

NAJSPT - DEJA VU - 25 YEARS LATER AND HERE WE GO AGAIN!

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We are very fortunate to have the opportunity to be part of the greatest profession in the world – Sports Physical Therapy. It is an honor and a privilege to have the opportunity to help patients and make a difference in their lives today. It is great to see the importance of evidence-based practice having a direct impact on clinical practice – the next day with the next patient. As we all know, the emphasis on evidence-based practice is “barnstorming” the clinical professions and well it should be. Sackett et al¹ popularized the concept and has written an eloquent book describing what evidence-based practice is as well as what it is not.

- “The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating clinical expertise with the best available external evidence from systematic research.”
- Evidence-based practice is the integration of (1) clinical experience and expertise, (2) patient values, and (3) the best evidence (research) into the decision making process for patient care.

Presently over 20,000 bioscience journals are published in the world, with approximately a quarter of them included in Index Medicus (~ 4,300). So, *wow*, another journal! Do we really need another publication in sports?

So for me, it seems like: Déjà vu – 25 years later and here we go again!!!

Who knew the impact a journal conceived, founded, and published from two unknown physical therapists, from an unknown area, would have on the facilitation of quality patient care? As the original editorial written in 1979 by James A.

Gould and George J. Davies² in the *Journal of Orthopaedic and Sports Physical Therapy (JOSPT)* described their mission:

- “To further the understanding of basic sciences as applied to musculoskeletal conditions and to promote justification of clinical procedures in orthopaedics and sports medicine.”

Guy Simoneau,³ the current Editor of *JOSPT*, stated in a 2002 editorial that “while the term ‘evidence-based practice’ was not part of the physical therapy vernacular in 1979, Gould and Davies’ vision for the role *JOSPT* could not have been more accurate.”

So now is the opportunity for another quality publication to begin and make its mark on the promotion of evidence-based practice in sports physical therapy – the *North American Journal of Sports Physical Therapy (NAJSPT)*.

So what is it that helps form the scientific foundation that “drives” physical therapy interventions that we use daily in the clinic? Carter and Stoeker⁴ reported that non-refereed publications were cited as the two most frequently read publications by all respondents. Only 7% of the respondents were able to cite a specific article as influencing their practice! The authors concluded that despite the increased numbers of refereed publications available to physical therapists and the increased emphasis on evidence-based practice, physical therapists do not appear to be accessing refereed sources to guide their practice.

Jette et al⁵ indicated that 17% of physical therapists read fewer than two articles in a month. Furthermore, 25% of physical therapists use literature in their clinical decision making less than twice a month. The primary barrier reported for implementing evidence-based practice was lack of time. Most physical therapists admitted they needed to increase the use of evidence in their daily practice. Perhaps the new *NAJSPT* will facilitate this process.

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In a “cross-national” survey of the use of evidence-based practice by physiotherapists, Turner⁶ reported that the basis of over 90% of the decision making as to the choice of techniques utilized by physiotherapists reflected what was taught during their initial training. (Wow! Because I went to PT school so long ago, if I wanted to use a thermal modality based on what I learned in school, it would be very inefficient... it takes a long time to rub the two stones together to create warmth or fire as a thermal modality!!!) Moreover, research literature ranked least in importance as a basis for choosing techniques. Hopefully, with a new, dynamic, and clinically focused evidence-based supported journal like *NAJSPT*, we can change attitudes and practice patterns.

Choudhry et al⁷ demonstrated that older doctors are less likely to practice according to the latest medical standards and that performance of older doctors over time declined. This is an interesting finding because we typically think that, with experience, comes wisdom. Perhaps not! The problem is not aging, but the challenge of keeping up to date with rapidly evolving medical science. Traditionally, older doctors based decisions largely on training and experience. Younger physicians are being trained to practice “evidence-based medicine,” in which they prescribe drugs and treatments that reflect the results of large clinical trials. What about the older PT? Does evidence exist to rebuke what Choudhry et al⁷ found with the aging physicians when investigating the practice of young and old physical therapists? Perhaps *NAJSPT* will enhance the ability of the young and old physical therapists to stay abreast of the current evidence in sports physical therapy.

Dr. Shirley Sahrman⁸ recently wrote an editorial in *JOSPT* asking the question: “Are Physical Therapists Fulfilling Their Responsibilities as Diagnosticians?” Dr. Sahrman⁸ makes a case that “we make diagnoses within our scope of practice, diagnoses of movement system impairment syndromes.” Moreover, Dr. Sahrman states “we have the skill and the knowledge to identify (1) mechanical problems that are not systemic problems and (2) the causative site of symptoms that can be referred from various anatomical segments”.

