Current Awareness Bulletin

Rehabilitation Therapies

JULY 2016

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<td>Parents' Perceptions of Primary Health Care Physiotherapy With Preterm Infants.</td>
<td>Qualitative Health Research, 2016, vol./is. 26/10(1341-1350), 10497323</td>
<td>Håkstad, Ragnhild B., Obstfelder, Aud, Øberg, Gunn Kristin</td>
<td>CINAHL</td>
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<td>Culturally informed practice and physiotherapy.</td>
<td>Journal of Physiotherapy (Elsevier), 2016, vol./is. 62/3(121-123), 18369553</td>
<td>Brady, Bernadette, Veljanova, Irena, Chipchase, Lucinda</td>
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<td>A randomised trial of an intensive physiotherapy program for patients in intensive care [commentary].</td>
<td>Journal of Physiotherapy (Elsevier), 2016, vol./is. 62/3(166-166), 18369553</td>
<td>Berney, Susan C</td>
<td>CINAHL</td>
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<td>Early physiotherapy for selected patients with acute low back pain leads to small improvements in disability compared with usual care based on advice [commentary].</td>
<td>Journal of Physiotherapy (Elsevier), 2016, vol./is. 62/3(167-167), 18369553</td>
<td>Hahne, Andrew</td>
<td>CINAHL</td>
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<td>Early physiotherapy for selected patients with acute low back pain leads to small improvements in disability compared with usual care based on advice [commentary].</td>
<td>Journal of Physiotherapy (Elsevier), 2016, vol./is. 62/3(167-167), 18369553</td>
<td>Taylor, Nicholas</td>
<td>CINAHL</td>
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**Abstract:** To evaluate the clinical effectiveness of a self-managed single exercise programme versus usual physiotherapy treatment for rotator cuff tendinopathy.

Multi-centre pragmatic unblinded parallel group randomised controlled trial.

UK National Health Service.

Patients with a clinical diagnosis of rotator cuff tendinopathy.

The intervention was a programme of self-managed exercise prescribed by a physiotherapist in relation to the most symptomatic shoulder movement. The control group received usual physiotherapy treatment.

The primary outcome measure was the Shoulder Pain & Disability Index (SPADI) at three months.

Secondary outcomes included the SPADI at six and twelve months.

A total of 86 patients (self-managed loaded exercise n=42; usual physiotherapy n=44) were randomised. Twenty-six patients were excluded from the analysis because of lack of primary outcome data at the 3 months follow-up, leaving 60 (n=27; n=33) patients for intention to treat analysis. For the primary outcome, the mean SPADI score at three months was 32.4 (SD 20.2) for the self-managed group, and 30.7 (SD 19.7)
for the usual physiotherapy treatment group; mean difference adjusted for baseline score: 3.2 (95% confidence interval -6.0 to +12.4 P = 0.49). By six and twelve months there remained no significant difference between the groups. This study does not provide sufficient evidence of superiority of one intervention over the other in the short-, mid- or long-term and hence a self-management programme based around a single exercise appears comparable to usual physiotherapy treatment.

**Source:** Medline  
**Full text:** Available EBSCOhost at Clinical Rehabilitation

<table>
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<tr>
<th>Title</th>
<th>Cost-effectiveness of manual therapy versus physiotherapy in patients with sub-acute and chronic neck pain: a randomised controlled trial.</th>
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<td><strong>Citation:</strong></td>
<td>European spine journal : official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society, Jul 2016, vol. 25, no. 7, p. 2087-2096, 1432-0932 (July 2016)</td>
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<tr>
<td><strong>Author(s):</strong></td>
<td>van Dongen, J M, Groeneeweg, R, Rubinstein, S M, Bosmans, J E, Oostendorp, R A B, Ostelo, R W J G, van Tulder, M W</td>
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<tr>
<td><strong>Abstract</strong></td>
<td>To evaluate the cost-effectiveness of manual therapy according to the Utrecht School (MTU) in comparison with physiotherapy (PT) in sub-acute and chronic non-specific neck pain patients from a societal perspective. An economic evaluation was conducted alongside a 52-week randomized controlled trial, in which 90 patients were randomized to the MTU group and 91 to the PT group. Clinical outcomes included perceived recovery (yes/no), functional status (continuous and yes/no), and quality-adjusted life-years (QALYs). Costs were measured from a societal perspective using self-reported questionnaires. Missing data were imputed using multiple imputation. To estimate statistical uncertainty, bootstrapping techniques were used. After 52 weeks, there were no significant between-group differences in clinical outcomes. During follow-up, intervention costs (β:€-32; 95 %CI: -54 to -10) and healthcare costs (β:€-126; 95 %CI: -235 to -32) were significantly lower in the MTU group than in the PT group, whereas unpaid productivity costs were significantly higher (β:€186; 95 %CI:19-557). Societal costs did not significantly differ between groups (β:€-96; 95 %CI:-1975-2022). For QALYs and functional status (yes/no), the maximum probability of MTU being cost-effective in comparison with PT was low (≤0.54). For perceived recovery (yes/no) and functional status (continuous), a large amount of money must be paid per additional unit of effect to reach a reasonable probability of cost-effectiveness. From a societal perspective, MTU was not cost-effective in comparison with PT in patients with sub-acute and chronic non-specific neck pain for perceived recovery, functional status, and QALYs. As no clear total societal cost and effect differences were found between MTU and PT, the decision about what intervention to administer, reimburse, and/or implement can be based on the preferences of the patient and the decision-maker at hand. ClinicalTrials.gov Identifier: NCT00713843.</td>
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**Source:** Medline

