysis revealed that HBMS programmes in breast cancer survivors appear to have a short-term beneficial effect of improving breast cancer-specific quality of life and global quality of life as measured by FACT-B and EORTC-C30, respectively. In addition, HBMS programmes are associated with a reduction in anxiety, fatigue and insomnia immediately after the intervention. We assessed the quality of evidence across studies as moderate for some outcomes, meaning that we are fairly confident about the results, while we assessed other outcomes as being low-quality, meaning that we are uncertain about the result.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/032-045OL.html>

Broderick J, Vancampfort D. Yoga as part of a package of care versus standard care for schizophrenia. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD012145. DOI: 10.1002/14651858.CD012145.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012145.pub2/full>

Publiziert 09\_2017 Studien bis 2017

A small number of small studies were included in this review and these lacked many key outcomes. The sparse data means we cannot state with any degree of certainty if yoga delivered as a package of care is beneficial in comparison to standard care.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/038-009.html>

Bidonde J, Busch AJ, van der Spuy I, Tupper S, Kim SY, Boden C. Whole body vibration exercise training for fibromyalgia. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011755. DOI: 10.1002/14651858.CD011755.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011755.pub2/full>

Publiziert 09\_2017 Studien bis 2016

Whether WBV or WBV in addition to mixed exercise is superior to control or another intervention for women with fibromyalgia remains uncertain. The quality of evidence is very low owing to imprecision (few study participants and wide confidence intervals) and issues related to risk of bias. These trials did not measure major outcomes such as pain intensity, stiffness, fatigue, and physical function. Overall, studies were few and were very small, which prevented meaningful estimates of harms and definitive conclusions about WBV safety.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/145-004.html>

Appelen D, van Loo E, Prins MH, Neumann MHAM, Kolbach DN. Compression therapy for prevention of post-thrombotic syndrome. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD004174. DOI: 10.1002/14651858.CD004174.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004174.pub3/full>

Publiziert 09\_2017 Studien bis 2017

Low-quality evidence suggests that elastic compression stockings may reduce the occurrence of PTS after DVT. We downgraded the quality of evidence owing to considerable heterogeneity between studies and lack of or unclear risk of blinding due to clinical assessment scores. No serious adverse effects occurred in these studies. Large randomised controlled trials are needed to confirm these findings because of current lack of high-quality evidence and considerable heterogeneity.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/065-002.html>

Lee AL, Burge AT, Holland AE. Positive expiratory pressure therapy versus other airway clearance techniques for bronchiectasis. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011699. DOI: 10.1002/14651858.CD011699.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011699.pub2/full>

Publiziert 09\_2017 Studien bis 2017

PEP therapy appears to have similar effects on HRQOL, symptoms of breathlessness, sputum expectoration, and lung volumes compared to other ACTs when prescribed within a stable clinical state or during an acute exacerbation. The number of studies and the overall quality of the evidence were both low. In view of the chronic nature of bronchiectasis, additional information is needed to establish the long-term clinical effects of PEP therapy over other ACTs for outcomes that are important to people with bronchiectasis and on clinical parameters which impact on disease progression and patient morbidity in individuals with stable bronchiectasis. In addition, the role of PEP therapy during an acute exacerbation requires further exploration. This information is necessary to provide further guidance for prescription of PEP therapy for people with bronchiectasis.

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CR IN

CR OUT

## Physiotherapierrelevante Cochrane Reviews (CR)

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Broderick J, Crumlish N, Waugh A, Vancampfort D. Yoga versus non-standard care for schizophrenia. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD012052. DOI: 10.1002/14651858.CD012052.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD012052.pub2/full>

Publiziert 09\_2017 Studien bis 2017

We found minimal differences between yoga and non-standard care, the latter consisting of another exercise comparator, which could be broadly considered aerobic exercise. Outcomes were largely based on single studies with limited sample sizes and short-term follow-up. Overall, many outcomes were not reported and evidence presented in this review is of low to moderate quality - too weak to indicate that yoga is superior or inferior to non-standard care control for management of people with schizophrenia.

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

CR IN

CR OUT <http://www.awmf.org/leitlinien/detail/II/038-009.html>

Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, Conroy SP, Kircher T, Somme D, Saltvedt I, Wald H, O'Neill D, Robinson D, Shepperd S. Comprehensive geriatric assessment for older adults admitted to hospital. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD006211. DOI: 10.1002/14651858.CD006211.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006211.pub3/full>

Publiziert 09\_2017 Studien bis 2016

Older patients are more likely to be alive and in their own homes at follow-up if they received CGA on admission to hospital. We are uncertain whether data show a difference in effect between wards and teams, as this analysis was underpowered. CGA may lead to a small increase in costs, and evidence for cost-effectiveness is of low-certainty due to imprecision and inconsistency among studies. Further research that reports cost estimates that are setting-specific across different sectors of care are required.

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

CR IN

CR OUT

Gibson W, Wand BM, O'Connell NE. Transcutaneous electrical nerve stimulation (TENS) for neuropathic pain in adults. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011976. DOI: 10.1002/14651858.CD011976.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011976.pub2/full>

Publiziert 09\_2017 Studien bis 2016

In this review, we reported on the comparison between TENS and sham TENS. The quality of the evidence was very low meaning we were unable to confidently state whether TENS is effective for pain control in people with neuropathic pain. The very low quality of evidence means we have very limited confidence in the effect estimate reported; the true effect is likely to be substantially different. We make recommendations with respect to future TENS study designs which may meaningfully reduce the uncertainty relating to the effectiveness of this treatment modality.

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

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