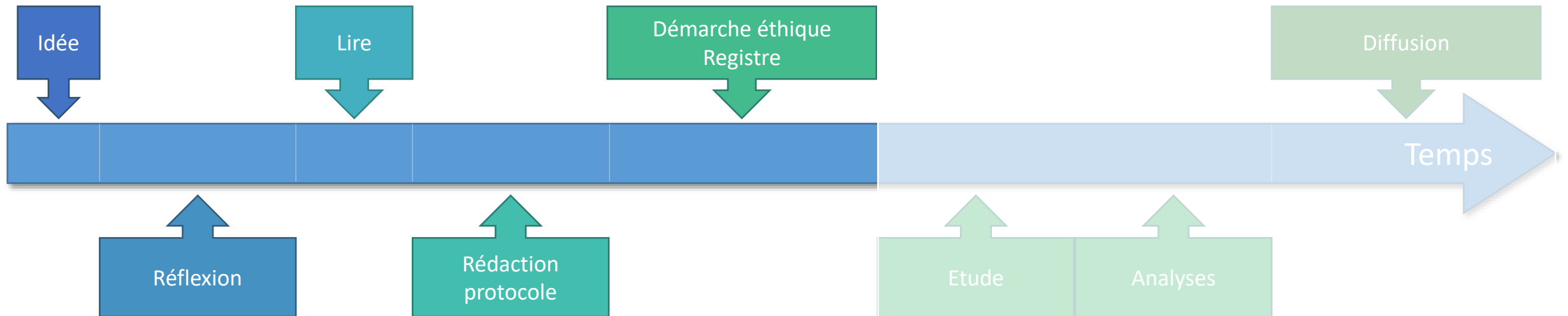# À quoi penser pour construire un protocole de recherche ?

Gregory REYCHLER (Bruxelles)

Thibaud HAASER (Bordeaux)

Long processus

Etapes

Idée

Faisabilité

Checklist

Ethique

Travail

Etapes

Idée

Faisabilité

Checklist

Ethique

Travail

Comment construire une question de recherche?
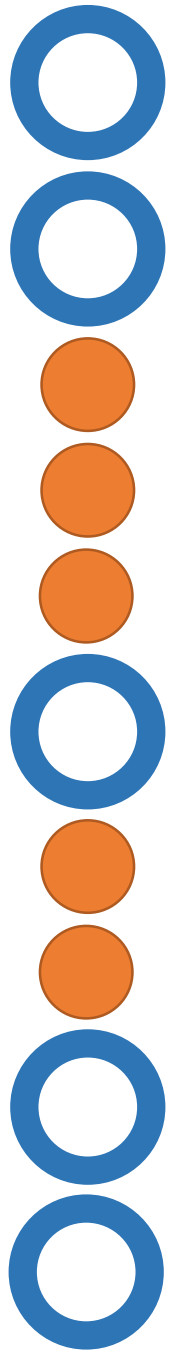
Idée

Elaboration

Lectures et réflexion

Protocole

Taches administratives

Réalisation

Mesures

Analyse

Communication (écrite et o

On recommence…

Exemples...

Randomized Controlled Trial > Respir Med. 2014 Apr;108(4):609-20.
doi: 10.1016/j.rmed.2013.12.013. Epub 2014 Jan 2.