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<th>Title</th>
<th>Additional weekend therapy may reduce length of rehabilitation stay after stroke: a meta-analysis of individual patient data.</th>
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<td><strong>Citation:</strong></td>
<td>Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 124-129, 1836-9561 (July 2016)</td>
</tr>
<tr>
<td><strong>Author(s):</strong></td>
<td>English, Coralie, Shields, Nora, Brusco, Natasha K, Taylor, Nicholas F, Watts, Jennifer J, Peiris, Casey, Bernhardt, Julie, Crotty, Maria, Esterman, Adrian, Segal, Leonie, Hillier, Susan</td>
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</table>
| **Abstract** | Among people receiving inpatient rehabilitation after stroke, does additional weekend physiotherapy and/or occupational therapy reduce the length of rehabilitation hospital stay compared to those who receive a weekday-only service, and does this change after controlling for individual factors? Does additional weekend therapy improve the ability to walk and perform activities of daily living, measured at discharge? Does additional weekend therapy improve health-related quality of life, measured 6 months after discharge from rehabilitation? Which individual, clinical and hospital characteristics are associated with shorter length of rehabilitation hospital stay? This study pooled individual data from two randomised, controlled trials (n=350) using an individual patient data meta-analysis and multivariate regression. People with stroke admitted to inpatient rehabilitation facilities. Additional weekend therapy (physiotherapy and/or occupational therapy) compared to usual care (5 days/week therapy). Length of rehabilitation hospital stay, independence in activities of daily living measured with the Functional Independence Measure, walking speed and health-related quality of life. Participants who received weekend therapy had a shorter length of rehabilitation hospital stay. In the unadjusted analysis, this was not statistically significant (MD -5.7 days, 95% CI -13.0 to 1.5). Controlling for hospital site, age, walking speed and Functional Independence Measure score on admission, receiving
weekend therapy was significantly associated with a shorter length of rehabilitation hospital stay (β=7.5, 95% CI 1.7 to 13.4, p=0.001). There were no significant between-group differences in Functional Independence Measure scores (MD 1.9 points, 95% CI -2.8 to 6.6), walking speed (MD 0.06 m/second, 95% CI -0.15 to 0.04) or health-related quality of life (SMD -0.04, 95% CI -0.26 to 0.19) at discharge. Modest evidence indicates that additional weekend therapy might reduce rehabilitation hospital length of stay.

**Source:** Medline

**Title:** Constraint-induced movement therapy improves upper limb activity and participation in hemiplegic cerebral palsy: a systematic review.

**Citation:** Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 130-137, 1836-9561 (July 2016)

**Author(s):** Chiu, Hsiu-Ching, Ada, Louise

**Abstract:** Does constraint-induced movement therapy improve activity and participation in children with hemiplegic cerebral palsy? Does it improve activity and participation more than the same dose of upper limb therapy without restraint? Is the effect of constraint-induced movement therapy related to the duration of intervention or the age of the children? Systematic review of randomised trials with meta-analysis. Children with hemiplegic cerebral palsy with any level of motor disability. The experimental group received constraint-induced movement therapy (defined as restraint of the less affected upper limb during supervised activity practice of the more affected upper limb). The control group received no intervention, sham intervention, or the same dose of upper limb therapy. Measures of upper limb activity and participation were used in the analysis. Constraint-induced movement therapy was more effective than no/sham intervention in terms of upper limb activity (SMD 0.63, 95% CI 0.20 to 1.06) and participation (SMD 1.21, 95% CI 0.41 to 2.02). However, constraint-induced movement therapy was no better than the same dose of upper limb therapy without restraint either in terms of upper limb activity (SMD 0.05, 95% CI -0.21 to 0.32) or participation (SMD -0.02, 95% CI -0.34 to 0.31). The effect of constraint-induced movement therapy was not related to the duration of intervention or the age of the children. This review suggests that constraint-induced movement therapy is more effective than no intervention, but no more effective than the same dose of upper limb practice without restraint.

**Source:** Medline

**Title:** Respiratory muscle training increases respiratory muscle strength and reduces respiratory complications after stroke: a systematic review.

**Citation:** Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 138-144, 1836-9561 (July 2016)

**Author(s):** Menezes, Kênia Kp, Nascimento, Lucas R, Ada, Louise, Polese, Janaine C, Avelino, Patrick R, Teixeira-Salmela, Luci F

**Abstract:** After stroke, does respiratory muscle training increase respiratory muscle strength and/or endurance? Are any benefits carried over to activity and/or participation? Does it reduce respiratory complications? Systematic review of randomised or quasi-randomised trials. Adults with respiratory muscle weakness following stroke. Respiratory muscle training aimed at increasing inspiratory and/or expiratory muscle strength. Five outcomes were of interest: respiratory muscle strength, respiratory muscle endurance, activity, participation and respiratory complications. Five trials involving 263 participants were included. The mean PEDro score was 6.4 (range 3 to 8), showing moderate methodological quality. Random-effects meta-analyses showed that respiratory muscle training increased maximal inspiratory pressure by 7 cmH2O (95% CI 1 to 14) and maximal expiratory pressure by 13 cmH2O (95% CI 1 to 25); it also decreased the risk of respiratory complications (RR 0.38, 95% CI 0.15 to 0.96) compared with no/sham respiratory intervention. Whether these effects carry over to activity and participation remains uncertain. This systematic review provided evidence that respiratory muscle training is effective after stroke. Meta-analyses based on five trials indicated that 30 minutes of respiratory muscle training, five times per week, for 5 weeks can be expected to increase respiratory muscle strength in very weak individuals after stroke. In addition, respiratory muscle training is expected to reduce the risk of respiratory complications after stroke. Further studies are warranted to investigate whether the benefits are carried over to activity and participation.

**Source:** Medline

**Title:** A progressive exercise and structured advice program does not improve activity more than structured advice alone following a distal radial fracture: a multi-centre, randomised trial.

**Citation:** Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 145-152, 1836-9561 (July 2016)
**Author(s):** Bruder, Andrea M, Shields, Nora, Dodd, Karen J, Hau, Raphael, Taylor, Nicholas F

**Abstract:** Does a program of exercise and structured advice implemented during the rehabilitation phase following a distal radial fracture achieve better recovery of upper limb activity than structured advice alone? A phase I/II, multi-centre, randomised, controlled trial with concealed allocation, assessor blinding and intention-to-treat analysis. Thirty-three adults (25 female, mean age 54 years) following distal radial fracture managed in a cast. The experimental intervention was a 6-week program of progressive exercise and structured advice implemented over three consultations by a physiotherapist. The control intervention was a program of structured advice only, delivered by a physiotherapist over three consultations. The primary outcome was upper limb activity limitations, assessed by the Patient-Rated Wrist Evaluation and the shortened version of the Disabilities of the Arm, Shoulder and Hand outcome measure (QuickDASH). The secondary outcomes were wrist range of movement, grip strength and pain. All measures were completed at baseline (week 0), after the intervention (week 7) and at 6 months (week 24). There were no significant between-group differences in upper limb activity as measured by the Patient-Rated Wrist Evaluation at week 7 and week 24 assessments (mean difference -4 units, 95% CI -10 to 2; mean difference 0 units, 95% CI -3 to 3, respectively), or QuickDASH at week 7 and week 24 assessments (mean difference -5 units, 95% CI -16 to 6; mean difference 0.3 units, 95% CI -6 to 7, respectively). The secondary outcomes did not demonstrate any significant between-group effects. The prescription of exercise in addition to a structured advice program over three physiotherapy consultations may convey no extra benefit following distal radial fracture managed in a cast.

