

The TIDieR Checklist Will Benefit the Physiotherapy Profession

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Evidence-based practice involves physiotherapists incorporating high-quality clinical research on treatment efficacy into their clinical decision making.¹ However, if clinical interventions are not adequately reported in the literature, physiotherapists face an important barrier to using effective interventions with their patients. Previous studies have reported that incomplete description of interventions is a problem in reports of randomized controlled trials in many health areas.^{2–4} One of these studies⁴ examined 133 trials of non-pharmacological interventions. The experimental intervention was inadequately described in more than 60% of the trials, and descriptions of the control interventions were even worse.

A recent study⁵ evaluated the completeness of descriptions of the physiotherapy interventions in a sample of 200 randomized controlled trials published in 2013. Overall, the interventions were poorly described. For the intervention groups, about one-quarter of the trials did not fulfil at least half of the criteria. Reporting for the control groups was even worse, with around three-quarters of trials not fulfilling at least half of the criteria. In other words, for the majority of the physiotherapy trials, clinicians and researchers would be unable to replicate the interventions that were tested.

Describing a treatment may seem like a simple task, but physiotherapy interventions can be very complex. Some interventions are multi-modal, involving the use of manual techniques, consumable materials, equipment, education, training, and feedback. Some interventions are tailored to each patient's specific health state, including the patient's immediate response to the application of the treatment. When the intervention involves a course of treatments, the intensity or dose may be progressed over time. The descriptions of physiotherapy interventions in trial reports often do not capture all these components of the interventions or detail their complexity.

If researchers do not comprehensively report all aspects of the interventions, the trial results cannot be incorporated into clinical practice or the intervention could be implemented incorrectly. Incorrect implementation may make the treatment ineffective, wasting the clinician's and patient's time and health care resources. Inadequate reporting of interventions also poses a barrier to incorporating a trial's results into secondary research such as systematic reviews and clinical practice guidelines, as well as to the usability of these resources. This means that the resources that were invested in undertaking the trial have been wasted. Such resources are extensive, including direct trial costs (e.g., payment of researchers, consumables), use of infrastructure (e.g., clinic space, equipment), human resources (e.g., ethics committee review, granting body review), and the goodwill of patients who agree to participate. Currently, there is a growing realization that we need strategies to reduce waste in clinical research.⁶ When the list of resources involved in a single study is considered, improving the reproducibility of interventions through better reporting could markedly reduce waste in research.⁷

The TIDieR checklist and guide were developed to improve the reporting of interventions in any evaluative study, including randomized trials.⁸ The checklist contains 12 items and was developed as an extension of the CONSORT 2010⁹ and SPIRIT 2013¹⁰ statements to provide further guidance for authors on the key information to include in trial reports. TIDieR items include the name of the intervention; intervention rationale for essential elements; intervention materials and details about how to access them; description of the intervention procedures; details of intervention providers; mode of delivery of intervention; location of intervention delivery and key infrastructure; details about the number, duration, intensity, and dose of intervention sessions; details of

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DOI of original article: <http://dx.doi.org/10.1016/j.jphys.2016.02.015>

This editorial was originally published in the *Journal of Physiotherapy* in 2016; however, this article contains a modified author list and amendments to the description of the journal's incorporation of the TIDieR checklist into its manuscript processing. It is republished with the kind permission of the Australian Physiotherapy Association. For citation purposes, please use the original publication details; *J. Physiother.* 2016; 62:57–58.

any intervention tailoring; any intervention modifications throughout the study; and details of intervention fidelity assessment, monitoring, and level achieved. The TIDieR checklist will help improve the quality of intervention reporting more if it is used not only by study authors but also by journal editors, peer reviewers, ethics committees, and funding agencies. A copy of the checklist is available at <http://www.equator-network.org/reporting-guidelines/tidier/>.

In summary, incomplete reporting of interventions in physiotherapy studies is an important problem, and we endorse the use of the TIDieR checklist as a potential solution. The responsibility for improving intervention reporting extends beyond the authors of individual trials to journal editors and others who can mandate the use of the TIDieR checklist to combat this problem. Mandating the use of the TIDieR checklist would guide authors to describe their interventions better and, consequently, help clinicians to use the interventions and researchers to synthesize and replicate the evidence.

At *Physiotherapy Canada*, the TIDieR statement has already been incorporated into editorial policy. Submitting authors are required to complete the checklist at the time of submission of a manuscript that describes any study that involves the delivery of an intervention. Authors can download a copy of the TIDieR checklist at <http://www.utpjournals.com/blog/wp-content/uploads/2016/02/Reporting-Guidelines-3.pdf>. Reviewers are encouraged to confirm that the items on the checklist are adequately reported. The journal's editorial team will also check that the items on the TIDieR checklist are adequately reported. Submitting authors with questions about the checklist are invited to contact the journal's editorial team.

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DOI:10.3138/ptc.68.4.GEE

La liste de contrôle TIDieR profitera à la profession de physiothérapeute

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Pour le physiothérapeute, la pratique fondée sur les données probantes consiste à incorporer à la prise de décisions cliniques les résultats d'études cliniques de

qualité portant sur l'efficacité des traitements¹. Or si les interventions cliniques sont mal présentées dans la littérature, le physiothérapeute peut difficilement les réaliser

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DOI de l'article original : <http://dx.doi.org/10.1016/j.jphys.2016.02.015>

Cet éditorial est paru d'abord dans le *Journal of Physiotherapy* en 2016. Dans la présente version, deux éléments ont changé : la liste d'auteurs et la description du rôle de la liste de contrôle TIDieR dans le traitement des manuscrits proposés. L'article est republié ici avec la permission de l'Australian Physiotherapy Association. Si vous le citez, veuillez fournir la référence originale : *J. Physiother.* 2016; 62:57–58.