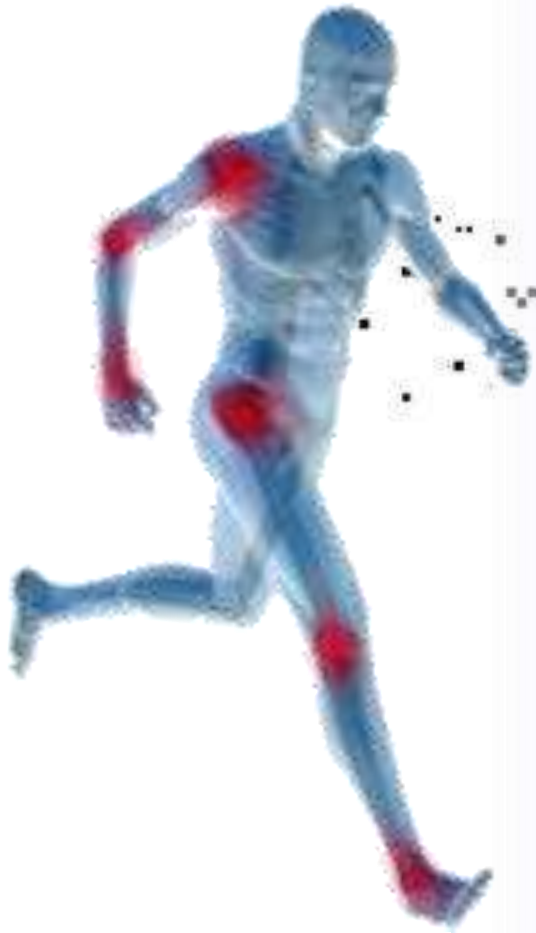## Neuromuscular electrical stimulation improves clinical and physiological function in COPD patients

Case Reports > Neurorehabil Neural Repair. 2000;14(1):73-6. doi: 10.1177/154596830001400109.

Doing it with mirrors: a case study of a novel approach to neurorehabilitation

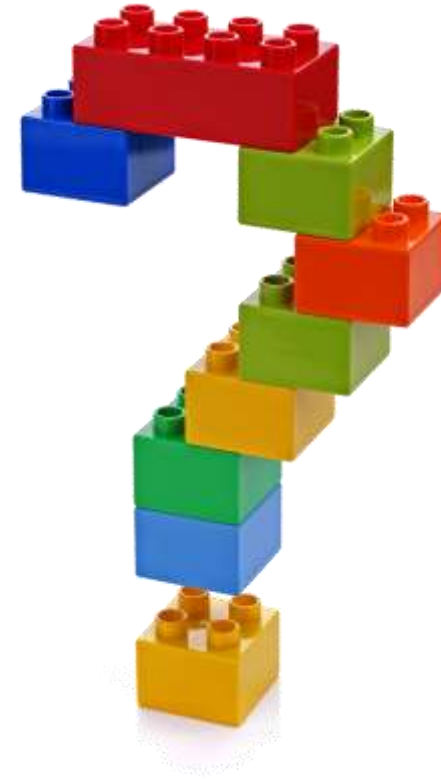> Chest. 1993 Jan;103(1):174-82. doi: 10.1378/chest.103.1.174.

Intermittent positive pressure ventilation via the mouth as an alternative to tracheostomy for 257 ventilator users

Question de départ

P
I
(C)
O
(S)

P ⟶ S STUDY DESIGN
I
C
O
(S)

Etapes

Idée

Faisabilité

Checklist

Ethique

Travail

Etapes

Idée

Faisabilité

Checklist

Ethique

Travail

Should I ?