**Source:** Medline

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**Title:** New exercise-integrated technology can monitor the dosage and quality of exercise performed against an elastic resistance band by adolescents with patellofemoral pain: an observational study.

**Citation:** Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 159-163, 1836-9561 (July 2016)

**Author(s):** Rathleff, Michael S, Bandholm, Thomas, McGirr, Kate A, Harrin, Stine I, Sørensen, Anders S, Thorborg, Kristian

**Abstract:** Is the exercise-integrated BandcizerTM system feasible for recording exercise dosage (time under tension (TUT) and repetitions) and pain scores among adolescents with patellofemoral pain? Do adolescents practise the exercises as prescribed (TUT and repetitions)? Do adolescents accurately report the exercises they do in an exercise diary?

Observational feasibility study.
Twenty adolescents between 15 and 19 years of age with patellofemoral pain.
Participants were prescribed three exercise sessions per week (one with and two without supervision) for 6 weeks. The exercises included three hip and one knee exercise with an elastic resistance band. Participants were instructed to perform three sets with a predefined TUT (3seconds concentric; 2seconds isometric; 3seconds eccentric; 2seconds pause), equating to 80seconds for 10 repetitions (one set).
The exercise-integrated system consisted of a sensor attached to the elastic resistance band that was connected to the Bandtrainer app on an electronic tablet device. Pain intensity was reported on a visual analogue scale on the app. Participants also completed a self-report exercise diary.
No major problems were reported with the system. Participants performed 2541 exercise sets during the 6 weeks; 5% were performed with the predefined TUT (ie, within 10seconds of the 80-second target) and 90% were performed below the target TUT. On average, the participants received 15% of the instructed exercise dosage based on TUT. The exercise dosage reported in the exercise diaries was 2.3 times higher than the TUT data from the electronic system. Pain intensity was successfully collected in 100% of the exercise sets. The system was feasible for adolescents with patellofemoral pain. The system made it possible to capture detailed data about the TUT, repetitions and sets during home-based exercises together with pain intensity before and after each exercise. [Rathleff MS, Bandholm T, McGirr KA, Harring SI, Sørensen AS, Thorborg K

**Source:** Medline

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**Title:** Ballistic strength training compared with usual care for improving mobility following traumatic brain injury: protocol for a randomised, controlled trial.

**Citation:** Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 164., 1836-9561 (July 2016)

**Author(s):** Williams, Gavin, Ada, Louise, Hassett, Leanne, Morris, Meg E, Clark, Ross, Bryant, Adam L, Olver, John

**Abstract:** Traumatic brain injury is the leading cause of disability in young adults aged 15 to 45 years. Mobility limitations are prevalent, and range in severity from interfering with basic day-to-day tasks to restricting participation in higher level social, leisure, employment and sporting activities. Despite the
prevalence and severity of physical impairments, such as poor balance and spasticity, the main contributor to mobility limitations following traumatic brain injury is low muscle power generation. Strengthening exercises that are performed quickly are termed ‘ballistic’ as they are aimed at improving the rate of force production and, hence, muscle power. This is compared with conventional strength training, which is performed slowly and aims to improve maximum force production, yet has limited impact on mobility. In people recovering from traumatic brain injury: (1) is a 12-week ballistic strength-training program targeting the three muscle groups critical for walking more effective than usual care at improving mobility, strength and balance; and (2) does improved mobility translate to better health-related quality of life? A prospective, multi-centre, randomised, single-blind trial with concealed allocation will be conducted. Participants will be patients with a neurologically based movement disorder affecting mobility as a result of traumatic brain injury. Patients will be recruited during the acute phase of rehabilitation (n=166), from brain injury units in large metropolitan hospitals in Melbourne and Sydney, Australia. For 12 weeks, participants in the experimental group will have three 60-minute sessions of usual physiotherapy intervention replaced by three 60-minute sessions of strength training (ballistic strength, gait). The three key muscle groups responsible for forward propulsion will be targeted: ankle plantarflexors, hip flexors and the hip extensors. Initial loads will be low, to facilitate high contraction velocities. Progression to higher loads will occur only if participants can perform the exercises ballistically. The control group will have their three 60-minute sessions of usual physiotherapy intervention (balance, strength, stretch, cardiovascular fitness, gait) standardised so that all participants have equivalent therapy time. Both groups will continue to receive usual rehabilitation. The primary outcome will be mobility, measured using the High Level Mobility Assessment Tool. The secondary outcomes will be walking speed, muscle strength, balance and health-related quality of life. Walking speed will be measured using the 10-m walking test. Strength will be measured by a 6 repetition maximum, seated, single leg press test. Balance will be measured as the single limb support time. Health-related quality of life will be measured using the Assessment of Quality of Life. Outcomes will be measured at baseline (0 months), at completion of the intervention phase (3 months), and 3 months after cessation of intervention (6 months). Baseline measures will be completed prior to randomisation. Assessors blinded to group allocation will perform all measures. Baseline characteristics of participants will be determined according to group, using descriptive statistics. The proportion of patients compliant with the intervention will be calculated according to group and compared using Fisher's exact test. Compliance with the intervention will be defined as those who have satisfactorily completed at least 80% of the allocated sessions (29 of 36 sessions). The between-group difference for all outcomes will be estimated using analysis of covariance, adjusting for baseline High Level Mobility Assessment Tool score, age, gender and length of post-traumatic amnesia. Analyses will be conducted on an intention-to-treat basis. Strength training in neurological rehabilitation is highly topical because muscle weakness has been identified as the primary impairment leading to mobility limitations in many neurological populations. This project represents the first international study of ballistic strength training after traumatic brain injury. The novelty of ballistic strength training is that the exercises attempt to replicate how lower limb muscles work, by targeting the high angular velocities attained during walking and higher level activities.

Source: Medline

**Title:** Face of physiotherapy.

**Citation:** Frontline (20454910), 2016, vol./is. 22/11(16-17), 20454910

**Author(s):** Hunt, Louise

**Source:** CINAHL

**Title:** Registration factors that limit international mobility of people holding physiotherapy qualifications: A systematic review.

