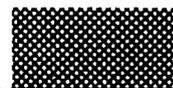


---

# Physiotherapy

---



**Journal of The Chartered Society of Physiotherapy**

CSP telephone 0171 306 6666

Journal telephone 0171 306 6662

Journal fax 0171 306 6667

---

## WHICH DATABASE?

MEDLINE is described as 'the premier source for bibliographic coverage of biomedical literature' (Ovid Technologies, 1997). Produced by the US National Library of Medicine, this database indexes 3,600 journal titles, mainly encompassing information from Index Medicus, Index to Dental Literature, and International Nursing. That is a lot of journals and we might understandably be led to believe that everything that we could ever want to find out about will be located there. It is usually the first database we think of accessing and sometimes the only database we use, whether at our own wish or because there is no alternative.

But who says there is no alternative? MEDLINE is a splendid source, but just how well does it provide for the physiotherapy profession? We will never locate all the information there is on any given topic, but are we getting the most that we can by limiting ourselves to a single source?

The Information Resource Centre staff at the Chartered Society of Physiotherapy have collaborated with others to produce a new 'core list' of physiotherapy journals. This has been compiled to help libraries and information centres in their selection of journals to best serve the needs of physiotherapists. It is by no means definitive and contains only nine journals (so as not to cause undue panic among librarians). These journals are (alphabetically): *Archives of Physical Medicine and Rehabilitation*, *Australian Journal of Physiotherapy*, *The Journal of Manual and Manipulative Therapy*, *Manual Therapy*, *Physical Therapy*, *Physical Therapy Reviews*, *Physiotherapy*, *Physiotherapy Research International*, and *Physiotherapy*

*Continued overleaf*

---

*Theory and Practice*. There are, of course, many more wonderful physiotherapy and related journals and these could be included in an 'extended core list.'

## MEDLINE

Using these as a guide, we decided to test out some popular databases. We found that MEDLINE, the one we all love and know so well, only indexes two of the nine journals: *Archives of Physical Medicine and Rehabilitation* and (you'd never have guessed it) *Physical Therapy*. So where are the other core journals, and in particular where is *Physiotherapy*? Numerous attempts over the years to get it included have failed. Admittedly, MEDLINE does index some of the extended core journals such as *Alternative Therapies in Health and Medicine*, *American Journal of Occupational Therapy*, *American Journal of Physical Medicine and Rehabilitation*, *International Journal of Rehabilitation Research* and the *Journal of Orthopaedic and Sports Physical Therapy*, to name but a few. Its coverage of areas such as neurology, obstetrics and gynaecology, physiology, oncology, veterinary science, dermatology and surgery is vast, and ideal for those who want it, but could we be missing something perhaps?

## CINAHL

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) produced by CINAHL Information Systems, US, is the next database we looked at for coverage of the core list journals. It scored really well with eight out of nine. The ninth journal, which only started last year, states that it is indexed on CINAHL so we should see it appearing within the next database update or so, because of the time taken from publication to indexing.

Now that is just what we want to see. CINAHL is described as providing comprehensive coverage of the English language journal literature for nursing and allied health disciplines including fields such as cardiopulmonary technology, emergency services, health education, medical records, occupational therapy, physical therapy, respiratory therapy and social sciences. It covers 950 titles, a lot fewer than MEDLINE, but they are more directly relevant for our specific area. It includes all the extended core journals already mentioned and others such as the *New Zealand Journal of Physiotherapy*, *Physiotherapy Canada*, *Physical and Occupational Therapy in Geriatrics*, *Physical and Occupational Therapy in Pediatrics* and the *British Journal of Occupational Therapy*. The producers of this database have encouraged the UK therapy professions to recommend journals for inclusion in CINAHL. This has led to a much enhanced product, now an even more relevant source for us all. As an added bonus, it also selectively indexes *Physiotherapy Frontline*.

## EMBASE

Produced by Elsevier Science Publishing, EMBASE is one of the most widely used biomedical and pharmaceutical databases, indexing over 3,500 international journals. There is selective coverage for numerous areas grouped in topic fields, one of which is *Rehabilitation and Physical Medicine* and this is the specialty database we evaluated. Topics in this specialty include diagnosis, function tests and evaluation, as well as the social, vocational and educational aspects of rehabilitation. Its score against the core list of journals was not bad at five out of nine, so even this database seems to be better for physiotherapy coverage than MEDLINE.

The above databases on CD-Rom are pretty expensive, ranging from £800 to over £1,000 for an annual subscription. This may make it difficult for anyone to persuade a librarian or departmental head that any of these products is an essential purchase for the benefit of the profession.

## Physiotherapy Index

There is, however, another database whose monthly updates arrive on floppy disk at the CSP's Information Resource Centre. This is Physiotherapy Index, one of the Allied and Alternative Medicine Database (AMED) series of databases which is produced by the British Library. This database scored seven out of nine on the core list scale.

