EDITORIAL

A PARADIGM SHIFT FROM PRACTICE TO RESEARCH... EMERGENCE OF EVIDENCE BASED PRACTICE

What is change? Why is it difficult to either become a part of the change or to introduce the change? The abhorrent situations were faced with the introduction of Evidence Based Practice (EBP) in the emerging field of Rehabilitation. Globally, EB physical therapy practice (EBPTP) has brought innovation and revolution in the current practices of Physical Therapist (PT) and has become a challenge for them. Worldwide these challenges have already been popularized for more than twenty years but we might need another decade to practice it in Pakistan.

Internationally, EBPT practice emerged as a new paradigm within the health care and health education in the 1990s with the growing concerns to fill the gap between research and practice. It was essentially focused that practice knowledge, patient preference and most importantly high quality clinical research to be inculcated among the practicing PT. Although the practitioners were already utilizing practice knowledge and patient preference but high quality clinical research was neglected as the element of research was evolving in Pakistan. Interestingly, the conceptual origin of EBP extends back more than 150 years but was never realized. However, it was notified by the researchers that PT practice is belief based rather than utilizing and availing the sound information. Currently, a good practice is making the most use of the other source of information such as peers and practice guidelines yet high quality clinical research remains ignored.

A question may arise among the practitioners especially the senior therapist; why to practice EBP? As their evaluation, diagnoses and patient satisfaction levels are extremely high. The simple and straight answer is the cost effectiveness of physiotherapeutic intervention. Furthermore, it is claimed to be one of the best strategies utilized to cope with potential chaos and uncertainty of modern clinical practice and to meet the ethical imperative of providing the best possible care for the patients. In addition, the aim of emphasizing on EBP as a core element of the current practice is to ensure that decision making is in cooperation with the best available evidence. Moreover, to administer an improved treatment plan, provide essential patient information; analyze research studies and for the better measurement and interpretation of outcomes. The main focus is to accurately gauge the relationship between patient and PT and the effects on health related outcomes.

Universally, different database are the key sources for collecting evidences such as Cochrane review, Database of Abstracts of Reviews of Effectiveness (DARE), Central Register of Controlled Trials (CENTRAL), PubMed, PEDro (Physiotherapy Evidence Database), Google Scholar and many more. The evidences collected from these databases are considered as of high-quality clinical research. Although evidences are also collected from Wikipedia and are referenced in a few articles but the purpose of high quality research becomes ambiguous. EBP follows five different steps starting from assessing the client, asking the question, acquiring and appraising the evidence; and then applying it on the patients. The most essential part of EBP remains in self-evaluating the performance.

American Physical Therapy Association (APTA) and Chartered Society of Physical Therapy (CSP) have emphasized and claimed EBP as crucial to the professional survival of Physical Therapy in the current climate of competitive health care funding where relevant and high-quality research is implemented to the optimum level. Also, introducing patient preference as well as practice knowledge; APTA has given a vision of 2020 by claiming PT as an autonomous practitioner using evidences in their practice. This became one of the reasons of a paradigm shift in the degree courses from Bachelors of Physical Therapy (BPT) to Doctor of Physical Therapy (DPT) by introducing EBP and research among the upcoming students. Despite of the usefulness of EBP, a few barriers are at present being faced by PT, in utilizing high quality clinical research in their practices. This involves the attitude of the question and inquiry, the lack of experience in finding the correct evidence, appraising and applying evidence in their current practices, the information resources available on the top and most importantly lack of time.

Currently, EBP is being practiced in the field of Physical Therapy in Pakistan both in the clinical as well as academia. A number of tertiary care hospitals as well as reputed institutions have introduced research based practice as an essential part of the Physical Therapy. Ziauddin College of Physical Therapy is one of the few Physical Therapy colleges in Pakistan to introduce EBP and other research courses in their curriculum by upgrading their degree programs. Similarly, the department of Physical Therapy has been implementing EBP in their clinics and is keen in promoting research. The aim of the editorials to spread the message of EBP worldwide so that the health care professionals including therapist use the best evidence in clinical decision making on the individual basis. Eventually, the health care professionals are expected to inculcate EBP by involving complex and conscientious decision-making and considering patient characteristics, situations, and preferences.

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LETTER TO THE EDITOR

MELIORATE CARDIO-PULMONARY REHABILITATION UP-TO THE INTERNATIONAL STANDARDS

To the Editor,

The basic aim of cardiopulmonary rehabilitation (CPR) is to improve the cardiac fitness and enhance the quality of life of a wide enormous number of patients has been suffering from cardiopulmonary problem show ever, seek appropriate is considered an important component of care for the patients suffering with cardiac problems¹. For past years, there has been observing the lack of awareness and unavailability of facilities creating a major obstacle in progress of the country. Pakistani researchers and professionals need to pay attention on the aspect of CPR especially in hospitals where the facilities can easily be provided.

Cardiac diseases are the leading cause of deaths for Whites, Blacks, Asians, American Indians, and Hispanics. Studies suggest that prevalence of patients with Hypertrophic Cardiomyopathy (HCM) is about 25%; Coronary Artery Disease (CAD) 12.4% and 12.5% for Atrial Fibrillation (AF)². Moreover, patients with different cardiopulmonary conditions experience psychological stress, anxiety and depression³.

In Pakistan, only a few hospitals entertain patients and implicate CPR but unfortunately they only consider inpatient and II while the rest of the phases are neither applied nor available in most of the tertiary care hospitals. Moreover, the cardiac patients; particularly females' dropouts from the rehabilitation plan when compared with the males. Different modalities, exercise and rehabilitative strategies are used to treat the patients with cardiopulmonary conditions, those who are working in the field of rehabilitation need improve their skills and vigilance on the aspects of CPR for its appropriate application. Another positive aspect of CPR is to provide home-based intervention to the physical activity throughout the day and patient can perform moderate intensity physical activity as per their functional capacity to meet the requirement of life.

To improve the scope of CPR in the tertiary care hospitals; awareness, availability, promotion, expertise and resources are required. Moreover, the team work of cardiac clinician's and physical therapists can improve the practice of CPR. I would recommend the readers of this letter to encourage patients who have gone through the risk of cardiopulmonary conditions to corporate and ask for better rehabilitation to improve quality of life.

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