

# Cochrane Reviews für den Fachbereich Physiotherapie

Ressourcen zur Evidenzbasierung  
in den Gesundheitsfachberufen

Juli bis Dezember 2016



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.

**Autoren:**

Katharina Kunzweiler & Sebastian Voigt-Radloff

**Kontakt:**

Cochrane Deutschland  
Universitätsklinikum Freiburg  
Breisacher Str. 153  
D-79110 Freiburg  
[www.cochrane.de](http://www.cochrane.de)

## Physiotherapie-relevante Cochrane Reviews (CR)

---

Smith TO, Jepson P, Beswick A, Sands G, Drummond A, Davis ET, Sackley CM. Assistive devices, hip precautions, environmental modifications and training to prevent dislocation and improve function after hip arthroplasty. *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010815. DOI: 10.1002/14651858.CD010815.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010815.pub2/full>

Publiziert 07\_2016      Studien bis 2016

Very low quality evidence is available from single trials, thus we are uncertain if hip precautions with or without the addition of equipment and functional restrictions are effective in preventing dislocation and improving outcomes after THA. There is also insufficient evidence to support or refute the adoption of a postoperative community rehabilitation programme consisting of functional reintegration and education compared to conventional rehabilitation strategies based on functional outcomes.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/012-006I\\_S1\\_Endoprothese\\_bei\\_Koxarthrose\\_abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/012-006I_S1_Endoprothese_bei_Koxarthrose_abgelaufen.pdf)

Elsner B, Kugler J, Pohl M, Mehrholz J. Transcranial direct current stimulation (tDCS) for idiopathic Parkinson's disease . *Cochrane Database of Systematic Reviews* 2016, Issue 7. Art. No.: CD010916. DOI: 10.1002/14651858.CD010916.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010916.pub2/full>

Publiziert 07\_2016      Studien bis 2016

There is insufficient evidence to determine the effects of tDCS for reducing off time ( when the symptoms are not controlled by the medication) and on time with dyskinesia ( time that symptoms are controlled but the person still experiences involuntary muscle movements ) , and for improving health- related quality of life, disability, and impairment in patients with IPD. Evidence of very low quality indicates no difference in dropouts and adverse events between tDCS and control groups.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/030-010I\\_S3\\_Parkinson\\_Syndrome\\_Idiopathisch\\_2016-06.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-010I_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf)

Perry A, Lee SH, Cotton S, Kennedy C. Therapeutic exercises for affecting post-treatment swallowing in people treated for advanced-stage head and neck cancers. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD011112. DOI: 10.1002/14651858.CD011112.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011112.pub2/full>

Publiziert 08\_2016      Studien bis 2016

We found no evidence that undertaking therapeutic exercises before, during and/or immediately after HNC treatment leads to improvement in oral swallowing. This absence of evidence may be due to the small participant numbers in trials, resulting in insufficient power to detect any difference. Data from the identified trials could not be combined due to differences in the choice of primary outcomes and in the measurement tools used to assess them, and the differing baseline and endpoints across studies.

Designing and implementing studies with stronger methodological rigour is essential. There needs to be agreement about the key primary outcomes, the choice of validated assessment tools to measure them and the time points at which those measurements are made.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/007\\_100OLI\\_S3\\_Mundhoehlenkarzinom\\_122012-verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/007_100OLI_S3_Mundhoehlenkarzinom_122012-verlaengert.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/049-014I\\_S1\\_Neurogene\\_Sprech- Stimmst%C3%B6rungen\\_Erwachsene\\_2014-09.pdf](http://www.awmf.org/uploads/tx_szleitlinien/049-014I_S1_Neurogene_Sprech- Stimmst%C3%B6rungen_Erwachsene_2014-09.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/027-043I\\_S1\\_Schildruesenkarzinome\\_2011-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/027-043I_S1_Schildruesenkarzinome_2011-abgelaufen.pdf)

