



Evidence-Based Practice in Prosthetics and Orthotics

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Key points

Broad range of healthcare professions recognize the importance of Evidence-Based Practice (EBP).

Why? It serves as

- Means of enhancing of enhancing patient outcomes,
- Means of effectively managing healthcare resources.

However, EBP in Prosthetics & Orthotics is marred with constraints

- Time,
- Huge work load demands and work systems,
- Limited relevant evidence for clinical practice from research,
- Glaring skills and knowledge gaps for performing EBP clinical practicum.

On the brighter side, P and O clinicians value research

- It improves their clinical practice,
- However, practical barriers that prohibit daily performance in EBP have to be overcome.
- What exactly is Evidenced-Based Practice (EBP)?
- Sacket DL (1997) attempted to define EBP as “integration of clinical expertise informed by the best available clinical evidence from systematic reviews”,
- Simply translated to utilization of research based evidence to inform and improve clinical practice.
- Goal for EBP: To provide the best clinical care possible.

Lusardi MM., et al. (2002) noted that P and O has increased attention to EBP: evidenced by researching published information, making inferences from research, training and education.

However, researchers Ramstrand N and Brodtkorb TH (2008) have cautioned against P and O inactivity in matters EBP.

Inactivity may render P and O standards irrelevant, lagging behind other allied healthcare disciplines (Nursing, Physiotherapy and Occupational Therapy). What then? P and O needs a cultural shift in perceiving and utilizing clinical research findings, Prosthetists and Orthotists should prioritize EBP within their profession.

They should become active in research, instead of heavily relying on other professions to contribute to their knowledge base.

Existing Evidence-Based Practice empirical data informs clinical practices, educators, professional organizations and governing bodies.