**Table of Evidence, T.O.E.** *example*

Note: Systematic Reviews (SR), Meta Analyses (MA), and Clinical Practice Guidelines (CPG) will NOT fit this Single Study reporting format. Use the alternate form on the website to report those results.

x. Need help determining the study design? See the EB Toolkit \_ **Analyze**\_ Study Design

y. No matter what database you used to locate the article, use the PEDro database to find how it is rated for quality (max: 10/10). See EB Toolkit \_ **Find** \_ PEDro (if not rated by PEDro, write “NA”)

z. There is a Level of Evidence (LOE) scale in the EB Toolkit \_ **Analyze** \_ Level of Evidence scales

\* What is the adequate size to make a **RCT** a Level One? “There is no hard and fast rule for the size of n, but you can generalize and say that **EACH** group within the RCT design would need to have **at least 30-60** participants. That means if there was just one experimental group plus a control, the n would need to be at least **60-120**. If there were two experimental groups plus a control, the n would need to be at least **90-180**. In the field of rehabilitation, very few RCT are large enough to be Level One.” *(Marian Minor, personal communication, Oct. 15, 2006)*

**\* Results** column: don’t use the word “difference” all by itself. In every case, state if it was a **significant** difference or not.

* Example: perhaps only two of the 5 possible outcomes had a significant difference.
* Example: there may be significant difference between the Control group and groups A and B; but there may be only a non-significant difference BETWEEN group A and B.

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| **Study: author**  **year** | x. [Design](http://www.cebm.net/?o=1039) | **Study Question** | **Subjects** | **Interventions/ Control Groups** | **Outcome Measures** | Results  * Include p values, if given * Significant difference? |
| y. [PEDro](http://search.pedro.org.au/pedro/findrecords.php?-type=new_search)  z. [LOE](http://web.missouri.edu/~proste/eb/loe.htm) |
|  |
| Cucuzzo  et al  2001 | x. Design: RCT  y. PEDro: 5/10  z. LOE: 2 | What effect does a comprehensive ex. prog. emphasizing ST have on children c >40% TBSA burned? | - N=21 (13M/8F)  - rehab in Shriners-U of Tx  **-** >40% TBSA  **-** >6 yo  **-** treated in burn center c in 72 hrs p burn  **-** 95% wound healing  **-** pt. available for treatment protocol & follow-up | In-house grp: ex. sessions focused on mod. intensity progressive resist. training and included aerobic and general conditioning for 1 hr x 3x/wk  Home grp: given traditional outpt therapy: relief of scar contractures & wound care | 3 RM in: bicep, tricep, forearms, quadriceps, & hamstrings, calculated TVW, functional outcome of distance walked | Demonstrated ***statistically significant increas***e in m. strength in forearms, quadriceps, & hamstrings, change in TVW, and functional outcome in both groups **(P < .05)**. Home Group showed greater increase, but ***not significantly greater*** than the In-House group. |

**Abbreviations**: CE=cycle ergometer NB=nonburned PF =pulmonary function ST=strength training TBSA=total burn surface area Tol.=tolerance TVW=Total Volume Work

**Reference:** Cucuzzo, Nick et al. (2001). The Effects of Exercise Programming vs Traditional Outpatient Therapy in the Rehabilitation of Severely Burned Children. *Journal of Burn Care & Rehabilitation*. 22(3):214-219.

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| **Database Trail** (check which one you used) | Search terms you used | End-point | End-point |
| **Single Study**  PubMed: Journal restriction: Physical Therapy  PubMed (no Journal restriction)  PEDro |  | electronic  paper | full text  abstract |

1. Explain how this evidence influenced your PBL group’s clinical decision making and plan of care. **Be specific.**

2. Briefly state one weakness or validity threat to the study. See EB Toolkit \_ **Analyze**: “[Critiquing a Single Study](http://web.missouri.edu/~proste/eb/criticalappraisalworsheet_12.doc)” and “[Threats to Validity](http://web.missouri.edu/~proste/eb/threats.rtf)”  
 *(You can often find the authors’ own self-critique in the last paragraphs of the Discussion section.)*

3. If the therapeutic intervention gives the details of a **protocol** that would be practical and useful to share, please type it below as a **bulleted list**.

* .
* .

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| **Rubric for grading TOE:**  \_\_\_\_ TOE is for human studies, and is in the scope of PT intervention  \_\_\_\_ TOE indicates: Design, PEDro rating (or NA if not in PEDro), LOE, and Database Trail: source, search terms, and end-points  \_\_\_\_ Results column: ***Hint:*** don’t use the word “difference” by itself. In every instance, state if it was a **significant** difference or not.  \_\_\_\_ Abbreviations are footnoted if at all obscure. Easy to browse for understanding.  \_\_\_\_ ­­­­TOE has bulleted intervention protocol (if full text was able to be located) |