The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

I Evidence obtained from a systematic review of all relevant randomised control trials.

II Evidence obtained from at least one well designed randomised control trial.

III Evidence obtained from well-designed controlled trials without randomisation.

IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series

V Evidence obtained from systematic reviews of descriptive and qualitative studies

VI Evidence obtained from single descriptive and qualitative studies

VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology

Melynyk, B. & Fineout-Overholt, E. (2011). Evidence-based practice in nursing & healthcare: A guide to best practice (2nd ed.). Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.

National Health and Medical Research Council (2009). NHMRC levels of evidence and grades for recommendations for developers of guidelines (2009). Australian Government: NHMRC. http://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/evidence_statement_form.pdf

OCEBM Levels of Evidence Working Group Oxford (2011).The Oxford 2011 Levels of Evidence. Oxford Centre for Evidence-Based Medicine. http://www.cebm.net/index.aspx?o=1025

Databases searched:	☐ CINAHL (Ebsco)	☐ Medline (Ebsco)	☐ Pubmed (NLM)	☐ Nursing (Ovid)	☐ Emcare (Ovid)
Keywords used:					
Search limits:					
Other search comments:	Reference table obtained with direction from physiotherapy department RCH (Lisa Robson)				

2020 Nursing Clinical Effectiveness Committee
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Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Roqué i Figuls M, Giné-Garriga M, Granados Rugeles C, Perrotta C, Vilaró J. Chest physiotherapy for acute bronchiolitis in paediatric patients between 0 and 24 months old. Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD004873. DOI: 10.1002/14651858.CD004873.pub5.	I	**Physiotherapy not useful in this patient population**
Harris, M., Clark, J., Coote, N., Fletcher, P., Harnden, A., McKean, M.. On behalf of the British Thoracic Society Standards of Care Committee. (2011). British thoracic society guidelines for the management of community acquired pneumonia in children: Update 2011. *Thorax, 66 Suppl 2*(Suppl 2), ii1-ii23. doi:10.1136/thoraxjnl-2011-200598	I	**Review of Guidelines updated and continue to suggest that chest physio for pneumonia is not helpful**
Chatwin, M., Toussaint, M., Gonçalves, M. R., Sheers, N., Mellies, U., Gonzales-Bermejo, J., . . . Morrow, B. M. (2018). Airway clearance techniques in neuromuscular disorders: A state of the art review. *Respiratory Medicine, 136*, 98-110. doi:10.1016/j.rmed.2018.01.012	I, IV, VII	**Airway clearance techniques can be beneficial in patients with neuromuscular disorders, but should be tailored carefully to the patients and coordinated by well trained indivuals.**
Denehy, L. (1999). The use of manual hyperinflation in airway clearance. *European Respiratory Journal, 14*(4), 958-965. doi:10.1034/j.1399-3003.1999.14d38.x	VII	**Skill and training of practioner is key in effectiveness of therapy. Manometer should be used.**
Fitzgerald, D. A., Follett, J., & Van Asperen, P. P. (2008;2009;). Assessing and managing lung disease and sleep disordered breathing in children with cerebral palsy. *Paediatric Respiratory Reviews, 10*(1), 18-24. doi:10.1016/j.prrv.2008.10.003	iV	**Fatigue is an important factor in effectiveness of treatment.**