**Citation:** Health Policy, 2016, vol./is. 120/6(665-673), 01688510

**Author(s):** Foo, Jonathan S., Storr, Michael, Maloney, Stephen

**Abstract:** Introduction: There is no enforced international standardisation of the physiotherapy profession. Thus, registration is used in many countries to maintain standards of care and to protect the public. However, registration may also limit international workforce mobility. Question: What is known about the professional registration factors that may limit the international mobility of people holding physiotherapy qualifications? Design: Systematic review using an electronic database search and hand searching of the World Confederation for Physical Therapy and International Network of Physiotherapy Regulatory Authorities websites. Analysis was conducted using thematic analysis. Results: 10 articles and eight websites were included from the search strategy. Data is representative of high-income English speaking countries. Four themes emerged regarding limitations to professional mobility: practice context, qualification
recognition, verification of fitness to practice, and incidental limitations arising from the registration process. Conclusion: Professional mobility is limited by differences in physiotherapy education programmes, resulting in varying standards of competency. Thus, it is often necessary to verify clinical competencies through assessments, as well as determining professional attributes and ability to apply competencies in a different practice context, as part of the registration process. There has been little evaluation of registration practices, and at present, there is a need to re-evaluate current registration processes to ensure they are efficient and effective, thereby enhancing workforce mobility.

Source: CINAHL

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**Occupational Therapy**

**Title:** Development and Pilot of the Caregiver Strategies Inventory.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004360010p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Kirby, Anne V, Little, Lauren M, Schultz, Beth, Watson, Linda R, Zhang, Wanqing, Baranek, Grace T

**Abstract:** Children with autism spectrum disorder often demonstrate unusual behavioral responses to sensory stimuli (i.e., sensory features). To manage everyday activities, caregivers may implement strategies to address these features during family routines. However, investigation of specific strategies used by caregivers is limited by the lack of empirically developed measures. In this study, we describe the development and pilot results of the Caregiver Strategies Inventory (CSI), a supplement to the Sensory Experiences Questionnaire Version 3.0 (SEQ 3.0; Baranek, 2009) that measures caregivers' strategies in response to their children's sensory features. Three conceptually derived and empirically grounded strategy types were tested: cognitive-behavioral, sensory-perceptual, and avoidance. Results indicated that the CSI demonstrated good internal consistency and that strategy use was related to child age and cognition. Moreover, parent feedback after completing the CSI supported its utility and social validity. The CSI may be used alongside the SEQ 3.0 to facilitate a family-centered approach to assessment and intervention planning.

Source: Medline

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**Title:** Applied Behavior Analysis, Autism, and Occupational Therapy: A Search for Understanding.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004360020p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Welch, Christie D, Polatajko, H J

**Abstract:** Occupational therapists strive to be mindful, competent practitioners and continuously look for ways to improve practice. Applied behavior analysis (ABA) has strong evidence of effectiveness in helping people with autism achieve goals, yet it does not seem to be implemented in occupational therapy practice. To better understand whether ABA could be an evidence-based option to expand occupational therapy practice, the authors conducted an iterative, multiphase investigation of relevant literature. Findings suggest that occupational therapists apply developmental and sensory approaches to autism treatment. The occupational therapy literature does not reflect any use of ABA despite its strong evidence base. Occupational therapists may currently avoid using ABA principles because of a perception that ABA is not client centered. ABA principles and occupational therapy are compatible, and the two could work synergistically.

Source: Medline

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**Title:** Teaching and learning the esoteric: An insight into how reflection may be internalised with reference to the occupational therapy profession.

**Citation:** Reflective Practice, Jul 2016, vol. 17, no. 4, p. 472-482, 1462-3943 (Jul 2016)

**Author(s):** Wong, Ken Yan, Whitcombe, Steven W., Boniface, Gail

**Abstract:** This paper is concerned with the ways in which reflective practice is learnt, taught and assessed within the profession of occupational therapy. It utilises individual experiences of reflection of both students and staff members in university and practice placement settings. The discussion places reflection within
learning a profession’s way of being and individual learner’s relation to this ‘sense of being’. It concludes that the ‘rote’ way in which reflection is currently used to demonstrate evidence of reflective practice is detrimental to the development of a reflective professional, in this instance, an occupational therapist.

Source: PsycInfo

| Title: Engagement in play activities as a means for youth in detention to acquire life skills. |
| Citation: Occupational Therapy International, Jul 2016, (Jul 1, 2016), 0966-7903 (Jul 1, 2016) |
| Author(s): Shea, Chi-Kwan, Siu, Andrew M.H. |
| Abstract: This study describes how occupational therapists in a community-based programme, Occupational Therapy Training Program (OTTP), use play activities to facilitate the acquisition of life skills by youth in detention. This pilot study explored the extent of engagement of male and female inmates aged 14 to 18 years old in structured play activities on topics such as interpersonal relationships, self-awareness, cultural celebrations and the transition to community. Retrospective analysis of data collected from surveys using the Engagement in OTTP Activities Questionnaire (EOAQ), completed by youth participants at the end of each group session, was used to measure the extent of occupational engagement. Worksheets and artworks produced by OTTP participants during those group sessions were also analysed. The participants reported very high engagement in OTTP. Engagement scores for male participants were higher than those for female participants, and male and female participants had higher engagement scores for different activities. Over 90% of the worksheets and artworks were found to be complete and relevant to the topic of the session. Play activities could be an appropriate way for occupational therapists to encourage youth in detention to acquire life skills. Demographic information and the actual number of participants are unknown because of how the existing data were collected. Future studies examining the potential gender-related preferences for specific topics deserve further investigation as well as research comparing the youth’s engagement in OTTP interventions using play activities to other group interventions. |
| Source: PsycInfo |

| Title: Research Opportunities in the Area of Driving and Community Mobility for Older Adults. |
| Citation: The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004400010p1, 0272-9490 (2016 Jul-Aug) |
| Abstract: The American Occupational Therapy Association (AOTA) Evidence-Based Practice Project has developed a table summarizing the research opportunities in the area of driving and community mobility for older adults. The table provides an overview of the state of current available evidence on interventions within the scope of occupational therapy practice and is based on the systematic reviews from the AOTA Practice Guidelines Series. Researchers, students, and clinicians can use this information in developing innovative research to answer important questions within the occupational therapy field. |
| Source: Medline |