## Physiotherapie-relevante Cochrane Reviews (CR)

Fryer CE, Luker JA, McDonnell MN, Hillier SL. Self management programmes for quality of life in people with stroke. *Cochrane Database of Systematic Reviews* 2016, Issue 8. Art. No.: CD010442. DOI: 10.1002/14651858.CD010442.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010442.pub2/abstract>

Publiziert 08\_2016      Studien bis 2016

The current evidence indicates that self management programmes may benefit people with stroke who are living in the community. The benefits of such programmes lie in improved quality of life and self efficacy. These are all well-recognised goals for people after stroke. There is evidence for many modes of delivery and examples of tailoring content to the target group. Leaders were usually professionals but peers (stroke survivors and carers) were also reported - the commonality is being trained and expert in stroke and its consequences. It would be beneficial for further research to be focused on identifying key features of effective self management programmes and assessing their cost-effectiveness.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/053-011I\\_S3\\_Schlaganfall\\_2012-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/053-011I_S3_Schlaganfall_2012-abgelaufen.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/030-122I\\_S1\\_Multiprofessionelle\\_neurologische\\_Rehabilitation\\_2012\\_1.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-122I_S1_Multiprofessionelle_neurologische_Rehabilitation_2012_1.pdf)

Furmaniak AC, Menig M, Markes MH. Exercise for women receiving adjuvant therapy for breast cancer. *Cochrane Database of Systematic Reviews* 2016, Issue 9. Art. No.: CD005001. DOI: 10.1002/14651858.CD005001.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005001.pub3/full>

Publiziert 09\_2016      Studien bis 2015

Exercise during adjuvant treatment for breast cancer can be regarded as a supportive self care intervention that probably results in less fatigue, improved physical fitness, and little or no difference in cancer-specific quality of life and depression. Exercise may also slightly improve cancer site-specific quality of life and cognitive function, while it may result in little or no difference in health-related quality of life. This review is based on trials with a considerable degree of clinical heterogeneity regarding adjuvant cancer treatments and exercise interventions. Due to the difficulty of blinding exercise trials, all included trials were at high risk for performance bias. Furthermore, the majority of trials were at high risk for detection bias, largely due to most outcomes being self reported.

The findings of the updated review have enabled us to make a more precise conclusion that both aerobic and resistance exercise can be regarded as beneficial for individuals with adjuvant therapy-related side effects. Further research is required to determine the optimal type, intensity, and timing of an exercise intervention. Furthermore, long-term evaluation is required due to possible long-term side effects of adjuvant treatment.

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

CR IN [www.awmf.org/uploads/tx\\_szleitlinien/032-045OL\\_I\\_S3\\_Brustkrebs\\_Mammakarzinom\\_Diagnostik\\_Therapie\\_Nachsorge\\_2012-07.pdf](http://www.awmf.org/uploads/tx_szleitlinien/032-045OL_I_S3_Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf)

CR OUT

Jones S, Man WDC, Gao W, Higginson IJ, Wilcock A, Maddocks M. Neuromuscular electrical stimulation for muscle weakness in adults with advanced disease. *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD009419. DOI: 10.1002/14651858.CD009419.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009419.pub3/full>

Publiziert 10\_2016      Studien bis 2016

The overall conclusions have not changed from the last publication of this review, although we have included more data, new analyses, and an assessment of the quality of the evidence using the GRADE approach. NMES may be an effective treatment for muscle weakness in adults with advanced progressive disease, and could be considered as an exercise treatment for use within rehabilitation programmes. Further research is very likely to have an important impact on our confidence in the estimate of effect and may change the estimate. We recommend further research to understand the role of NMES as a component of, and in relation to, existing rehabilitation approaches. For example, studies may consider examining NMES as an adjuvant treatment to enhance the strengthening effect of programmes, or support patients with muscle weakness who have difficulty engaging with existing services.

