

# Evidence Based Practice

## *Workshops in finding, understanding and integrating research evidence into clinical practice*

**Dr Jeremy Lewis PhD. PT.**

*Master of Science (Musculoskeletal Therapy), Postgraduate Diploma in Biomechanics,  
Postgraduate Diploma in Sports Physiotherapy*

### **Presenter**

Dr Jeremy Lewis is a New Zealand born, Australian trained physiotherapist who currently works as a Consultant Physiotherapist in the management of shoulder conditions, at St George's Hospital in London, UK. He is also the Research Lead for the Therapy Department at the Chelsea and Westminster Hospital in London, UK. Jeremy has conducted clinical, laboratory and cadaver research in many areas of healthcare practice. He has also supervised numerous research projects involving both quantitative and qualitative research. Jeremy has research papers published in a number of peer-reviewed journals. Jeremy also has a Master of Science in Manipulative Physiotherapy, and Postgraduate Diplomas in Sports Physiotherapy, and in Biomechanics. Since 1992, Jeremy has taught workshops internationally in the Cayman Islands, USA, Middle East, UK, Ireland and Europe. He has also lectured on at many international conferences on the concept of evidence based practice. His main area of research interest is the shoulder and is a passionate advocate of evidence based practice.

### **Course Description**

The aim of these two separate workshops is to provide participants with a framework to develop an understanding and an appreciation for the concepts, purpose and importance of evidence based practice. The workshops will also provide strategies in finding, interpreting and integrating research evidence into clinical practice. The course is open to all clinicians, from all professional backgrounds, who feel the need to develop an understanding of the skills required to work using the principals of evidence based practice.

Completion of Workshop 1 is a prerequisite to participate in Workshop 2 and to maximise the benefit of workshops A period of time is recommended between the workshops. The aim of these workshops is to make learning evidence based practice fun and stimulating.

### **Learning Outcomes**

1. To develop an understanding and appreciation relating to the concept, value and purpose of evidence based practice
2. To appreciate the benefits of evidence based practice to the patient, to the individual healthcare worker, and to the entire healthcare service
3. To develop an appreciation of the consequences and potential dangers of not adopting an evidence based practice approach in the management of patients
4. To develop a greater understanding and knowledge of the various resources available to access research evidence
5. To develop greater competency in searching medical and healthcare electronic data bases to acquire specific research papers to help address clinical questions relating to evidence based practice
6. To develop greater competency when critically appraising the research evidence through a greater understanding of research design, methods and statistics
7. To develop greater confidence when critically appraising the recommendations of research papers, to enable the clinician to accept or reject the conclusions of the papers through a greater understanding of the research process
8. To acquire methods of integrating the research evidence into clinical practice within the realities of everyday clinical practice
9. To develop greater competency and understanding when evaluating and interpreting the findings from therapeutic, diagnostic and prognostic research studies
10. To develop skills in overcoming the challenge of having conflicting, insufficient or no evidence on which to base clinical practice.

**Fee:** £120 by cheque or online, payable to 'Health Education Seminars' (includes refreshments, buffet lunch, extensive course manual and CPD certificate of attendance - 7hrs)

## Workshop Programmes

<b>Workshop 1</b> (09.00 - 16.00)		<b>Workshop 2</b> (09.00 - 16.00) <b>Completion of Workshop 1 is a pre-requisite</b>	
09.00	<b>Evidence based practice: <i>Why the need?</i></b> An introduction to the concept and purpose of evidence based practice. The benefits to the individual healthcare worker when adopting an evidence based practice approach are highlighted, as are health care failures where an evidence based approach hasn't been considered. <i>And the failures can be pretty scary!</i>	09.00	<b>Evidence based practice: <i>The experience so far</i></b> Participants have the opportunity to discuss their experiences (positive and negative) in trying to integrate evidence based practice into their clinical practice. Participants are also encouraged to discuss any issues or questions relating to the first workshop during this session.
09.30	<b>Asking answerable questions and finding the evidence: <i>How to find the evidence.</i></b> This session involves developing methods to find the available evidence to underpin clinical practice. By the end of this session, participants will be able to use a number of resources to access research evidence. The session includes; <i>What websites to access? How to use them? What other resources to use? By the end of this session you will cancel your journal subscriptions and sell your text books!</i>	09.30	<b>Critical appraisal and understanding research papers (III). <i>A deeper understanding of the re-search evidence.</i></b> The sessions in Workshop 2 involve a deeper and more advanced understanding of research studies. A variety of teaching methods are used to understand, critically appraise, and interpret the findings of; <i>Therapeutic studies, Diagnostic studies, and Prognostic studies. More fun ways of learning critical appraisal!</i>
10.30	Coffee / Tea Break	10.30	Coffee / Tea Break
10.45	<b>Critical appraisal and understanding research papers (I). <i>Understanding the evidence.</i></b> The aim of this session is to facilitate and develop an understanding of research literature, understanding research design and deciphering statistics used in research papers, as well as appraising the appropriateness of the studies recommendations and conclusions. <i>It's not as boring as it sound! Chocoholics will love this session!</i>	10.45	<b>Critical appraisal and understanding research papers (IV). <i>A deeper understanding of the re-search evidence.</i></b> This session continues to explore research design, statistics and will facilitate a more confident approach when critically appraising the research literature. <i>Critical appraisal has never been this much fun!</i>
12.30	Lunch	12.30	Lunch
13.30	<b>Critical appraisal and understanding research papers (II). <i>A deeper understanding of the evidence.</i></b> This session builds on the earlier session, and is aimed at further developing critical appraisal skills when reviewing research papers. A variety of teaching methods are used during this session to explain the concepts. Examples will be made from a variety of research papers across a variety of professions. <i>Critical appraisal made fun!</i>	13.30	<b>Evidence based practice: <i>The fruit salad session!</i></b> This session involves looking at a variety of topical and changing EBP issues, that may include; <i>Other evidence based practice resources. The 10 minute approach for reviewing a paper. Advanced searching tips. Applying the evidence. Participant suggestions and request.</i>
15.00	Tea / Coffee Break	15.00	Tea / Coffee Break
15.15	<b>So what do I do now? <i>Incorporating the evidence into clinical practice.</i></b> Delivering EBP within the realities of everyday clinical practice. Methods of incorporating research evidence into clinical practice are presented. <i>Lots of useful and practical ideas!</i>	15.15	<b>Overcoming the challenge of having insufficient evidence on which to base clinical practice.</b> What to do when the strength of the evidence is not high, when there is conflicting evidence, or when there is no research evidence. <i>Argghhh!!! What do I do now?</i>