| Title: The Single-Case Reporting Guideline In BEhavioural Interventions (SCRIBE) 2016 Statement. |
| Citation: The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004320010p1, 0272-9490 (2016 Jul-Aug) |
| Author(s): Tate, Robyn L, Perdices, Michael, Rosenkoetter, Ulrike, Shadish, William, Vohra, Sunita, Barlow, David H, Horner, Robert, Kazdin, Alan, Kratochwill, Thomas, McDonald, Skye, Sampson, Margaret, Shamseer, Larissa, Togher, Leanne, Albin, Richard, Backman, Catherine, Douglas, Jacinta, Evans, Jonathan J, Gast, David, Manolov, Rumen, Mitchell, Geoffrey, Nickels, Lyndsey, Nikles, Jane, Ownsworth, Tamara, Rose, Miranda, Schmid, Christopher H, Wilson, Barbara |
| Abstract: Reporting guidelines, such as the Consolidated Standards of Reporting Trials (CONSORT) Statement, improve the reporting of research in the medical literature (Turner et al., 2012). Many such guidelines exist, and the CONSORT Extension to Nonpharmacological Trials (Boutron et al., 2008) provides suitable guidance for reporting between-groups intervention studies in the behavioral sciences. The CONSORT Extension for N-of-1 Trials (CENT 2015) was developed for multiple crossover trials with single individuals in the medical sciences (Shamseer et al., 2015; Vohra et al., 2015), but there is no reporting guideline in the CONSORT tradition for single-case research used in the behavioral sciences. We developed the Single-Case Reporting guideline In Behavioral interventions (SCRIBE) 2016 to meet this need. This Statement article describes the methodology of the development of the SCRIBE 2016, along with... |
the outcome of 2 Delphi surveys and a consensus meeting of experts. We present the resulting 26-item SCRIE 2016 checklist. The article complements the more detailed SCRIE 2016 Explanation and Elaboration article (Tate et al., 2016) that provides a rationale for each of the items and examples of adequate reporting from the literature. Both these resources will assist authors to prepare reports of single-case research with clarity, completeness, accuracy, and transparency. They will also provide journal reviewers and editors with a practical checklist against which such reports may be critically evaluated.

**Source:** Medline

**Full text:** Available National Library of Medicine at [http://www.library.nhs.uk/booksandjournals/journals/Athens](http://www.library.nhs.uk/booksandjournals/journals/Athens) password required.

**Title:** Moral Distress Scale for Occupational Therapists: Part 1. Instrument Development and Content Validity.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004300020p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Penny, Neil H, Bires, Samantha J, Bonn, Elizabeth A, Dockery, Alisha N, Pettit, Nicole L

**Abstract:** We describe the development of an instrument to measure moral distress experienced by occupational therapists and show how its content validity was established. Written comments (n = 78) from a previous survey using the Moral Distress Scale-Revised-Other Health Provider Adult were used to modify that instrument and create the Moral Distress Scale-Revised-Occupational Therapy-Adult Settings (MDS-R-OT[A]). The MDS-R-OT[A] was distributed to a nationwide random sample of 400 occupational therapists who rated the relevance of each item to their clinical practice. A scale content validity index of 81.8% was found (geriatric = 81.5%, physical disability = 80.8%, combination of the two = 85.7%). The MDS-R-OT[A] possesses acceptable content validity and is appropriate for use with occupational therapists working in geriatric or physical disability settings.

**Source:** Medline

**Full text:** Available National Library of Medicine at [http://www.library.nhs.uk/booksandjournals/journals/Athens](http://www.library.nhs.uk/booksandjournals/journals/Athens) password required.

**Title:** Reliability and Validity of Different Models of TKK Hand Dynamometers.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004300010p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Cadenas-Sanchez, Cristina, Sanchez-Delgado, Guillermo, Martinez-Tellez, Borja, Mora-Gonzalez, José, Löf, Marie, España-Romero, Vanesa, Ruiz, Jonatan R, Ortega, Francisco B

**Abstract:** We examined the reliability and validity of the analog and digital models of TKK handgrip dynamometers using calibrated known weights. A total of 6 dynamometers (3 digital and 3 analog; 2 new and 1 old for each model) were used in this study. Intrainstrument reliability was very high; systematic error for test-retest reliability was ≤ 0.3 kg. The systematic error among different models (same model) and between different models (digital vs. analog) ranged between 0.4 kg and 0.6 kg. The systematic error between new and old dynamometers ranged from 0.8 kg to 1 kg. All dynamometers provided lower values for the same known weights than a SECA scale, with a systematic error ranging from -0.94 to -2.64 kg. This study indicates that clinicians and investigators who provide treatment to address handgrip strength should use the same instrument and model for repeated measures. Distinguishing meaningful change from dynamometer variability is discussed.

**Source:** Medline

**Full text:** Available National Library of Medicine at [http://www.library.nhs.uk/booksandjournals/journals/Athens](http://www.library.nhs.uk/booksandjournals/journals/Athens) password required.

**Title:** Factors Associated With Activity Limitations in People With Rheumatoid Arthritis.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004290030p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Andrade, Júnia A, Brandão, Marina B, Pinto, Maria Raquel C, Lanna, Cristina C D

**Abstract:** We evaluated factors contributing to activity limitations in people with rheumatoid arthritis (RA) according to the International Classification of Functioning, Disability and Health model. In a cross-sectional study, we measured five activity constructs in 81 people with RA. Multiple regression analysis revealed the following results for the five constructs: (1) RA Activities (R2 = .512) included handgrip strength, range of motion deficit, deformity, and mental health; (2) Upper-Limb Activities (R2 = .473) included time since diagnosis, dexterity, handgrip strength, and range of motion deficit;
(3) Timed Activities (R2 = .320) included dexterity and work activities; (4) Physical Autonomy Activities (R2 = .562) included range of motion deficit, vitality, pain, and functional classification; and (5) Physical Conditions for Activities (R2 = .416) included functional classification and vitality. Activity limitations in people with RA are multifactorial.

Source: Medline

Title: Examining the Feasibility, Tolerability, and Preliminary Efficacy of Repetitive Task-Specific Practice for People With Unilateral Spatial Neglect.

Citation: The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004290010p1, 0272-9490 (2016 Jul-Aug)

Author(s): Grattan, Emily S, Lang, Catherine E, Birkenmeier, Rebecca, Holm, Margo, Rubinstein, Elaine, Van Swearingen, Jessie, Skidmore, Elizabeth R

Abstract: We examined the feasibility, tolerability, and preliminary efficacy of repetitive task-specific practice for people with unilateral spatial neglect (USN). People with USN ≥6 mo poststroke participated in a single-group, repeated-measures study. Attendance, total repetitions, and satisfaction indicated feasibility and pain indicated tolerability. Paired t tests and effect sizes were used to estimate changes in upper-extremity use (Motor Activity Log), function (Action Research Arm Test), and attention (Catherine Bergergo Scale). Twenty participants attended 99.4% of sessions and completed a high number of repetitions. Participants reported high satisfaction and low pain, and they demonstrated small, significant improvements in upper-extremity use (before Bonferroni corrections; t = -2.1, p = .04, d = .30), function (t = -3.0, p < .01, d = .20), and attention (t = -3.4, p < .01, d = -.44). Repetitive task-specific practice is feasible and tolerable for people with USN. Improvements in upper-extremity use, function, and attention may be attainable.

Source: Medline

Title: Reliability of the Client-Centeredness of Goal Setting (C-COGS) Scale in Acquired Brain Injury Rehabilitation.

