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Physiotherapy for Parkinson's disease

A joint European Guideline

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TAKE HOME MESSAGE

- For patients: self-management support
- For physicians: referral criteria
- For physiotherapists: decision support

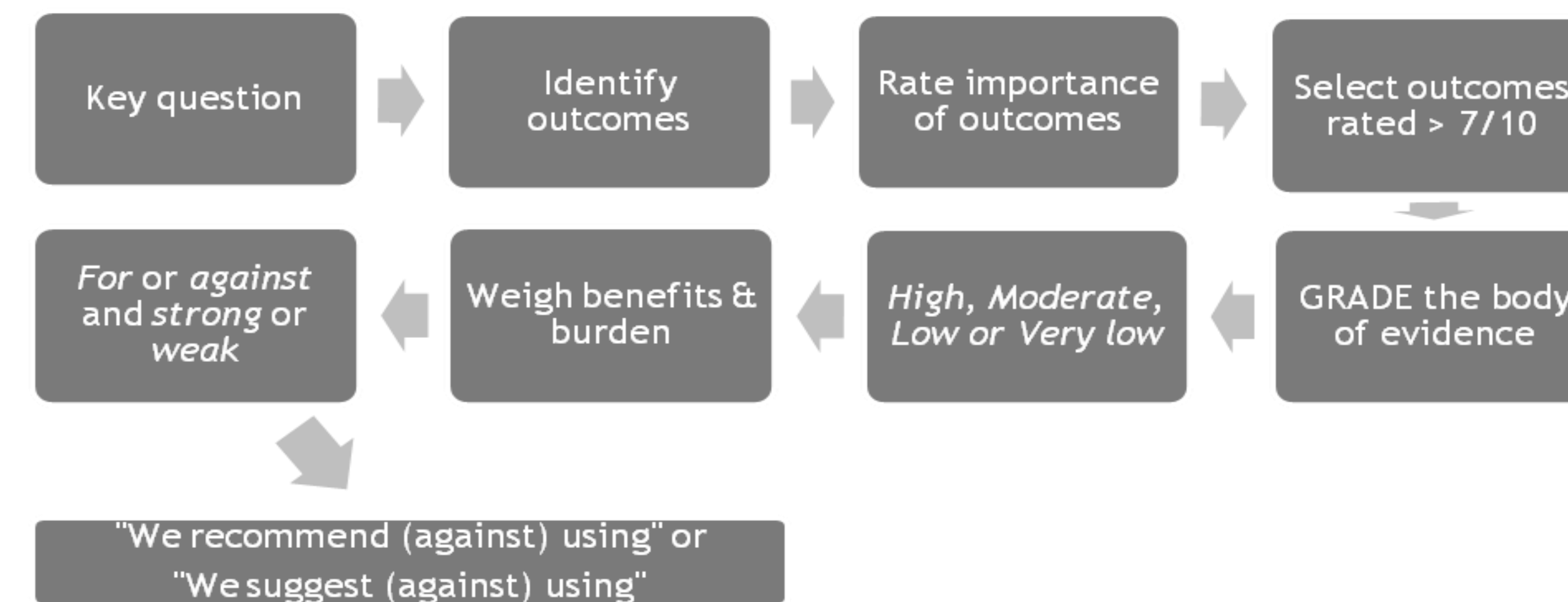
European Physiotherapy Guideline for Parkinson's Disease



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GUIDELINE DEVELOPMENT



SYSTEMATIC LITERATURE SEARCH

- Controlled clinical trials (CCTs)
- Evaluating physiotherapy or exercise for Parkinson's
- PubMed, PEDRO, cross references, abstracts
- 122 CCTs identified: 70 included

TYPE OF INTERVENTIONS

1. Conventional physiotherapy (21 CCTs)
2. Treadmill training (11 CCTs)
3. Cueing (9 CCTs)
4. Strategies for complex motor sequences (5 CCTs)
5. Massage (1 CCT)
6. Whole body vibration (2 CCTs))
7. Martial arts (3 CCTs)
8. Dance (3 CCTs)

GRADE BODY OF EVIDENCE

- Risk of bias, e.g. blinding, intention to treat, no of drop outs
- Inconsistency, e.g. treatment duration
- Indirectness, e.g. treatment by experts only
- Imprecision, e.g. few patients, wide confidence intervals
- Meta-analysis using RevMan (Cochrane collaboration)

GUIDELINE CONTENTS

REFERRAL CRITERIA

Time-based	Often one-off
ASAP after diagnosis	Self-management support & prevention
Problem-based	Reduced physical capacity Limitations in transfers, gait & freezing, balance & falls, manual activities; pain
Upon any hospital admission	Educate and train patients and care professionals, e.g. regarding pressure sores, falls and physical capacity

STRONG RECOMMENDATIONS FOR...

The Guideline provides recommendations on all 4 levels. Those being 'strong for' using a specific type of intervention towards a specific problem are:

Transfers

- Functional mobility: strategies for complex motor sequences (also known as cognitive movement strategies) combined with cueing (using external rhythms)

Balance

- Functional mobility: Tai Chi or strategies for complex motor sequences combined with cueing
- Falls: Tai Chi

Gait

- Walking speed: conventional physiotherapy (incl. balance, strength, ROM & gait training), cueing or treadmill training
- Stride length: treadmill training
- Functional mobility: see transfers

Physical Capacity

- Muscle strength: conventional physiotherapy or Tai Chi

Movement functions

- UPDRS III: conventional physiotherapy, Tai Chi

AVAILABILITY

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A COLLABORATION OF 20 PHYSIOTHERAPY ASSOCIATIONS

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