## Selected publications

- Lewis JS** and Tennent TD. (2007) How effective are our diagnostic tests for rotator cuff pathology? **Evidence Based Sports Medicine** (2nd edition). MacAuley D and Best T (Eds). BMJ Books, Blackwell Publications.
- Lewis JS** and Valentine RE (2007) The pectoralis minor length test: a study of the intra-rater reliability and diagnostic accuracy in subjects with and without shoulder symptoms. **BMC Musculoskeletal Disorders**. July 9; 8(1):64.
- Ainsworth R and **Lewis JS** (2007) Exercise Therapy for the conservative management of full thickness tears of the rotator cuff: A systematic review. **British Journal of Sports Medicine**. 41: 200-210.
- Valentine R and **Lewis J** (2006) Intraobserver reliability of 4 physiologic movements of the shoulder in subjects with and without shoulder symptoms. **Archives of Physical Medicine and Rehabilitation**. 87: 1242-1249.
- Coldham F, **Lewis J**, Lee H (2006) The reliability of one versus three grip trials in symptomatic and asymptomatic subjects. **Journal of Hand Therapy**. 19 (3): 318-327.
- Lewis J**, Green A, Wright C. (2005) Subacromial impingement syndrome: The role of posture and muscle imbalance. **Journal of Shoulder and Elbow Surgery**. 14(4): 385-392.
- Lewis J**, Hewitt JS, Billington L, Cole S, Byng J, Karayiannis S. (2005) A randomized clinical trial comparing two physiotherapy interventions for chronic low back pain. **Spine**.30 (7): 711-721.
- Lewis JS**, Wright C, Green A (2005) Subacromial impingement syndrome: The effect of changing posture on shoulder range of movement. **Journal of Orthopaedic and Sports Physical Therapy**.35(2):74-89.
- Hochstetter JK, **Lewis J**, Soares-Smith L. An investigation into the immediate impact of breathlessness management on the breathless patient: Randomised controlled trial. **Physiotherapy** 91 (3): 178-185.
- Smith J, **Lewis J**, Prichard D. (2005) Physiotherapy exercise programmes: are verbal instructions sufficient? **Physiotherapy Theory and Practice**. 21 (2): 93-102.
- Lewis J** (2004) Subacromial impingement syndrome and posture: does a relationship exist? **In Touch**. Journal of the Organisation of Chartered Physiotherapists in Private Practice. Autumn Edition
- Saranga J, Green A, **Lewis J** and Worsfold C (2003) Effect of a lateral glide on the upper limb neurodynamic test 1. **Physiotherapy**. 89 (11): 678-684.
- Alexander CM, Styne S, Thomas A, **Lewis J** and Harrison PJ (2003) Does tape facilitate or inhibit the lower fibres of trapezius? **Manual Therapy**. 8 (1): 37-41.
- Lewis J**, Green A, Reichard, Z and Wright C (2002) Scapular position: the validity of skin surface palpation. **Manual Therapy**. 7 (1): 26-30.
- Lewis JS**, Green A and Dekel S (2001) The aetiology of subacromial impingement syndrome. **Physiotherapy**. 87 (9): 458-469.
- Lewis J**, Yizhat Z, Green A, Pennington D. (2001) Subacromial impingement syndrome: Has evolution failed us? **Physiotherapy**. 87 (4): 191-198.
- Lewis JS**, Green AS and Wright C (2001) Reliability of a clinical device for measuring the three-dimensional position of the scapula. **Physiotherapy**. 87 (2): 85.
- Lewis J** and Tehan P (1999) A blinded study investigating the use of diagnostic ultrasound for detecting active myofascial trigger points. **Pain**. 79(1): 39-44.
- Mendelson S, Milgrom C, Finestone A, **Lewis J**, Ronen M, Burr D, Fyhrie D, Hoshaw S, Simkin A and Soudry M. (1998) Effect of cane use on tibial strain and strain rates. **American Journal of Physical Medicine and Rehabilitation**. 77 (4): 333-338.
- Lewis J**, Ramot R and Green A (1998) Changes in mechanical tension in the median nerve: Possible implications for the upper limb tension test. **Physiotherapy**. 84 (6): 254-261.
- Lew P, **Lewis J** and Story I (1997) Intertherapist reliability in locating latent myofascial trigger points using palpation. **Manual Therapy**. 2 (2):87-90.
- Lewis J** (1992) Myofascial Pain Syndrome: A Review of the Literature. **The Australian Massage Therapy Journal**. Vol 4 (3): 38- 44.

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