Citation: The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004290010p1, 0272-9490 (2016 Jul-Aug)

Author(s): Doig, Emmah, Prescott, Sarah, Fleming, Jennifer, Cornwell, Petrea, Kuipers, Pim

Abstract: To examine the internal reliability and test-retest reliability of the Client-Centeredness of Goal Setting (C-COGS) scale. The C-COGS scale was administered to 42 participants with acquired brain injury after completion of multidisciplinary goal planning. Internal reliability of scale items was examined using item-total partial total correlations and Cronbach's α coefficient. The scale was readministered within a 1-mo period to a subsample of 12 participants to examine test-retest reliability by calculating exact and close percentage agreement for each item. After examination of item-total partial total correlations, test items were revised. The revised items demonstrated stronger internal consistency than the original items. Preliminary evaluation of test-retest reliability was fair, with an average exact percent agreement across all test items of 67%. Findings support the preliminary reliability of the C-COGS scale as a tool to evaluate and promote client-centered goal planning in brain injury rehabilitation.

Source: Medline

Title: Assessing Therapeutic Communication During Rehabilitation: The Clinical Assessment of Modes.

Citation: The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004280010p1, 0272-9490 (2016 Jul-Aug)

Author(s): Fan, Chia-Wei, Taylor, Renée R

Abstract: This study applied Rasch analysis to test four versions of the Clinical Assessment of Modes (CAM), an assessment based on Taylor's Intentional Relationship Model: CAM-P, which assesses clients' pretreatment preferences; CAM-E, clients' treatment experience; CAM-T, therapists' self-reported perspective; and CAM-O, an observer rating scale.
The CAM-P was administered to 63 inpatients. The CAM-E was administered to 110 inpatients and outpatients. Trained raters rated therapists’ modes with 59 inpatients and outpatients on the CAM-O. The CAM-T was administered to 38 therapists. Analyses of reliability and validity were conducted. The CAM demonstrated adequate construct validity. All versions showed acceptable internal consistency and unidimensionality within each of the subscales. Disorder between the 5 points on the ordinal rating scale was found for the client measures (CAM-P, CAM-E) and was resolved by modifying the ratings to encompass a 4-point scale. The four CAM versions are reliable and valid measures of therapeutic communication in rehabilitation.

**Source:** Medline  
**Full text:** Available National Library of Medicine at http://www.library.nhs.uk/booksandjournals/journals/Athens password required.

### Title: Napping and Nighttime Sleep: Findings From an Occupation-Based Intervention.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004270010p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Leland, Natalie E, Fogelberg, Donald, Sleight, Alish, Mallinson, Trudy, Vigen, Cheryl, Blanchard, Jeanine, Carlson, Mike, Clark, Florence

**Abstract:** To describe sleeping behaviors and trends over time among an ethnically diverse group of community-living older adults. A descriptive secondary data analysis of a subsample (n = 217) from the Lifestyle Redesign randomized controlled trial was done to explore baseline napping and sleeping patterns as well as 6-mo changes in these outcomes. At baseline, the average time sleeping was 8.2 hr daily (standard deviation = 1.7). Among all participants, 29% reported daytime napping at baseline, of which 36% no longer napped at follow-up. Among participants who stopped napping, those who received an occupation-based intervention (n = 98) replaced napping time with nighttime sleep, and those not receiving an intervention (n = 119) experienced a net loss of total sleep (p < .05). Among participants who stopped napping, the occupation-based intervention may be related to enhanced sleep. More research examining the role of occupation-based interventions in improving sleep is warranted.

**Source:** Medline  
**Full text:** Available National Library of Medicine at http://www.library.nhs.uk/booksandjournals/journals/Athens password required.

### Title: Dealing With Major Life Events and Transitions: A Systematic Literature Review on and Occupational Analysis of Spirituality.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004260010p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Maley, Christine M, Pagana, Nicole K, Velenger, Christa A, Humbert, Tamera Keiter

**Abstract:** This systematic literature review analyzed the construct of spirituality as perceived by people who have experienced or are experiencing a major life event or transition. The researchers investigated studies that used narrative analysis or a phenomenological methodology related to the topic. Thematic analysis resulted in three major themes: (1) avenues to and through spirituality, (2) the experience of spirituality, and (3) the meaning of spirituality. The results provide insights into the intersection of spirituality, meaning, and occupational engagement as understood by people experiencing a major life event or transition and suggest further research that addresses spirituality in occupational therapy and interdisciplinary intervention.

**Source:** Medline  
**Full text:** Available National Library of Medicine at http://www.library.nhs.uk/booksandjournals/journals/Athens password required.

### Title: Theater-Based Community Engagement Project for Veterans Recovering From Substance Use Disorders.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004250020p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Wasmuth, Sally, Pritchard, Kevin

**Abstract:** In this study, we examine the feasibility and acceptability of a 6-wk, interdisciplinary, occupation-based theater project for facilitating community engagement and substance use disorder (SUD) recovery in veterans. All data were collected at baseline, postintervention, and 6-wk and 6-mo follow-up intervals. Of the invited veterans, 24% consented to participate (n = 14), and 50% were retained (n = 7). Average attendance was 91%. Considerable improvements in social and occupational participation were noted at
postintervention and at 6-wk follow-up but were not retained at 6 mo. No important change in self-efficacy was noted. Of the participants, 86% remained abstinent for 6 wk following the intervention. Theater provides a feasible and acceptable resource for potentially facilitating SUD recovery. Larger controlled effectiveness studies of theater are needed to examine whether robust and notable recovery outcomes in people with SUDs can be linked to participation in theater.

**Source:** Medline

**Full text:** Available National Library of Medicine at [http://www.library.nhs.uk/booksandjournals/journals/](http://www.library.nhs.uk/booksandjournals/journals/) Athens password required.

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**Title:** Atypical Sensory Modulation and Psychological Distress in the General Population.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004250010p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Bar-Shalita, Tami, Cermak, Sharon A

**Abstract:** Atypical sensory modulation (ASM) is characterized by over- or underresponsiveness to sensory stimuli in one or more sensory systems. Faulty sensory information processing could result in anxiety. Because the relation between ASM and psychological distress has not been examined, we explored psychological distress and ASM in the general population. A community-based sample of 204 adults (105 men; mean age = 27.4 yr, standard deviation = 3.71) completed the Sensory Responsiveness Questionnaire-Intensity Scale (SRQ-IS; Bar-Shalita, Seltzer, Vatine, Yochman, & Parush, 2009); the Brief Symptom Inventory (BSI; Derogatis & Coons, 1993); and the Short Form-36 Health Survey, Version 2 (SF-36; Ware, Kosinski, & Gandek, 2005). The ASM group displayed considerably more distress symptoms than the comparison group. Multivariate linear regression showed SRQ-IS and SF-36 scores as significant predictors of BSI score (r = .64). ASM may be a risk factor for developing other mental health concerns. Inc.

