



## **Position Statement**

# **Evidence-Informed Practice in Physiotherapy**

**Physiotherapists use evidence-informed practice to guide decisions about patient care. An evidence-informed practice integrates the best available evidence and clinical expertise with the patient's needs and values to ensure delivery of best practice. It has application to individual patient care, practice management and the application or development of health policy.**

### **BACKGROUND**

The physiotherapy profession evolved from “a tradition of practice based primarily on empirical data, conventional wisdom, expert opinion and principles of anatomy and physiology to a greater appreciation for strong scientific foundations for diagnosis and treatment.”<sup>1</sup>

This evidence-based focus on supporting clinical decision-making with the appropriate evidence<sup>2</sup> has expanded to include the needs and values of the individual patient as well as the physiotherapist's own clinical expertise and judgment.

A clinical decision-making process, which is the integration of the best available evidence, the physiotherapist's own clinical expertise and the values and needs of the patient receiving the care, has an important role in defining and ensuring evidence-informed practice.<sup>1</sup> This process is described as evidence-informed decision making.

### **PHYSIOTHERAPY AND EVIDENCE-INFORMED DECISION MAKING**

Physiotherapists accurately incorporate evidence-based knowledge into the decision-making process by asking clinically relevant questions, accessing the scientific literature, and by appraising and interpreting the research findings. They then integrate these findings into their clinical practices within the context of the clinical setting and the needs of patients.

The evidence-informed decision-making process does not solely rely on the evidence and physiotherapists recognize that there are occasions where the evidence alone is not sufficient to support a clinical decision.<sup>1</sup>

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<sup>1</sup> Portney LG. *Evidence-based practice and clinical decision making: it's not just the research course anymore.* Journal of Physical Therapy Education. 2004;18(3):46-51.

<sup>2</sup> Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. *Evidence-based medicine: what it is and what it isn't.* BMJ. 1996;312:71-2.

They will evaluate inconsistent and incomplete scientific evidence against their own clinical expertise and the needs of their patients in order to make clinical decisions that are based on the available evidence.

Physiotherapists recognize that evidence-informed knowledge has its limits and that grey zones exist between the evidence and particular clinical situations. Evidence-informed knowledge can be contradictory, incomplete and may not support a physiotherapy intervention.<sup>3</sup> The physiotherapist must use his or her own clinical expertise together with the patient's values to complete the diagnostic picture.

Physiotherapists are encouraged to engage in communication with researchers regarding the clinical relevance of research findings and knowledge translation strategies in order to increase the integration of the best current evidence into the clinical decision-making process and ultimately into clinical practice.<sup>4</sup>

The principles of evidence-informed decision making can be applied within all levels, systems and forms of health care.

## CONCLUSION

The Canadian Physiotherapy Association (CPA) recognizes that evidence-informed practice means providing the best available care to specific patient populations in a specific clinical setting. The best available care is derived from the interaction between evidence-informed knowledge, clinical experience and patient needs. Physiotherapists are responsible for keeping current with research findings that support physiotherapy treatment interventions and for integrating this information with clinical expertise, patient values and available resources to positively impact the health of Canadians.

CPA has made evidence-informed practice in physiotherapy a priority, and promotes its use among members through initiatives such as the Clinical Practice Guideline Inventory, Physical Rehabilitation Outcome Measures I and II, clinically focused teleconferences, an annual scientific Congress and the publication of a peer-reviewed journal, Physiotherapy Canada.

## National Office

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<sup>3</sup> Naylor DC. *Grey zones of clinical practice: some limits to evidence-based medicine*. The Lancet. 1995;345:840-842.

<sup>4</sup> Macdermid JC, Graham ID. *Knowledge translation: putting the "practice" in evidence-based practice*. Hand Clinics. 2009;25(1):125-143.