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

CR IN

CR OUT

## Physiotherapie-relevante Cochrane Reviews (CR)

---

**Caliandro P, La Torre G, Padua R, Giannini F, Padua L. Treatment for ulnar neuropathy at the elbow. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006839. DOI: 10.1002/14651858.CD006839.pub4.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006839.pub4/full>

Publiziert 11\_2016 Studien bis 2016

We found only two studies of treatment of ulnar neuropathy using conservative treatment as the comparator. The available comparative treatment evidence is not sufficient to support a multiple treatment meta-analysis to identify the best treatment for idiopathic UNE on the basis of clinical, neurophysiological, and imaging characteristics. We do not know when to treat a person with this condition conservatively or surgically. Moderate-quality evidence indicates that simple decompression and decompression with transposition are equally effective in idiopathic UNE, including when the nerve impairment is severe. Decompression with transposition is associated with more deep and superficial wound infections than simple decompression, also based on moderate-quality evidence. People undergoing endoscopic surgery were more likely to have a haematoma. Evidence from one small RCT of conservative treatment showed that in mild cases, information on movements or positions to avoid may reduce subjective discomfort.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/030-114I\\_S1\\_Neuropathischer\\_Schmerzen\\_Therapie\\_2014-verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-114I_S1_Neuropathischer_Schmerzen_Therapie_2014-verlaengert.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/030-130I\\_S2e\\_Neuropathien\\_Neuritiden\\_2016-12.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-130I_S2e_Neuropathien_Neuritiden_2016-12.pdf)

**McKeough ZJ, Velloso M, Lima VP, Alison JA. Upper limb exercise training for COPD. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011434. DOI: 10.1002/14651858.CD011434.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011434.pub2/full>

Publiziert 11\_2016 Studien bis 2016

Evidence from this review indicates that some form of upper limb exercise training when compared to no upper limb training or a sham intervention improves dyspnoea but not HRQoL in people with COPD. The limited number of studies comparing different upper limb training interventions precludes conclusions being made about the optimal upper limb training programme for people with COPD, although endurance upper limb training using unsupported upper limb exercises does have a large effect on unsupported endurance upper limb capacity. Future RCTs require larger participant numbers to compare the differences between endurance upper limb training, resistance upper limb training, and combining endurance and resistance upper limb training on patient-relevant outcomes such as dyspnoea, HRQoL and arm activity levels.

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

CR IN

CR OUT

**French B, Thomas LH, Coupe J, McMahon NE, Connell L, Harrison J, Sutton CJ, Tishkovskaya S, Watkins CL. Repetitive task training for improving functional ability after stroke. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD006073. DOI: 10.1002/14651858.CD006073.pub3.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006073.pub3/full>

Publiziert 11\_2016 Studien bis 2016

There is low- to moderate-quality evidence that RTT improves upper and lower limb function; improvements were sustained up to six months post treatment. Further research should focus on the type and amount of training, including ways of measuring the number of repetitions actually performed by participants. The definition of RTT will need revisiting prior to further updates of this review in order to ensure it remains clinically meaningful and distinguishable from other interventions.

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

CR IN [www.awmf.org/uploads/tx\\_szleitlinien/053-011I\\_S3\\_Schlaganfall\\_2012-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/053-011I_S3_Schlaganfall_2012-abgelaufen.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/030-123I\\_S2k\\_Rehabilitation\\_sensomotorische\\_St%C3%B6rungen\\_2012-09\\_verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-123I_S2k_Rehabilitation_sensomotorische_St%C3%B6rungen_2012-09_verlaengert.pdf)

CR OUT [123I\\_S2k\\_Rehabilitation\\_sensomotorische\\_St%C3%B6rungen\\_2012-09\\_verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-123I_S2k_Rehabilitation_sensomotorische_St%C3%B6rungen_2012-09_verlaengert.pdf)

## Physiotherapie-relevante Cochrane Reviews (CR)

Gopaluni S, Sherif M, Ahmadouk NA. Interventions for chronic kidney disease-associated restless legs syndrome. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD010690. DOI: 10.1002/14651858.CD010690.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010690.pub2/full>

Publiziert 11\_2016 Studien bis 2016

Given the small size of the studies and short follow-up, it can only be concluded that pharmacological interventions and intra-dialytic exercise programs have uncertain effects on RLS in haemodialysis patients. There have been no studies performed in non-dialysis CKD, peritoneal dialysis patients, or kidney transplant recipients. Further studies are warranted before any conclusions can be drawn. Aerobic resistance exercise and ropinirole may be suitable interventions for further evaluation.