Also in its favour is the fact that, as well as a good coverage of the extended core journals, it scored three out of five on our selected foreign language journals list. These are journals which provide English summaries and some articles in English and are therefore an invaluable additional source of information. These journals are: *Fysiotherapia* (Finland), *The Journal of the Japanese Physical Therapy Association*, *Sjukgymnasten* (Sweden), *Krankengymnastik* (Germany) and *Nederlands Tijdschrift voor Fysiotherapie* (Netherlands). Physiotherapy Index includes the last three of this group. None of the other databases include these journals. Physiotherapy Index also includes *Physiotherapy in Sport* (the journal of the Association of Chartered Physiotherapists in Sports Medicine) and the *Journal of the Association of Chartered Physiotherapists in Women's Health*. This database is excellent value at around £190 for an annual subscription.

## Choice

This provides a brief overview of the four databases in relation to their coverage of physiotherapy journals. It should enable you to make a more informed decision about which database to ask about in your library and to be aware of the need to look for and try out alternative sources whenever possible. No single source will ever provide access to all the literature

that may have been written about a particular topic, and for each topic some databases may be more suitable than others. If we are aware of these limitations and if we can accommodate them, or better still, minimise them, by extending our inquiry techniques, then we are more likely to make appropriate decisions. The same will apply to other users of physiotherapy literature such as purchasers, so it is important that we also make them aware of

the databases of most relevance. Staff in the Information Resource Centre at the CSP are happy to advise anyone regarding their information needs.

**Anna Sewerniak BSc DipLib**

CSP Information Officer

#### Reference

Ovid Technologies Inc (1997). *Database Catalog International*, OTI, London.

## CHOICE TREATMENT FOR PHYSIOTHERAPY

Imagine you are a busy general practitioner. There is little evidence of effective treatment for shoulder complaints. The *British Medical Journal* of May 3 drops through your letter box. In the General Practice section there is a report of a randomised trial comparing physiotherapy, manipulations and corticosteroid injection for the treatment of shoulder complaints in general practice (Winter *et al*, 1997). You read the abstract. It concludes that *for treating shoulder girdle disorders, manipulation seems to be the preferred treatment* and that *for the synovial disorders, corticosteroid injection seems the best treatment*. You are impressed by the key messages at the end of the article, that manipulation works faster than physiotherapy for the first group and that corticosteroid injection works faster for the second group. What do you think about physiotherapy then? Is referral to a physiotherapist a waste of money?

Despite the weaselly 'seems to be' qualification, by implication, physiotherapy is said to be ineffective – but *physiotherapy* has not been evaluated! The editor of the *BMJ* has allowed the authors to perpetuate the idea that Koes' definition of physiotherapy (Koes *et al*, 1992) is 'satisfactory' although the notion that physiotherapy is limited to exercise therapy, massage and physical applications (whatever they might be) is long out-dated. As if to prove the point, a few days later, *Frontline* (May 7) carried a report of physiotherapists' success in the Diploma in Injection Therapy as well as the usual abundance of advertisements for courses in manipulation.

The flaws in the research design will be overlooked, the circumstance that the article is about Dutch and not British practice will be ignored, but these findings will haunt us. The ineffectiveness of physiotherapy for shoulder complaints in general practice will turn up in and be used to substantiate innumerable future research reports and reviews (see Cambier's diagram on page 297 of this issue).

It may be a bit over-sensitive to remark that the authors name and thank 'our colleague general practitioners' for their willingness to participate in

this study. But were the unnamed and unthanked physiotherapists less than willing? More worryingly, did they not foresee the implications of allowing themselves to be manipulated (in the design sense) by the researchers? If manipulation is not a physiotherapy modality in the Netherlands, did the *BMJ* ask a British physiotherapist to comment before they played fast and loose with 'physiotherapy'? This is not the first time that 'physiotherapy' has been defined expediently by researchers to meet the needs of their studies.

The point of this story is not whether manipulation and corticosteroid injection are more effective for some shoulder complaints, nor indeed whether diplomas in injection therapy and manipulations should be required continuing professional development for clinical specialists. It is a moral little tale about abuse of physiotherapy the word and, consequently, physiotherapy the practice.

Without being territorial, it is impossible to be over-cautious about the use of physiotherapy. Read any research proposal carefully before you agree to participate. Take every opportunity to influence the design of studies. Refuse to take part in any studies in which 'physiotherapy' in general is compared with specific modalities, techniques or treatments of physiotherapy. Make sure that titles are precise and accurate. Complain vociferously when 'physiotherapy' is misused. If you don't care, no one else will.

**Anne Parry PhD MCSP DipTP**

Scientific and Clinical Editor, *Physiotherapy*

**Kate Kerr PhD BA MCSP CertEd**

Associate Editor, *Physiotherapy*

#### References

Winter, J C, Sobel, J S, Groenier, K H, Arendzen, H J and Meyboom-de Jong, B (1997). 'Comparison of physiotherapy, manipulation and corticosteroid injection for treating shoulder complaints in general practice: Randomised, single blind study', *British Medical Journal*, **314**, 7090, 1320–25.

Koes, B W, Bouter, L M, van Marmerin, I *et al* (1992). 'The effectiveness of manual therapy, physiotherapy and treatment by the general practitioner for non-specific back and neck complaints: A randomised clinical trial', *Spine*, **17**, 28–35.