Physiotherapy for Parkinson’s disease
A joint European Guideline

**Guideline development**

- **Key question**: Identification of outcomes
- **Rate Importance of outcomes**: Weight benefits & burdens
- **Select outcomes rated > 7/10**: High, Moderate, Low or Very Low
- **GRADE the body of evidence**: We recommend (again) using or 'unusing' outcomes

**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**

Published for free summer 2014: www.ParkinsonNet.info

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**European Physiotherapy Guideline for Parkinson’s Disease**

**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 (4 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)

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**Take Home Message**

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

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**A collaboration of 20 physiotherapy associations**

- Austria
- Belgium
- Cyprus
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greece
- Ireland
- Italy
- Portugal
- Spain
- Sweden
- Switzerland
- UK

*contributed financially towards development costs...