**Source:** Medline

**Full text:** Available National Library of Medicine at [http://www.library.nhs.uk/booksandjournals/journals/](http://www.library.nhs.uk/booksandjournals/journals/) Athens password required.

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**Title:** Sensory Features of Toddlers at Risk for Autism Spectrum Disorder.

**Citation:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association, Jul 2016, vol. 70, no. 4, p. 7004220010p1, 0272-9490 (2016 Jul-Aug)

**Author(s):** Philpott-Robinson, Kelsey, Lane, Alison E, Harpster, Karen

**Abstract:** We observed sensory features in toddlers ages 12-24 mo with risk factors for autism spectrum disorder (ASD) and explored their relationship to general development and early signs of ASD. Participants (N = 46) included toddlers with higher risk for ASD. All participants were administered standardized assessments of sensory features, early signs of ASD, and general development at a single study visit. Sensory features in toddlers were characterized as either adaptive or reactive. Toddlers with more difficulties in oral sensory processing displayed more early signs of ASD. Typical oral and auditory processing were associated with higher cognitive function, and toddlers with fewer sensory features overall had more mature language skills. Specific sensory features were associated with both early signs of ASD and less mature general development. Replication of this preliminary study is required.

**Source:** Medline

**Full text:** Available National Library of Medicine at [http://www.library.nhs.uk/booksandjournals/journals/](http://www.library.nhs.uk/booksandjournals/journals/) Athens password required.

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**Title:** Who wants to go to occupational therapy school? Characteristics of Norwegian occupational therapy students.

**Citation:** Scandinavian journal of occupational therapy, Jul 2016, vol. 23, no. 4, p. 297-303, 1651-2014

**Author(s):** Bonsaksen, Tore, Kvarsnes, Hildegunn, Dahl, Mona

**Abstract:** Research on occupational therapy students has often been concerned with quite narrow topics. However, the basic characteristics of this group are yet to be examined in more depth. This study aimed to explore the sociodemographic, education-related, and work-related characteristics of occupational therapy students. A sample of 160 occupational therapy students in Norway participated. Differences between cohorts of students were examined with one-way analyses of variance (ANOVA) for continuous variables and with chi-square tests for categorical variables. The sample had a mean age of 24 years and was
predominantly female (79%). More than one-third of the students had one or both parents in an occupation requiring health education, whereas two-thirds of the students had one or both parents in an occupation requiring higher education. At entry, 57% of the participants had occupational therapy as their preferred choice of education and 43% had previous higher education experience. The few significant differences between the study cohorts were negligible. In the education programmes, specific attention may be considered for students with characteristics associated with increased risk of poorer study performance or other problems. This may concern male students and students with no previous higher education experience.

Source: Medline

Title: The values of occupational therapy: Perceptions of occupational therapists in Quebec.

Citation: Scandinavian journal of occupational therapy, Jul 2016, vol. 23, no. 4, p. 272-285, 1651-2014

Author(s): Drolet, Marie-Josée, Désormeaux-Moreau, Marjorie

Abstract: Recently, there has been increasing interest in the values of occupational therapy and the values held by occupational therapists. A wide range of values has been reported in the literature. Furthermore, despite the fact that values are an important part of professional identity, empirical studies have demonstrated that several occupational therapists possess an ambiguous professional identity. This study was undertaken to explore the values of Canadian occupational therapists, specifically French-speaking occupational therapists in Quebec.

Semi-structured interviews were conducted with 26 occupational therapists. Their narratives were subject to hermeneutic analysis, a method of textual analysis common in philosophical research.

A total of 16 values were identified in the discourses of the occupational therapists interviewed: autonomy; human dignity; occupational participation; social justice and equity; professionalism; holism; partnership, environment, or ecological approach; quality of life; solicitude; honesty; integrity; health; creativity; professional autonomy; effectiveness; and spirituality.

The results of this study are, in general, consistent with those reported in the few other empirical studies that have documented the values perceptions of occupational therapists. Finally, the explanation of the values of occupational therapists may reinforce their professional identity and favour best, or at least desirable, professional practices related to ethics and culture.

Source: Medline

Title: Feasibility study of a single-blind randomised controlled trial of an occupational therapy intervention.

Citation: Scandinavian journal of occupational therapy, Jul 2016, vol. 23, no. 4, p. 260-271, 1651-2014

Author(s): Gantschnig, Brigitte E, Nilsson, Ingeborg, Fisher, Anne G, Künzle, Christoph, Page, Julie

Abstract: Several factors facilitate or hinder efficacy research in occupational therapy. Strategies are needed, therefore, to support the successful implementation of trials.

To assess the feasibility of conducting a randomised controlled trial (RCT). The main feasibility objectives of this study were to assess the process, resources, management, and scientific basis of a trial RCT.

A total of 10 occupational therapists, between the ages of 30 and 55 (M 43.4; SD 8.3) with seven to 26 years' (M 14.3; SD 6.1) experience, participated in this study. Qualitative data collected included minutes of meetings, reports, and field notes. The data were analysed based on the principles of content analysis, using feasibility objectives as the main categories.

Data analysis revealed strengths in relation to retention and inclusion criteria of participants, the study protocol, study organisation, and the competence of researchers. Weaknesses were found related to recruitment, randomisation, data collection, time for training and communication, commitment, and design. The findings indicated that there are several factors which had a considerable impact on the implementation of an RCT in practice. However, it was useful to assess methods and procedures of the trial RCT as a basis to refine research plans.

Source: Medline

Title: Additional weekend therapy may reduce length of rehabilitation stay after stroke: a meta-analysis of individual patient data.