- Lire sur le sujet
- Demander
- Recrutement
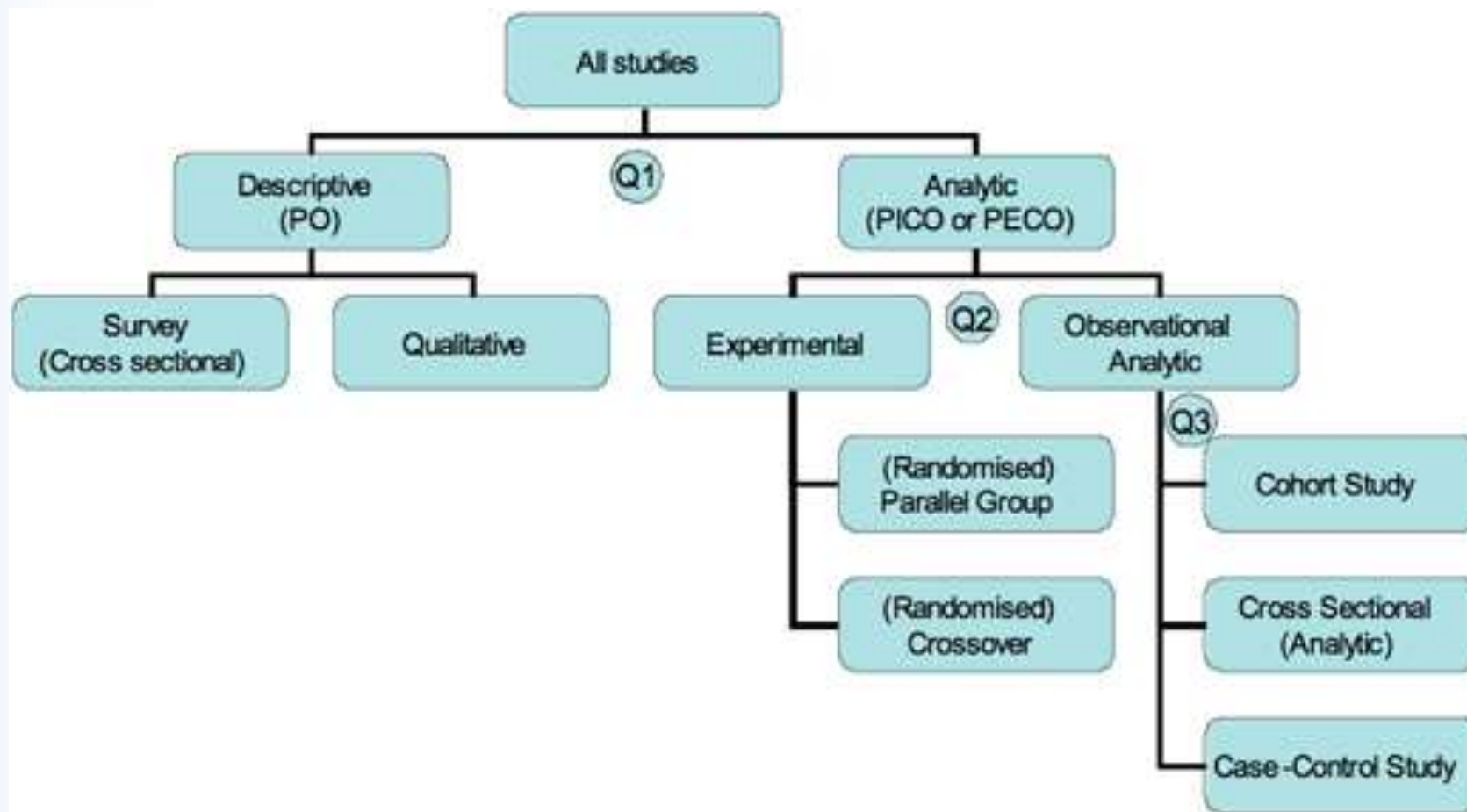
Nombreuses causes

