Despite my protestations, my hosts in a former Eastern-bloc country could not believe that all I needed to make a call to the United States was a telephone and an American telephone company’s access number. They actually giggled at my naivete. They couldn’t believe that with just a few deft taps of the buttons, not only would I speak to someone in the States, but I would bill the call to my home account. Their disbelief was so deep and so thoroughly rooted in decades of experience that they would not even allow me the opportunity to prove them wrong. They insisted that I use their telephone system and that they pay the bill. Their unwillingness to explore possibilities and question assumptions was inconvenient for me, and costly for them.

Of course, practicality dictates that we maintain some assumptions. If we didn’t, every morning before getting out of bed we would have to drop items to the ground just to make sure the laws of gravity were not rescinded during the night! If “trust but verify”—a refrain from the Reagan era—were our personal mantra, we would be spending a lot of time verifying and very little time doing anything else. Occasionally, however, we do need to abandon cherished assumptions to test whether continued adherence to beliefs and behaviors leads to waste, inefficiency, or harm.

Reactionaries within the health care community look at altered models of practice with more than disdain. They snicker at the impracticality of altered behaviors. When people call for the use of evidence in practice and the application of science to patient care, the prophets of professional myopia put forward fallacious arguments that bear little relevance to the discussion at hand. Those of us who would like to see physical therapy function on a firmer scientific basis are not suggesting that all interventions without research foundation be thrown into the scrap heap. We are calling on physical therapists to know about evidence for their tests and measures and interventions and to choose the tests and measures and interventions that are most supported by the evidence.

Apparantly, however, some therapists care so little about their patients and their profession that they do not feel a need to know about or use evidence. We should not seek solace in the knowledge that there are other health care practitioners who are equally irresponsible, nor should we allow the naysayers to continue using their big lie. What is the “big lie”? Some would have us believe that because evidence is not abundant, we cannot base our practice on science and published data at all. If you doubt that is a lie, just look at this issue of Physical Therapy and other journals. Our Journal, like many others, considers clinically applicable studies to be a priority. We seek them out and attempt to publish them as soon as we can—but we do not change our standards for these articles, because in no area is credibility more important than in practice.

If you are one who is accustomed to saying that research journals offer clinicians little useful information, check whether you are dealing with today’s reality—or yesterday’s assumptions. If your colleagues say the literature offers them little guidance in practice, ask them what they have read recently. It’s true that not every article in every issue of every journal has information immediately applicable to practice. We need some basic and fundamental research. A journal should be like a smorgasbord: Some of the items on a smorgasbord appeal to the practical “nutrition”-oriented consumer, whereas others are more exotic.
This month’s issue contains a remarkable collection of articles, all with implications for practice. The authors have tackled issues clinicians need to know about. If you cannot find material to help your practice, ask for help—and don’t be embarrassed about it! Just as we obtain continuing education to improve our skills, we should obtain continuing education to improve our ability to use the literature. Ask whether courses on reading the literature are available from your chapter or section. If you do not want to bother improving your ability to use evidence and data, then you are, in my opinion, showing unprofessional behavior and a willingness to offer second-class care in a profession you care little about.

For too long we have bemoaned a lack of data to guide practice. We still need more clinically relevant research, but we have already seen vast improvements in the past few years, and we have entered into a critical phase. Abandon your assumptions about how little there is. Look to the reality of today. If we do not use evidence, others will, and they will offer interventions that work better and faster than ours. The cost and the effect on all of us will be enormous. Changing behavior is difficult, but remember my friends in Eastern Europe. I wonder whether they are still picking up the bills of their guests, and I wonder when they will take the risk of questioning their assumptions and discover that there is a different, better way to do things...

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Editor