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EBP

Barriers (Foster et al., 2015; Thome et al., 2020)

Clinicians

- Lack of time, access, and skills to search and appraise research literature
- Misconceptions about EBP

- Research
- · Lack of high-quality evidence and difficulties translating research to clinical practice

Institutions

Leadership not valuing or supporting EBP



Facilitators to EBP

Researcher-Clinician Collaboration

A gap between researchers and clinicians can hinder the use of EBP, design and execution of clinically relevant research, and translation of research results to clinical practice (Lenfant, 2003)

A productive partnership between pediatric physical therapy researchers and clinicians in a NICU setting advanced research productivity, improved clinical outcomes, and incited policy changes (Brown & Dusing, 2019)

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Facilitators to EBP Evidence, Evidence, Evidence! (Hasenstab & Jadeheria, 2022) Evaluation and treatment methods should have scientific evidence to support their efficacy and use • PFD team members need to have the skills to access and appraise the current scientific literature and translate external evidence to clinical settings

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Facilitators to EBP

Evidence, Evidence, Evidence! (Hasenstab & Jadcherla, 2022)

Importantly, assessment and management options are informed by **internal evidence** from clinical chart review, observation and assessments (e.g., pathophysiology, comorbidities, skill- or behavioral-based deficits)

 Caregivers can contribute to this component by providing internal evidence from the home setting!

Need to apply **both** scientific and internal evidence for EBP!

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Facilitators to EBP Caregiver Involvement in Treatment Planning and Delivery Patient-/caregiver-reported outcome measures should be used when possible! • Capture meaningful "unobservable" information (e.g., quality of life, stress, fear) and ascribe value to health care services (Cohen & Hula, 2020)