de perte

de temps

en recherche

Rationnel

Connaissances

Collaboration

Rationnel

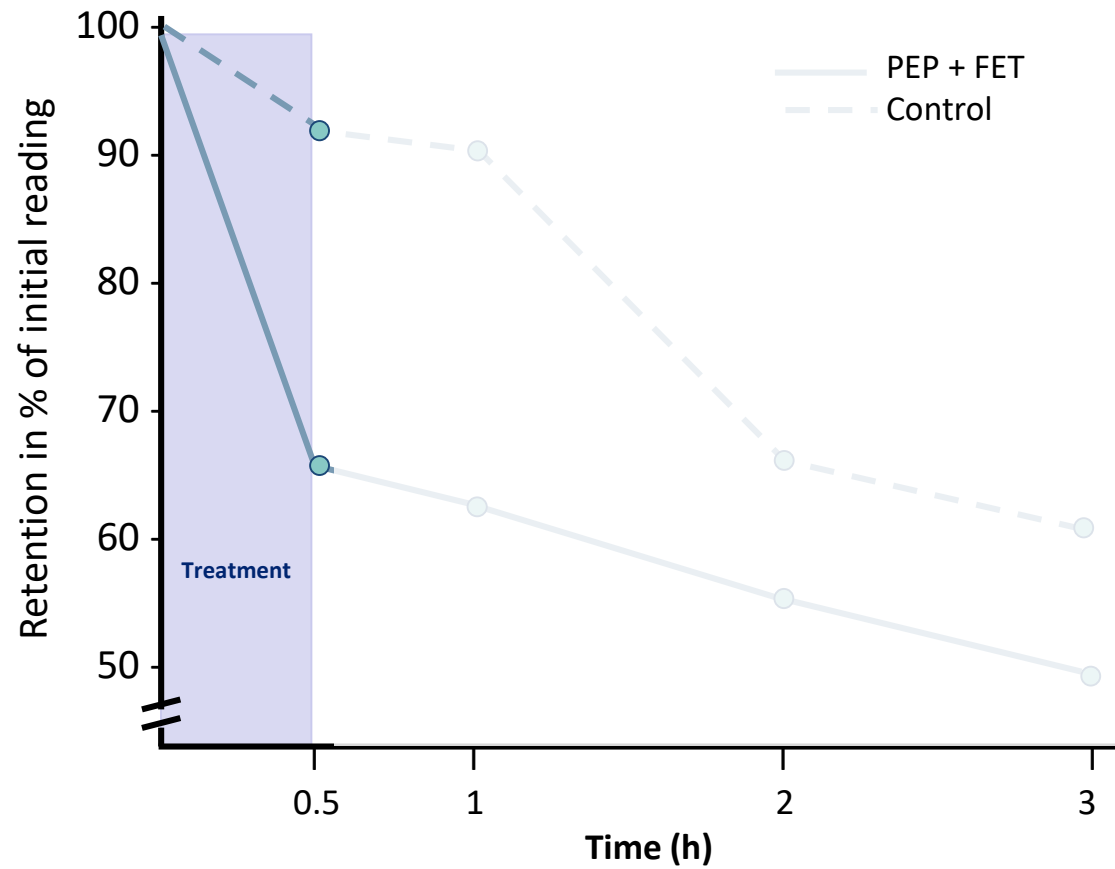Faisabilité

Projet

Temps

Budget

Recrutement

Connaissances

- Physiopathologie

- Outils d'évaluation

  - Propriétés

  - Utilisation

Connaissances : exemples…

10 CF patients

Whole lung

Mortensen J, Chest 1991;100;1350-1357
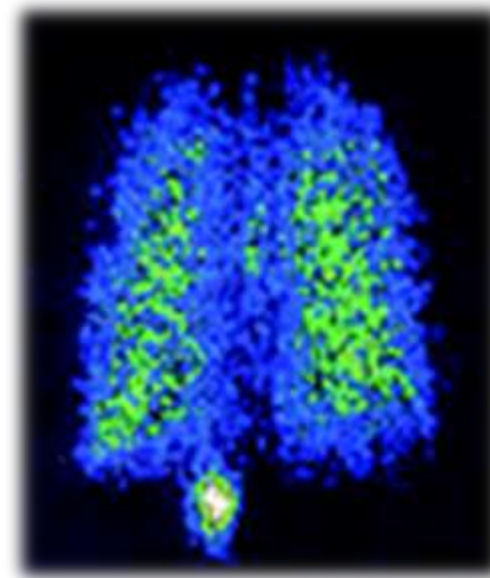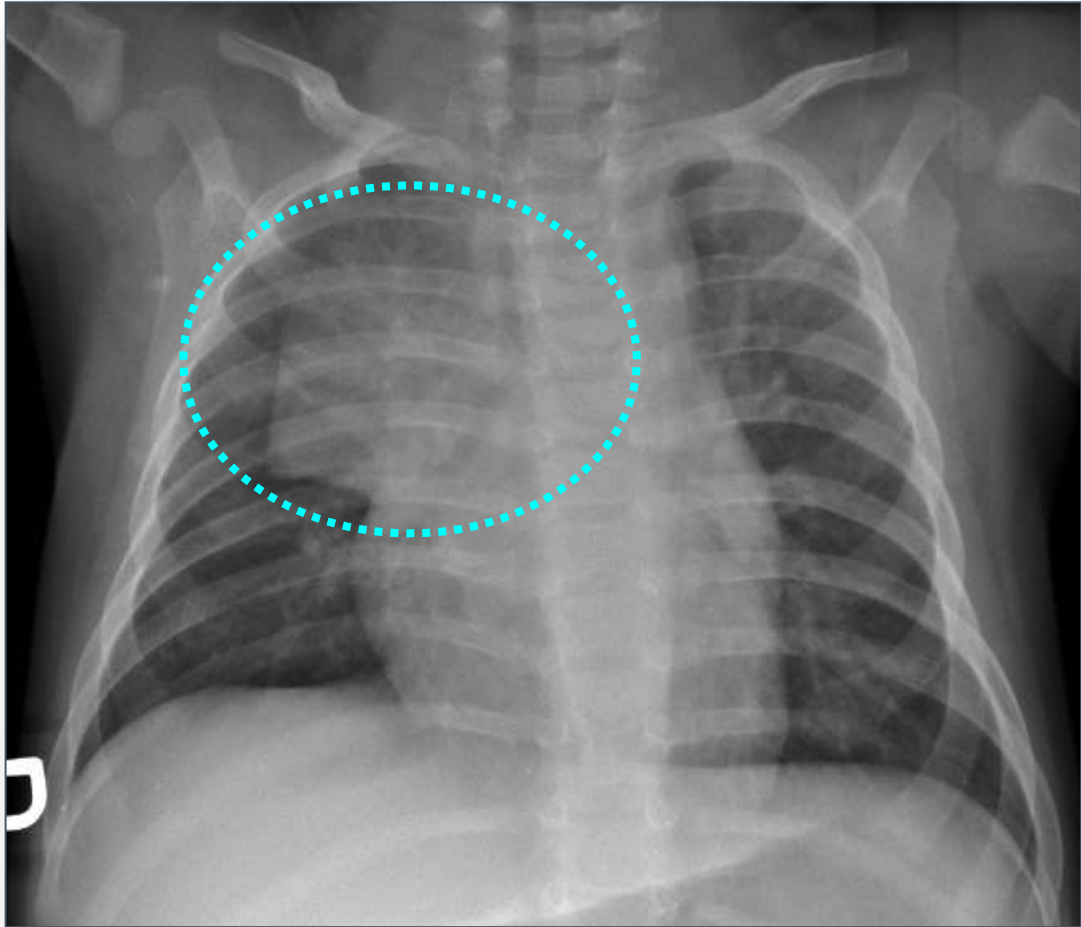
Connaissances : exemples...

« ...We see only what we look for, and we recognize only what we know... »

Dr Merrill Sosman, 1957

Pub Med ®

Search

Advanced

PubMed® comprises more than 35 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full text content from PubMed Central and publisher web sites.

All Fields

Enter a search term

ADD

Show Index

Query box

Enter / edit your search query here

Search

History and Search Details

⤓ Download   🗑 Delete

Search	Actions	Details	Query	Results	Time
#4	•••	>	Search: **chest-physiotherapy**	987	04:24:56
#3	•••	>	Search: **chest physiotherapy**	4,868	04:24:51
#7	•••	>	Search: **(chest physiotherapy) NOT (chest-physiotherapy)**	3,881	04:23:42

