New Zealand

Te Rōpū Rarangi Tohutohu romoting Effective Health and Disability Services

# PEARLS

## **Practical Evidence About Real Life Situations**

Pronation ou supination pour le repositionnement en cas de luxation de la tête du radius chez le petit enfant? Cela importe peu: l'essentiel, c'est que le médecin connaisse l'anamnèse typique et les signes. Une simple manœuvre de repositionnement permet de faire cesser rapidement les pleurs de l'enfant qui peut dès lors réutiliser son bras activement. Les parents inquiets sont souvent surpris de cette guérison miracle.

### Bernhard Rindlisbacher

### Pronation may be more effective than supination in correcting pulled elbow

PEARLS No. 226, January 2010, written by Brian R McAvoy.

Clinical question: How effective is manual reduction in pronation (palm facing downwards) and supination (palm facing upwards) in correcting pulled elbow (radial head subluxation) in young children (younger than 7 years)?

Bottom line: There was limited evidence pronation might be more effective and less painful than supination. However, only a small difference in effectiveness was found. Pain perception was reported by 2 trials but data were unavailable for pooling. Both studies concluded the pronation technique was less painful than the supination technique.

Caveat: The methodological quality of all 3 trials was low because of incomplete reporting and high risk of bias resulting from lack of assessor blinding.

Context: Pulled elbow is a partial dislocation of the radial head at the elbow joint in a young child, usually caused by an adult or taller person suddenly pulling or tugging on the child's arm when it is straight; or when a child pulls away from an adult impulsively. The child immediately complains of pain and cannot use his arm. Many textbooks recommend supination as the preferred method in correcting pulled elbow, which is not supported by the findings of this systematic review.

Cochrane Systematic Review: Krul M et al. Manipulative interventions for reducing pulled elbow in young children. Cochrane Reviews 2009, Issue 4. Article No. CD007759. DOI: 10.1002/14651858. CD007759.pub2.

This review contains 3 studies involving 313 participants.

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Est-ce que vous motivez tous vos patients atteints de BCPO à une réhabilitation respiratoire? Celle-cipermet de diminuer la dyspnée et la fatigue, améliore la situation émotionnelle et donne au patient le sentiment de contrôler son état. Chez les patients avec exacerbation, elle réduit les hospitalisations et la mortalité et améliore la qualité de vie. Cette revue Cochrane a été élaborée avec le centre Horten.

Bernhard Rindlisbacher

### Pulmonary rehabilitation effective following exacerbations of chronic obstructive pulmonary disease

PEARLS No. 202, September 2009, written by Brian R McAvoy

Clinical question: How effective is pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease (COPD)?

> Bottom line: Compared to usual community care (no rehabilitation), pulmonary rehabilitation reduced hospital admissions over 34 weeks (NNT\* 3) and mortality over 107 weeks (NNT 6). Quality of life measures, such as dyspnoea, fatigue and emotional function, were also improved, and the effect was well above the minimal important difference. Exercise capacity was also improved. No adverse events were reported. \*NNT = number needed to treat to benefit one individual.

Caveat: Treatment group assignment was not blinded in these studies. This may have introduced bias for subjective

outcomes, such as quality of life, but is less likely to be an important source of bias for mortality and hospital admission data. Another limitation is the small number of patients included in the trials and methodological shortcomings.

Context: Pulmonary rehabilitation has become a cornerstone in the management of patients with stable COPD. Systematic reviews have shown large and important clinical effects of pulmonary rehabilitation in these patients. In patients with unstable COPD who have suffered from an exacerbation recently, however, the effects of pulmonary rehabilitation are less established.

Cochrane Systematic Review: Puhan M et al. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. Cochrane Reviews 2009. Issue 1. Article No. CD005305. DOI:10.1002/14651858. CD005305.pub2.

This review contains 6 studies involving 219 participants.

#### PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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