

## Niveau d'évidence

### Traitements couramment prodigués en physiothérapie (quadrant inférieur)

(**CR**: Revue Cochrane, **MT** : Méta-analyse, **SR** : Revue systématique, **RCT** : Étude randomisée contrôlée)

Pathologie	Modalité	Auteur - Année	Niveau d'évidence
Douleur pied	<b>Orthèses plantaires</b>	Hawke-2008 (CR)  Dubois-2007 (SR non publiée)	There is limited evidence on which to base clinical decisions regarding the prescription of custom-made foot orthoses for the treatment of foot pain. Currently, there is gold level evidence for painful pes cavus and silver level evidence for plantar fasciitis and hallux valgus. Evidence limitée que efficace.
Fasciopathie plantaire	<b>Massage - étirement</b>	Crawford-2003 (CR)	Too limited evidence for the effectiveness of frequently employed treatments (stretching exercises, heel pads, orthoses, ...). <i>Opinion : désensibilisation-étirement efficace (DiGiovanni-2005).</i>
Tendinopathie d'Achille	<b>Talonnets et laser</b>	McLauchlan-2001 (CR)	Weak evidence of no difference compared with no treatment of heel pads, topical laser therapy for acute or chronic Achilles tendinitis.
Tendinopathie d'Achille	<b>Renforcement excentrique</b>	Kingma-2006 (SR)	The effects of eccentric exercise training in patients with chronic Achilles tendinopathy on pain are promising; however, the magnitude of the effects cannot be determined.
Fracture de stress tibiale (MTSS)	<b>Semelles absorbantes</b>	Rome-2005 (CR)	Poor to moderate evidence that the use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures in military personnel.
Pathologies du membre inférieur (coureur)	<b>Modification de l'entraînement</b>	Yeung-2001 (CR)	Some evidence for the effectiveness of the modification of training schedules in reducing lower limb soft-tissue running injuries.

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Pathologies du membre inférieur	<b>Exercices d'assouplissement</b>	Yeung-2001 (CR)  Dubois-2007 (SR non publiée) Thacker-2004 (RS) Hebert-2002 (RS)	insufficient evidence to determine the effectiveness of stretching exercises for major lower limb muscle groups in reducing lower limb soft-tissue running injuries. Evidence que la pratique d'exercice d'assouplissement avant une activité de force-vitesse augmente l'incidence des blessures.
Pathologies du membre inférieur (exception du pied et de l'arthrose du genou)	<b>Orthèses plantaires</b>	Dubois-2007 (SR non publiée)	Too limited evidence pour tirer des conclusions. <i>Opinion : non efficace.</i>
Hallux Valgus	<b>Orthèses plantaires</b>	Ferrari-2004 (CR)	The evidence from these suggested that orthoses and night splints did not appear to be any more beneficial in improving outcomes than no treatment.
SFP	<b>Ultrason</b>	Brosseau-2001 (CR)	Pas de conclusions par manque d'études de qualité.
SFP	<b>Programme d'exercices</b>	Heintjes-2003 (CR)  Crossley-2001 (SR)	Limited evidence that exercise therapy is more effective in treating PFPS than no exercise (pain reduction). There is strong evidence that open and closed kinetic chain exercises are equally effective. Avantage de l'excentrique fonctionnel sur les autres exercices.
SFP	<b>Taping</b>	Warden-2008 (SR-MA) Overington-2006 (SR) Aminaka-2005 (SR).	Bonne évidence que ↓ douleur et ↑ la fonction.
SFP	<b>Orthèses plantaires</b>	D'hondt-2002 (CR)	Too limited evidence to draw definitive conclusions about the use of knee and foot orthotics for the treatment of patellofemoral pain.
Arthrose genou	<b>Électrothérapie</b>	Robinson-2001 (CR)  Osiri-2000 (CR)  Bjordal-2007 (MA)	<b>US</b> therapy appears to have no benefit over placebo. No conclusions can be drawn. <b>TENS</b> are shown to be effective in pain control over placebo in this review. <b>TENS, laser, acupuncture</b> efficaces et sécuritaires sur du court terme.

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Arthrose genou	<b>Taping</b>	Warden-2008 (SR-MA)	Bonne évidence que ↓ douleur et ↑ la fonction.
Arthrose genou	<b>Orthèses plantaires</b>	Brouwer-2005 (CR)	Silver level evidence that a brace and a lateral wedge insole have small beneficial effect.
Arthrose genou	<b>Thermothérapie</b>	Brosseau-2003 (CR)	More well designed studies are needed to evaluate the effects of thermotherapy in the treatment of OA
Arthrose genou et hanche	<b>Exercices renforcement</b>	Fransen-2001 (CR)	Land-based therapeutic exercise was shown to reduce pain and improve physical function for people with OA of the knee. Supervised exercise classes appeared to be as beneficial as treatments provided on a one-to-one basis.
Arthrose genou et hanche	<b>Exercices aérobiques</b>	Brosseau-2003 (CR)	Both high intensity and low intensity aerobic exercise appear to be equally effective in improving a patient's functional status, gait, pain and aerobic capacity for people with OA of the knee.
Tendinopathie	<b>Exercices renforcement excentrique</b>	Boudreau et Dubois-2007 (RS non publiée)  Wasielowski-2007 (SR)	Bonne évidence que les exercices de renforcement sont efficaces dans le traitement des tendinopathies Évidence limitée que excentrique plus efficace que autres types d'exercices de renforcement. It appears that eccentric exercise may reduce pain and improve strength in lower extremity tendinoses, but whether eccentric exercise is more effective than other forms of therapeutic exercise for the resolution of tendinosis symptoms remains questionable.
Lombalgie	<b>Repos au lit</b>	Hagen-2004 (CR) Pradhan-2008 (SR)	For acute LBP, there is moderate quality evidence of little or no difference in pain intensity or functional status between bed rest and exercises. (rest in bed is less effective than advice to stay active.)
Lombo-sciatalgie	<b>Repos au lit</b>	Hagen-2004 (CR)	There is moderate quality evidence of little or no difference in pain intensity between bed rest and physiotherapy, but small improvements in functional status with physiotherapy.