Showing 1 to 3 of 3 entries

🇺🇸 An official website of the United States government Here's how you know ⌄

NIH▶ National Library of Medicine
National Center for Biotechnology Information

Log in

Pub**Med**®

(chest physiotherapy) NOT (chest-physiotherapy)| ✕   **Search**

Advanced   Create alert   Create RSS   User Guide

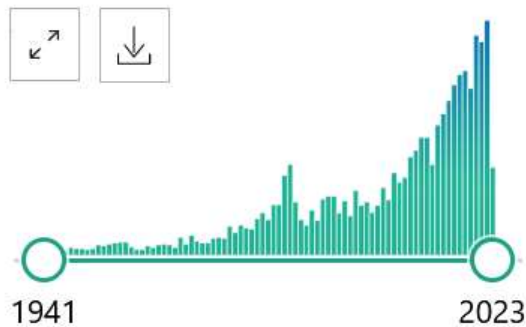Save   Email   Send to   Sorted by: Best match   Display options ⚙

MY NCBI FILTERS 🗗

3,881 results   ≪ ⟨ Page 1 of 389 ⟩ ≫

RESULTS BY YEAR

☐ **Physiotherapy** for Ankylosing Spondylitis: Systematic Review and a Proposed
1   Rehabilitation Protocol.

Cite   Sharan D, Rajkumar JS.

Curr Rheumatol Rev. 2017;13(2):121-125. doi: 10.2174/1573397112666161025112750.

Share   PMID: 27784233

Various rehabilitation **modalities** are available for the benefit of individuals with AS, but a sequenced
protocol has not been reported. A scientific review was performed using the following search engines:
MEDLINE (Pubmed), COCHRANE Library and **Physiotherapy** Evidenc ...

