

Thinking Beyond Primary Study Designs: A Step Forward in Rehabilitation Research

SAMREEN SADIQ¹, HASSAN BIN AKRAM², ZUNAIRA MEHDI³, HAFIZ MUHAMMAD ASIM⁴

^{1,3}Senior Lecturer, Lahore College of Physical Therapy, Lahore Medical and Dental College, Lahore

²Clinical Supervisor, Department of Physical Therapy, Ghurki Trust Teaching Hospital, Lahore

Senior Lecturer, Lahore College of Physical Therapy, Lahore Medical and Dental College, Lahore

⁴Professor, Dean, Lahore College of Physical Therapy, Lahore Medical and Dental College, Lahore

Correspondence to Dr. Samreen Sadiq, Email: samreen.sadiq@lmdc.edu.pk, Cell: +923334371715

Expert views, knowledge, skills and authoritarian conclusions were considered to be the routine customs in medical practice. At scientific gatherings, it is mostly heard that professionals communicate "According to my experience" In 1980's Sackett et al. coined the concept of 'critical appraisal' as an intense need was experienced to introduce strategies for considering evidence based literature and its utilization at bed-side¹. To provide optimal health care, expertise and practice knowledge must be integrated with high quality evidence². On the other hand without practice knowledge and expertise, best evidence could be utilized inappropriately. Clinical practice becomes outmoded, if it does not rationalized and modified with latest evidence, depriving consumers of latest available treatment.

The late 20th century demonstrated an outburst in the field of rehabilitation researches and their publications making it unfeasible and impracticable for busy scheduled clinicians to remain updated on their desired topics. Nevertheless the clinicians and medical professional required to have in-depth and up to dated knowledge to meet the demands of ever changing situations in field. First of all, there are so large numbers of publications that it becomes impracticable to read through and appraise articles and secondly one can never rely on the results of single article for clinical decision making as study biasness and unclear results are common. Therefore to have a better and enlarged horizon of knowledge, practitioner requires a best and high quality research evidence for clinical decision making. Here develops the need of systematic reviews where results of different studies are summarized to give practicable, valid and comprehensible findings³. They stick to replicable ways and provide recommended guidelines. The methods adopted for data compilation are crystal clear and unambiguous, permitting reader to weigh the applicability and quality of review and possible bias⁴.

To facilitate and promote the researchers for conduction of systematic review and to understand the steps, a free interactive learning training by Cochrane is available at <https://training.cochrane.org/interactivelearning>. It was developed by world leading experts. This course provides 10 hours of self directed learning on the complete systematic review process for both new and experienced review authors.

REFERENCES

1. Sur RL, Dahm P. History of evidence-based medicine. Indian journal of urology: IJU: journal of the Urological Society of India. 2011;27(4):487.
2. Sackett DL, Rosenberg WM, Gray JM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. British Medical Journal Publishing Group; 1996.
3. Abbas Z, Raza S, Ejaz K. Systematic reviews and their role in evidence--informed health care. JPMA The Journal of the Pakistan Medical Association. 2008;58(10):561.
4. Feldstein DA. Clinician's guide to systematic reviews and meta-analyses. WMJ. 2005;104(3):25-9.