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Lombalgie	<b>Éducation</b>	Engers-2008 (CR) Brox-2008 (SR)	Efficace en aigu et subaigu, non claire en chronique Authors recommend brief education in the clinical setting for return to work (author cannot recommend brief education given as a back book or internet as an alternative)
Lombalgie	<b>Exercices</b> (non spécifiques / Cardio)	Hayden-2004 (CR) Hayden-2006 (MT) Schonstein-2003 (CR)	Some evidence que ↓ la douleur et ↑ la fonction. Exercise therapy seems to be slightly effective at decreasing pain and improving function in adults with chronic low back pain, particularly in health care populations.
Lombalgie	<b>Exercices</b> (de stabilisation / renforcement)	Mayer-2008 (SR)  Standaert-2008 (SR)  Ferreira-2006 (RS-MT)	In the short-term, lumbar extensor strengthening exercise administered alone or with co-interventions is more effective than no treatment and most passive modalities in improving pain, disability, and other patient-reported outcomes in CLBP. There is no clear benefit of lumbar extensor strengthening exercises compared with other exercise programs. Moderate evidence that stabilization exercises are effective at improving pain and function in a heterogeneous group of patients with CLBP, and strong evidence that this treatment is no more effective than a less specific, general exercise program. For chronic low back pain, specific stabilization exercise was superior to usual medical care and education but not to manipulative therapy, and no additional effect was found when specific stabilization exercise was added to a conventional physiotherapy program.
Lombalgie	<b>Support-ceinture</b>	VanDuijvenbode-2008 (CR)	There is moderate evidence that lumbar supports are not more effective than no intervention or training in preventing low-back pain, and conflicting evidence whether they are effective supplements to other preventive interventions.
Lombalgie	<b>Orthèses plantaires</b>	Sahar-2007 (CR)	There is strong evidence that insoles are not effective for the prevention of back pain.

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Lombalgie	<b>Acupuncture</b>	Furlan-2005 (CR) Amendolia-2008 (SR)	Evidence que ↓ la douleur et ↑ la fonction sur du court terme. The most consistent evidence appears to be for the addition of acupuncture to other therapies, which demonstrated more effective benefit in pain relief and functional improvement than the same therapies without acupuncture.
Lombalgie	<b>Glace</b>	French-2006 (CR)	No conclusions can be drawn about the use of cold for low-back pain.
Lombalgie	<b>Chaleur</b>	French-2006 (CR)	There is moderate evidence in a small number of trials that heat wrap therapy provides a small short-term reduction in pain and disability in a population with a mix of acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function.
Lombalgie	<b>Électrothérapie</b>	Postras-2008 (SR) Khadilkar-2005 (CR) Yousefi-Nooraie-2008 (CR)	Evidence for the efficacy of <b>TENS</b> as an isolated intervention in the management of chronic LBP is limited and inconsistent. <b>Therapeutic ultrasound</b> has no clinically important benefit for LBP. <b>Interferential current:</b> No eligible studies were found on which to base recommendations for IFC. <b>Electrical muscle stimulation:</b> No eligible studies were found on which to base recommendations EMS. <b>Laser :</b> there are insufficient data to draw firm conclusions on the clinical effect of LLLT for low-back pain.
Lombalgie	<b>Massage</b>	Imamura-2008 (SR) Furlan-2002 (CR)	Strong evidence that massage is effective for non-specific <b>chronic</b> LBP. Massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education.

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Lombalgie	<b>Exercices Mckenzie</b> (direction préférentielle de mouvement)	Ferreira-2007 (CR) May-2008 (SR)	Better short term outcomes than guideline-based care and stabilisation exercices for <b>chronic</b> LBP. Mckenzie classification system have consistenly demonstrated substantially more reliability than any other alternative examination procedures.
Lombalgie	<b>Traction</b>	Clark-2007 (CR) Gay-2008 (SR)	Strong evidence que pas différent que placebo Sustained traction is <b>ineffective</b> for LBP with or without leg pain », « Evidence regarding intermittent traction is mixed, there is little evidence for or against.
Lombalgie	<b>Manipulation / Mobilisation</b>	Assendelft-2004 (CR) Bronfort-2008 (SR)	There is no evidence that spinal manipulative therapy is superior to other standard treatments for patients with acute or chronic low-back pain. <i>Opinion : bonne réponse des patients aigus sans signe neuro (UK Beam-2004, Bronfort-2004, Assendelft-2003, Flynn 2002, Childs 2004, Cleland 2006).</i>
Lombalgie	<b>Équipe multi</b> (Approche psycho-sociale)	Ostelo-2005 (CR) Karjalainen-2003 (CR) Gatchel-2008 (SR)	Moderate evidence » que « Multidisciplinary biopsychosocial rehabilitation » est efficace pour la lombalgie subaiguë. Evidence that intensive multidisciplinary biopsychosocial rehabilitation est efficace pour améliorer la dlr et la fonction dans la lombalgie chronique. Effective component in the overall treatment of <b>chronic</b> LBP. The biopsychosocial approach serves an effective role in dealing with the psychosocial component of <b>chronic</b> LBP. However, it needs to be combined with other therapeutic components, such as physical therapy to deal with physical deconditioning issues.