1941   2023

TEXT AVAILABILITY

Collaboration

Patients

Collègues

Spécialistes

Experts

Statistiques

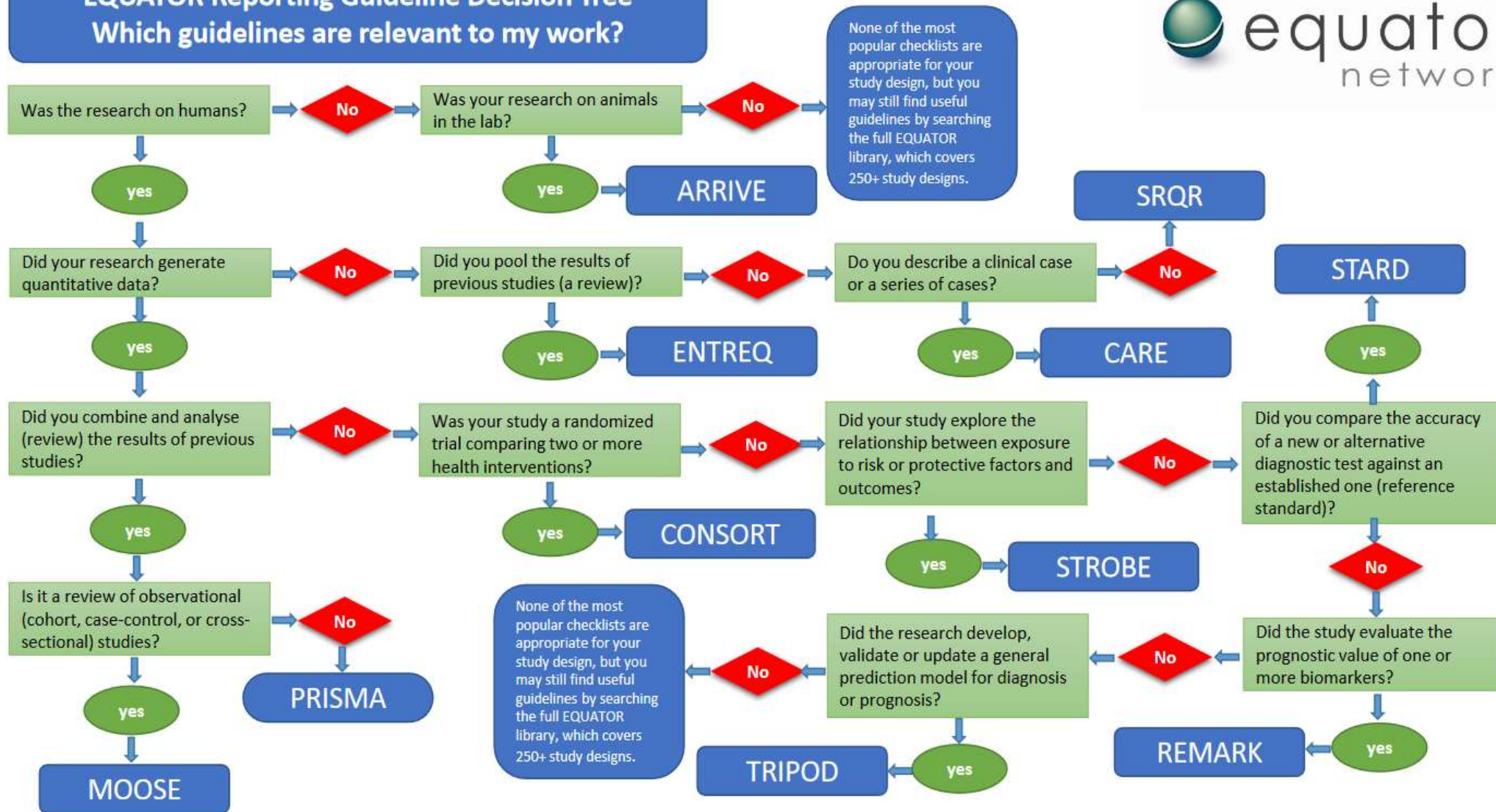# Calcul de la taille d'un échantillon

Etapes

Etapes

EQUATOR Reporting Guideline Decision Tree
Which guidelines are relevant to my work?

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	_____
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	_____
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	_____
	2b	Specific objectives or hypotheses	_____
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	_____
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	_____
Participants	4a	Eligibility criteria for participants	_____
	4b	Settings and locations where the data were collected	_____
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	_____
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	_____
	6b	Any changes to trial outcomes after the trial commenced, with reasons	_____
Sample size	7a	How sample size was determined	_____
	7b	When applicable, explanation of any interim analyses and stopping guidelines	_____
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	_____
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	_____
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	_____
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	_____
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those	_____

		assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	_____
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	_____
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	_____

Results

Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	_____
	13b	For each group, losses and exclusions after randomisation, together with reasons	_____
Recruitment	14a	Dates defining the periods of recruitment and follow-up	_____
	14b	Why the trial ended or was stopped	_____
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	_____
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	_____
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	_____
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	_____
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	_____
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	_____

Discussion

Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	_____
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	_____
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	_____

Other information

Registration	23	Registration number and name of trial registry	_____
Protocol	24	Where the full trial protocol can be accessed, if available	_____
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	_____

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.

PEDro scale

1. eligibility criteria were specified   no ☐   yes ☐   where:

2. subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received)   no ☐   yes ☐   where:

3. allocation was concealed   no ☐   yes ☐   where:

4. the groups were similar at baseline regarding the most important prognostic indicators   no ☐   yes ☐   where:

5. there was blinding of all subjects   no ☐   yes ☐   where:

6. there was blinding of all therapists who administered the therapy   no ☐   yes ☐   where:

7. there was blinding of all assessors who measured at least one key outcome   no ☐   yes ☐   where:

8. measures of at least one key outcome were obtained from more than 85% of the subjects initially allocated to groups   no ☐   yes ☐   where:

9. all subjects for whom outcome measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least one key outcome was analysed by "intention to treat"   no ☐   yes ☐   where:

10. the results of between-group statistical comparisons are reported for at least one key outcome   no ☐   yes ☐   where:

11. the study provides both point measures and measures of variability for at least one key outcome   no ☐   yes ☐   where:

Etapes

Idée

Faisabilité

Checklist

Ethique

Travail

Etapes