Manual PEDro

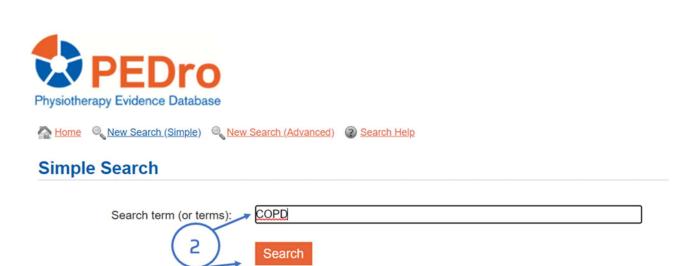
Acesso

1. Para começar, abra a página https://www.pedro.org.au/portuguese/ Selecione a opção de "iniciar uma busca simples"



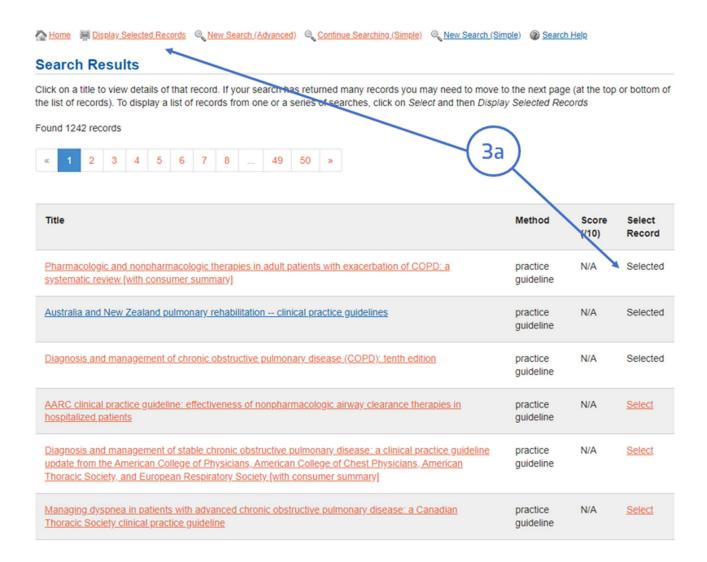
Pesquisa

2. Digite o termo de pesquisa, em inglês e clique em search



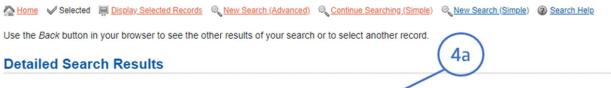
Resultados

3. Se pretende aceder a um resultado específico, basta clicar no título correspondente. Se, por outro lado, lhe interessar extrair um determinado conjunto de registos da lista total, tem a opção de selecionar (*Selected*) e visualizá-los em *Display Selected Records*, como esquematizado em 3a.



4. Acesso ao Texto integral

- a. Autores do artigo e resumo
- b. Acesso ao texto integral do editor



Australia and New Zealand pulmonary rehabilitation -- clinical practice guidelines

Alison JA, McKeough ZJ, Johnston K, McNamara RJ, Spencer LM, Jenkins SC, Hill CJ, McDonald VM, Frith P, Cafarella P, Brooke M, Cameron-Tucker HL, Candy S, Cecins N, Chan ASL, Dale M, Dowman LM, Granger C, Halloran S, Jung P, Lee A, Leung R, Matulik T, Osadnik C, Roberts M, Walsh J, Wootton S, Holland AE [Lung Foundation Australia and the Thoracic Society of Australia and New Zealand]

2017

practice guideline

AIM: The aim of the pulmonary rehabilitation guidelines (guidelines) is to provide evidence-based recommendations for the practice of pulmonary rehabilitation (PR) specific to Australian and New Zealand healthcare contexts. METHODS: The guideline methodology adhered to the Appraisal of Guidelines for Research and Evaluation (AGREE) II criteria. Nine key questions were constructed in accordance with the PICO format and reviewed by a COPD consumer group for appropriateness. Systematic reviews were undertaken for each question and recommendations made with the strength of each recommendation based on the GRADE criteria. The guidelines were externally reviewed by a panel of experts. RESULTS: The guideline panel recommended that people with mild to severe COPD should undergo PR to improve quality of life and exercise capacity and to reduce hospital admissions; that PR could be offered in hospital gyms, community centres or at home and could be provided irrespective of the availability of a structured education program; that PR should be offered to people with bronchiectasis, interstitial lung disease and pulmonary hypertension, with the latter in specialised centres. The guideline panel was unable to make recommendations relating to PR program length beyond eight weeks, the optimal model for maintenance after PR, or the use of supplemental oxygen during exercise training. The strength of each recommendation and the quality of the evidence are presented in the summary. CONCLUSION: The Australian and New Zealand pulmonary rehabilitation guidelines present an evaluation of the evidence for nine PICO questions, with recommendations to provide guidance for clinicians and policy makers.

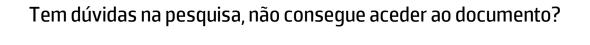
Full text may be available from the <u>publisher</u>

Abstract and full text (sometimes free) may be available at these link(s):

• DOI

Additional document(s) available for this guideline:

- <u>quick reference guide</u>
- alternate full version



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