

Editorial

Where is the Evidence?

In the past, many professionals practiced without evidence. Practice was based mainly on a loose body of knowledge. Some of the knowledge was simply lore that drew upon the experiences of generations of practitioners, and much of it had no truly scientific evidence on which to justify various practices.

Today, the situation is different. Things have vastly changed. Clients, patients, their relatives including insurance providers are demanding for evidence, although the situation in many parts of Africa might be different, as health care providers are still worshipped like kings. Whatever they offer is taken without questions. When it is glaring that mistakes have been made on the part of health care professionals on the choice of treatment with resultant injuries, the situation goes unchallenged.

As physical therapists, do we really have evidence for our practice? Going by the definition of evidence-based practice which refers to a decision-making process which integrates the best available research, clinician expertise, and client characteristics, we could conclude that the physical therapy profession has evidence to back its practice.

Many peer review journals on physical therapy and rehabilitation exist that publish useful articles from which evidence can be drawn. Whether the evidence is being made use of is a pertinent question to be asked?

Practice is different from one facility to the other and among therapists within the same facility. Many of the treatments are not standardized. Therapists choose treatment dosages and parameters based on their own discretion. There is a need for standard guidelines in the management of specific conditions based on the available evidence and the characteristics of the patients around us. Methods that work for non-Africans may not necessarily be the best for Africans, but most of the time our evidence is based on data from foreign countries where patients' characteristics may be different.

In Nigeria, do we conduct randomized control trials, systematic reviews or perform meta analysis on which we could base our evidence? We need to take a cue from the therapists in Philadelphia who set up a panel for evidence-based clinical guidelines on selected rehabilitation interventions for low-back pain (LBP) and neck pain. Their conclusion revealed that there is evidence to support and recommend the use of continued normal activities for acute nonspecific LBP and therapeutic exercises for chronic, subacute, and postsurgery LBP. There is lack of evidence at present regarding whether to include or exclude the use of thermotherapy, therapeutic massage, EMG biofeedback, mechanical traction, therapeutic ultrasound, TENS, electrical stimulation, and combined rehabilitation interventions in the daily practice of physical rehabilitation.

Evidence-based guidelines are required to back the practice of physical therapy in Nigeria. Physical therapists in the country members should develop interest in carrying out investigations to provide evidence in support of or against the use of some existing interventions. This will ensure best practices are established and that only equipment that will benefit patients are acquired.

Rufus A Adedoyin, PhD, PT

References

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