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

CR IN  
CR OUT

Larun L, Brurberg KG, Odgaard-Jensen J, Price JR. Exercise therapy for chronic fatigue syndrome. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD003200. DOI: 10.1002/14651858.CD003200.pub6.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003200.pub6/full>

Publiziert 12\_2016 Studien bis 2014

Patients with CFS may generally benefit and feel less fatigued following exercise therapy, and no evidence suggests that exercise therapy may worsen outcomes. A positive effect with respect to sleep, physical function and self-perceived general health has been observed, but no conclusions for the outcomes of pain, quality of life, anxiety, depression, drop-out rate and health service resources were possible. The effectiveness of exercise therapy seems greater than that of pacing but similar to that of CBT. Randomised trials with low risk of bias are needed to investigate the type, duration and intensity of the most beneficial exercise intervention.

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

CR IN [www.awmf.org/uploads/tx\\_szleitlinien/053-002l\\_S3\\_Muedigkeit\\_2011-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/053-002l_S3_Muedigkeit_2011-abgelaufen.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/051-001l\\_S3\\_Nicht-spezifische\\_funktionelle\\_somatoforme\\_Koerperbeschwerden\\_2012-04.pdf](http://www.awmf.org/uploads/tx_szleitlinien/051-001l_S3_Nicht-spezifische_funktionelle_somatoforme_Koerperbeschwerden_2012-04.pdf)  
CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/032-045OL\\_I\\_S3\\_Brustkrebs\\_Mammakarzinom\\_Diagnostik\\_Therapie\\_Nachsorge\\_2012-07.pdf](http://www.awmf.org/uploads/tx_szleitlinien/032-045OL_I_S3_Brustkrebs_Mammakarzinom_Diagnostik_Therapie_Nachsorge_2012-07.pdf)

Stewart F, Gameiro LF, El Dib R, Gameiro MO, Kapoor A, Amaro JL. Electrical stimulation with non-implanted electrodes for overactive bladder in adults. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD010098. DOI: 10.1002/14651858.CD010098.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010098.pub4/full>

Publiziert 12\_2016 Studien bis 2015

Electrical stimulation shows promise in treating OAB, compared to no active treatment, placebo/sham treatment, PFMT and drug treatment. It is possible that adding ES to other treatments such as PFMT may be beneficial. However, the low quality of the evidence base overall means that we cannot have full confidence in these conclusions until adequately powered trials have been carried out, measuring subjective outcomes and adverse effects.

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

CR IN  
CR OUT

## Physiotherapie-relevante Cochrane Reviews (CR)

---

**Dockx K, Bekkers EMJ, Van den Bergh V, Ginis P, Rochester L, Hausdorff JM, Mirelman A, Nieuwboer A. Virtual reality for rehabilitation in Parkinson's disease. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD010760. DOI: 10.1002/14651858.CD010760.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010760.pub2/full>

Publiziert 12\_2016      Studien bis 2016

We found low-quality evidence of a positive effect of short-term VR exercise on step and stride length. VR and physiotherapy may have similar effects on gait, balance, and quality of life. The evidence available comparing VR with passive control interventions was more limited. Additional high-quality, large-scale studies are needed to confirm these findings.

