

Evidnce based practice assigmnent by aqsa arshad

Dpt 8th semister



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Section A.

Mcqs

1. Q1: **A research study to answer specific questions about new therapies or vaccines or new ways ofusing known treatment is known as??**

**Ans1 : A**

**Question 2. You are teaching your juniors the fundamentals of the research one of your student who is 50 years of age asks you evidence based practice is challenge for physical therapist in Pakistan, your suitable answer is??**

**Ans 2.D**

**Question 3. What barriers are there to evidence based medicine?**

**Ans (3)= D**

**4: The study drug or treatment is given to large groups of people (1,000 – 3,000) to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely is an example of\_\_\_\_\_\_\_**

**Ans (4) =D**

1. **Which of the following is correct?**
2. Levels of evidence represents research designs
3. Levels of evidence represents search system
4. Levels of evidence represents quantitative research and represents qualitative research

D .Levels of evidence represents qualitative research

**Ans.(5)=d**

**6: Evidence-based practice describes best when\_\_\_\_\_\_\_\_\_\_\_\_**

**Ans (6)=a**

1. **A study of diagnostic effectiveness aims to**
	1. Determine if an intervention is effective
	2. Determine if a test is effective
	3. Determine the cause of a condition

 7: Determine the experiences of a conditio

**Ans(7)=a**

**Ans(8)=b**

**Ans(9)=a**

**Ans(10)=d**

**Ans(11)=c**

**Ans(12)=d**

**Ans(13)=a**

**Ans(14)=d**

**Ans(15)= c**

**Section (b)**

Q1: What is meant by evidenced based practice, why is evidence-based physiotherapy important. Explain with examples.

Ans1: Evidence-based practice (EBP) is 'the integration of best research evidence with clinical expertise and patient values [Evidence-Based Practice (EBP)](https://www.physio-pedia.com/Evidence_Based_Practice_%28EBP%29) describes the steps involved and the problems with EBP. Physical therapy, being the widely recognized health care profession has to upgrade its method of practice to remain alive in the era of scientific research. As the number of physiotherapy trials and systematic reviews increase, we could hope that we are developing a robust evidence base to inform patient care

 Evidence-based physiotherapy practice (EBPP) is open and thoughtful clinical decision making" about the physical therapy management of a patient/ client that integrates the "best available evidence with clinical judgement" and the patient/ client's preferences and values, and that further considers the larger social context in which physical therapy services are provided, to optimize patient/client outcomes and quality of  life

Applications of evidence-based practice

**Mental Health**

**Medicine**

**Metascience**

**Evidence based management**

**Evidence based nursing**

Evidence-based medicine (EBM) is an approach to medical practice intended to optimize decision making by emphasizing the use of evidence from well-designed and well-conducted resrch Although all medicine based on science

 Example

Paradigm shift

The EBP or the scientific research has brought few paradigm shifts in the field of physiotherapy and its practice. Some of them to mention includes:

**bed rest for Back ache :**Bed rest is a traditional treatment for back pain, yet only in recent years has the therapeutic benefit of this been questioned. The most common management of back pain and sciatica is to prescribe analgesics and advise rest and to treat acute attacks with bed rest. This recommendation is based on orthopaedic teaching, but there are increasing doubts and dissatisfaction with this kind of management.

**Shift:**   Two key trials by Gilbert et al and Deyo et al first showed that longer periods of bed rest have no advantage compared with shorter periods. The 1994 clinical guidelines recommend that bed rest should be for short periods of 2-4 days, and they still advise activity limitation.More recently, even short periods of rest have come under question. Bed rest does not improve symptoms any more effectively than other treatments but does produce a number of adverse effects including joint stiffness, muscle wasting, loss of bone mineral density, pressure sores, and venous thromboembolism

Question2: What do we mean by ‘high quality clinical research, patient preferences and practice knowledge’?

Answer: High quality clinical research may be defined as compliance with requirements and credibility reliability of data obtained sponsors usually apply quality management system to ensure control maintain and improve quality these system encompass several preventive measures tools and controls

Clinical research is a branch of health care science that determine the safety and effectiveness effiacacy of medicatons and devices diagnostic product and treatment requirement intented for human use these may be used for prevention treatment ,diagnosis for relieving symptoms of disease Patient preferances result from delibration about specific element such as anticipated treatment or health outcomes patient preferences refer to the individual evaluation of dimensions of health outcomes are one of a large number of preference that may influence health care choices understanding preferences strengthens our ability to tailor evidence based interventions for the individual patient helping patient acknowledge and shair there unique preferences is essential for patient centered care patient preference studies can serve as powerful tool to engage patient and their communities as well as quantify patient voice across different stages of clinical drug development and care management to support patient centric health care decision making

Practice knowledge :Evidance based knowledge is genereated from scientific research while practice based is knowledge (Pbk) gained over time by means of practice if u notice most apperentice know what they do not understand the science or scientic rational behind what they do

Q 3: Develop a clinical research question using **P I C O** for the following Scenarios.

1. Mabel is a 6-week-old baby at her routine follow-up. She was born prematurely at 35 weeks. You want to tell the parents about her chances of developing hearing problems…

1. At a routine immunisation visit, Lisa, the mother of a 8-month-old, tells you that her baby suffered a nasty local reaction after her previous immunisation. Lisa is very concerned that the same thing may happen again this time. Recently, a colleague told you that needle length can affect local reactions to immunisation in young children but can’t remember the precise details.

Answere: Pico stand for

P .Patient problem or population

I. intervention

C. comparison

O. outcomes

**PICO** makes this process easier. It is a mnemonic for the **important** parts of a well-built clinical question. It also helps formulate the search strategy by identifying the key concepts that need to be in the article that can answer the question

**Clinical research question**

**Population =**Mabel 6 years old baby

**I**ntervention=routine checkup and visit to dr to maintain the treatment

**C**ompared with developing hearing problems

Outcome of intrest=premature birth of 35 weeks

1. At a routine immunisation visit, Lisa, the mother of a 8-month-old, tells you that her baby suffered a nasty local reaction after her previous immunisation. Lisa is very concerned that the same thing may happen again this time. Recently, a colleague told you that needle length can affect local reactions to immunisation in young children but can’t remember the precise details.

**Clinical research question**

**Population** patient is lisa 8 months old

**Intervention** the inj is injected by colleague

**Compared with:** comparison is looking with the effect on other parts problem

**Outcomes of interest :**she is suffering from local reaction