I believe that Dr. Sahrman’s comments do not do justice to the clinical experience and expertise of the physical therapist. In my opinion, we, as physical

therapists, need to be able to examine, evaluate, and diagnose, in many cases, the specific structures involved in the problem to determine the severity of the problem for an appropriate prognosis and an anatomic diagnosis so we can *treat the cause* of the movement system impairment syndromes.

One of the reasons we need to become better and more precise in our examinations of patients is because of the education of medical students in musculoskeletal medicine. North American literature and surveys reveal that 13.7% - 27.8% of patients presenting to a primary care physician are related to the musculoskeletal system. Several studies⁹⁻¹¹ have demonstrated the inadequacies of medical school education in musculoskeletal medicine.

Freedman and Bernstein⁹ demonstrated that “70 of 85 (82%) medical school graduates failed to demonstrate basic competency on a valid musculoskeletal competency examination. We, therefore, believe that medical school preparation in musculoskeletal medicine is inadequate.” In addition, Freedman and Bernstein¹⁰ sent a basic competency exam to 417 internal medicine departments and reported that 78% failed to demonstrate competency in a basic musculoskeletal exam. DiCaprio et al¹¹ reviewed the curriculums in 122 medical schools in the US and found that 57 (47%) schools had *no required instruction* in musculoskeletal medicine and 97 (80%) schools had no required clinical exposure to musculoskeletal medicine. It is, therefore, reasonable to conclude that medical school preparation in musculoskeletal medicine is inadequate.

Because of the limited education of physicians in regard to musculoskeletal medicine, it is even more imperative that we, as sports physical therapists, develop even more clinical experience and proficiency. The *NAJSPT* will help meet the needs of our profession.

Can we be more precise in our diagnosis, rather than just saying it is a “movement system impairment syndrome” as suggested by Dr. Sahrman? Even if we make that diagnosis, we still have to know the particular structures involved in the etiology of the problem in order to most effectively treat and develop an appropriate prognosis. In my opinion, *absolutely*, we can and should be and the following study supports my contention.

Moore et al¹² performed a study that was designed to compare clinical diagnostic accuracy between physical therapists, orthopaedic surgeons, and non-orthopaedic providers on patients with musculoskeletal injuries

referred for MRI's. The results of the clinical diagnostic accuracy (agreement between clinical diagnosis and MRI) were as follows: physical therapists: 108/145 – 74.5%, orthopaedic surgeons: 139/172 – 80.8%, non-orthopaedic providers: 86/243 – 35.4%. Moore et al¹² concluded that clinical diagnostic accuracy by physical therapists and orthopaedic surgeons on patients with musculoskeletal injuries was significantly greater than for non-orthopaedic providers. Furthermore, there were no differences in accuracy between physical therapists and orthopaedic surgeons.

I will challenge our profession not to do the same thing over and over in the clinic that you have been doing since your initial training or the last continuing education course you attended where you learned the “newest hottest craze/technique;” particularly if the intervention cannot be supported with research. If the *NAJSPT* does not present evidence that you should change your practice – then *do not* change. However if the *NAJSPT* presents updated evidence that it is probably best for you as the clinician, and more importantly for your patient, then *please change today!*

It's exciting to see the new millennium newsletter of the Sports Physical Therapy Section go from print, to the electronic version, to a new journal (*NAJSPT*) focusing on the clinical aspects of sports physical therapy. Wow! This is like watching history repeat itself 25 years later.

Bill Bandy is an outstanding choice for serving as the Editor of *NAJSPT*. Bill has a “long” and distinguished professional career as a clinician, academician, researcher, previous Associate Editor of *JOSPT*, and is an outstanding professional. Bill has already contributed extensively to our profession and this is another opportunity to share information for so many clinicians to assist many patients with the current state of the art care. I am impressed with the people that Bill has surrounded himself with and am confident he will create an outstanding publication.

As physical therapists interested in providing the best quality care to our patients, let's support the new innovative *NAJSPT* as another avenue to promote quality patient care – by reading, implementing the recommendations, and contributing to *NAJSPT* by sharing your own research and clinical experiences. Remember, as per the definition of evidence-based practice, when we do not have evidence (research), we must rely on clinical experience and expertise.

As I stated in my Editorial for the 25th Anniversary of the *Journal of Orthopaedic and Sports Physical Therapy*: “we wished for the *JOSPT* to be a source of education that would reach thousands of physical therapists and countless patients.”¹³ It is my hope that the creation of this new journal, the *NAJSPT*, will help advance the quality of patient care internationally through evidence-based clinical practice. Join the Sports Physical Therapy Section and Sports Physiotherapy Canada to support a successful venture to improve the quality of patient care through evidence-based practice with the *NAJSPT!*

Don't have a great day, but create a great day!

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