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

CR IN

CR OUT [www.awmf.org/uploads/tx\\_szleitlinien/030-010I\\_S3\\_Parkinson\\_Syndrome\\_Idiopathisch\\_2016-06.pdf](http://www.awmf.org/uploads/tx_szleitlinien/030-010I_S3_Parkinson_Syndrome_Idiopathisch_2016-06.pdf)

**Strike K, Mulder K, Michael R. Exercise for haemophilia. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD011180. DOI: 10.1002/14651858.CD011180.pub2.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011180.pub2/full>

Publiziert 12\_2016      Studien bis 2016

These results must be considered with caution. There is a lack of confidence in the results due to the small number of included studies and the inability to pool the results due to the heterogeneity of outcome measures. Most exercise interventions produced improvement in one or more of the measured outcomes including pain, range of motion, strength and walking tolerance. Hydrotherapy may be more effective than land exercises for pain relief in adults. Functional exercises such as treadmill walking and partial weight bearing exercises seem to be more effective than static or short arc exercises for improving muscle strength. These findings are consistent with the many non-controlled intervention reports in the haemophilia literature. No adverse effects were reported as a result of any of the interventions. However, some groups used prophylactic factor prior to exercise and other groups studied only subjects with moderate haemophilia. Therefore, the safety of these techniques for persons with severe haemophilia remains unclear.

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

CR IN

CR OUT

**Lenza M, Faloppa F. Conservative interventions for treating middle third clavicle fractures in adolescents and adults. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD007121. DOI: 10.1002/14651858.CD007121.pub4.**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007121.pub4/full>

Publiziert 12\_2016      Studien bis 2016

The current evidence available from randomised controlled trials is insufficient to determine which methods of conservative treatment are the most appropriate for acute middle third clavicle fractures in adolescents and adults. Further research is warranted.

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

CR IN

CR OUT

## Physiotherapie-relevante Cochrane Reviews (CR)

Puhan MA, Gimeno-Santos E, Cates CJ, Troosters T. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD005305. DOI: 10.1002/14651858.CD005305.pub4.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005305.pub4/full>

Publiziert 12\_2016      Studien bis 2016

Overall, evidence of high quality shows moderate to large effects of rehabilitation on health-related quality of life and exercise capacity in patients with COPD after an exacerbation. Some recent studies showed no benefit of rehabilitation on hospital readmissions and mortality and introduced heterogeneity as compared with the last update of this review. Such heterogeneity of effects on hospital readmissions and mortality may be explained to some extent by the extensiveness of rehabilitation programmes and by the methodological quality of the included studies. Future researchers must investigate how the extent of rehabilitation programmes in terms of exercise sessions, self-management education and other components affects the outcomes, and how the organisation of such programmes within specific healthcare systems determines their effects after COPD exacerbations on hospital readmissions and mortality.

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

CR IN [www.awmf.org/uploads/tx\\_szleitlinien/053-002l\\_S3\\_Muedigkeit\\_2011-abgelaufen.pdf](http://www.awmf.org/uploads/tx_szleitlinien/053-002l_S3_Muedigkeit_2011-abgelaufen.pdf) [www.awmf.org/uploads/tx\\_szleitlinien/091-](http://www.awmf.org/uploads/tx_szleitlinien/091-001l_S3_Lokalthherapie_chronischer_Wunden_2012-verlaengert.pdf)

CR OUT [001l\\_S3\\_Lokalthherapie\\_chronischer\\_Wunden\\_2012-verlaengert.pdf](http://www.awmf.org/uploads/tx_szleitlinien/091-001l_S3_Lokalthherapie_chronischer_Wunden_2012-verlaengert.pdf)

Araujo DN, Ribeiro CTD, Maciel ACC, Bruno SS, Fregonezi GAF, Dias FAL. Physical exercise for the treatment of non-ulcerated chronic venous insufficiency. *Cochrane Database of Systematic Reviews* 2016, Issue 12. Art. No.: CD010637. DOI: 10.1002/14651858.CD010637.pub2.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010637.pub2/full>

Publiziert 12\_2016      Studien bis 2016

There is currently insufficient evidence available to assess the efficacy of physical exercise in people with CVI. Future research into the effect of physical exercise should consider types of exercise protocols (intensity, frequency and time), sample size, blinding and homogeneity according to the severity of disease.

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

CR IN

CR OUT