Citation: Journal of physiotherapy, Jul 2016, vol. 62, no. 3, p. 124-129, 1836-9561 (July 2016)

Author(s): English, Coralie, Shields, Nora, Brusco, Natasha K, Taylor, Nicholas F, Watts, Jennifer J, Peiris, Casey, Bernhardt, Julie, Crotty, Maria, Esterman, Adrian, Segal, Leonie, Hillier, Susan

Abstract: Among people receiving inpatient rehabilitation after stroke, does additional weekend
physiotherapy and/or occupational therapy reduce the length of rehabilitation hospital stay compared to those who receive a weekday-only service, and does this change after controlling for individual factors? Does additional weekend therapy improve the ability to walk and perform activities of daily living, measured at discharge? Does additional weekend therapy improve health-related quality of life, measured 6 months after discharge from rehabilitation? Which individual, clinical and hospital characteristics are associated with shorter length of rehabilitation hospital stay? This study pooled individual data from two randomised, controlled trials (n=350) using an individual patient data meta-analysis and multivariate regression. People with stroke admitted to inpatient rehabilitation facilities. Additional weekend therapy (physiotherapy and/or occupational therapy) compared to usual care (5 days/week therapy). Length of rehabilitation hospital stay, independence in activities of daily living measured with the Functional Independence Measure, walking speed and health-related quality of life. Participants who received weekend therapy had a shorter length of rehabilitation hospital stay. In the un-adjusted analysis, this was not statistically significant (MD -5.7 days, 95% CI -13.0 to 1.5). Controlling for hospital site, age, walking speed and Functional Independence Measure score on admission, receiving weekend therapy was significantly associated with a shorter length of rehabilitation hospital stay (β=7.5, 95% CI 1.7 to 13.4, p=0.001). There were no significant between-group differences in Functional Independence Measure scores (MD 1.9 points, 95% CI -2.8 to 6.6), walking speed (MD 0.06 m/second, 95% CI -0.15 to 0.04) or health-related quality of life (SMD -0.04, 95% CI -0.26 to 0.19) at discharge. Modest evidence indicates that additional weekend therapy might reduce rehabilitation hospital length of stay.

Source: Medline

**Title:** The development of the modified blaylock tool for occupational therapy referral (MBTOTR): a preliminary evaluation of its utility in acute care.

**Citation:** Disability and rehabilitation, Aug 2016, vol. 38, no. 16, p. 1610-1619, 1464-5165 (August 2016)

**Author(s):** Tan, Emma Su Zan, Mackenzie, Lynette, Travasssaros, Katrina, Yeo, Megan

**Abstract:** Acute hospitals are facing more complex admissions with older people at increased risk of functional decline. This study aimed to create and trial the feasibility of a new screening tool designed to identify patients at risk of functional decline who need an occupational therapy referral within acute care. Ten screening tools were reviewed and the Modified Blaylock Tool for Occupational Therapy Referral (MBTOTR) was developed. The MBTOTR was applied in a retrospective chart review of 50 patients over the age of 65 years who were admitted to five acute wards. Data on patients identified at risk of functional decline were compared to patients who were referred to occupational therapy. Occupational therapy referrals were made by ward staff for 14 out of the 50 patients reviewed (32.5%). Only 14% (n = 7) of patients did not require a referral. The MBTOTR identified no irrelevant occupational therapy referrals. However, 66.5% of patients identified as needing an occupational therapy referral did not get one. The MBTOTR identified high risk acute patients requiring an occupational therapy referral who were not referred to occupational therapy. Use of the MBTOTR would facilitate early occupational therapy referrals for complex patients, and potentially better discharge outcomes. Implications for rehabilitation The MBTOTR can be used in acute care settings to facilitate relevant occupational therapy referrals. Without a screening tool, many older people who should have an occupational therapy assessment may not receive a referral for occupational therapy. Nursing and medical staff need to use this tool to identify older people in their care who may benefit from occupational therapy assessment and intervention. If occupational therapy referrals can be made early, this may contribute to reducing delays to discharge plans for complex patients.

Source: Medline

**Title:** The client-centred approach as experienced by male neurological rehabilitation clients in occupational therapy. A qualitative study based on a grounded theory tradition.

**Citation:** Disability and rehabilitation, Aug 2016, vol. 38, no. 16, p. 1567-1577, 1464-5165 (August 2016)

**Author(s):** Van de Velde, Dominique, Devisch, Ignaas, De Vriendt, Patricia

**Abstract:** Purpose To explore the perspectives of male clients in a neurological rehabilitation setting with regard to the occupational therapy they have received and the client-centred approach. Method This study involved a qualitative research design based on the grounded theory tradition. Individual in-depth interviews were used to collect data. Data were analysed using a constant comparative method. Seven male participants from an inpatient neurological setting were included using a theoretical sampling technique. Results Three themes emerged to describe the approach of the therapists to client-centred practice: (a) a shared biomedical focus as the start of the rehabilitation process, (b) the un-simultaneous shift from a biomedical towards a psycho-social focus and (c) formal versus informal nature of gathering client
A client-centred approach entails a shift from the therapist focussing on recovery from the short-term neurological issues towards the long-term consequences of the disease. According to the client, this shift in reasoning must occur at a specific and highly subjective moment during the rehabilitation process. Identifying this moment could strengthen the client-centred approach. Implications for Rehabilitation Client-centred practice entails a shift from recovering the short-term neurological issues towards the long-term psycho-social consequences of the disease. To be effective in client-centred practice, the clients expect from the professional to be an authority with regard to biomedical issues and to be partner with regard to psycho-social issues. Client-centred practice is most likely to be successful when client is susceptible to discuss his psycho-social issues and finding this moment is a challenge for the professional. Using formal methods for goal setting do not necessarily cover all the information needed for a client-centred therapy programme. Rather, using informal methods could lead to a more valid image of the client.

Source: Medline

Title: Psychosocial Occupational Therapy Interventions for Substance-Use Disorders: A Narrative Review.

Author(s): Amorelli, Catrinna R.

Source: CINAHL

Title: Combining Adult Learning Theory with Occupational Therapy Intervention for Bladder and Bowel Management after Spinal Cord Injury: A Case Report.

Author(s): Gallagher, Gina, Bell, Alison

Source: CINAHL

Title: The Environmental Impact on Occupational Therapy Interventions.

Author(s): Skubik-Peplaski, Camille Louise, Howell, Dana, Hunter, Elizabeth

Source: CINAHL

Title: Occupational therapy: The promise and the paradox.

Author(s): O'Sullivan, Grace

Source: CINAHL

Full text: Available ProQuest at New Zealand Journal of Occupational Therapy

Title: The role of occupational therapy in visual impairment in Aotearoa/New Zealand.

Author(s): Butler, Mary

Source: CINAHL

Full text: Available ProQuest at New Zealand Journal of Occupational Therapy

Title: Non-Medical Use of Cognitive Enhancing Prescription Medications Among Occupational Therapy and Speech Language Pathology Health Care Students: A Pilot Study.

Author(s): McCombie, Randy P., Slanina, Hannah

Source: CINAHL


Author(s): Hitch, Danielle, Hii, Q. K., Davey, Ian

Source: CINAHL

Title: What are the limits of occupational therapy practice?...Meredith PJ (2014). Doing, being and
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<th>Title</th>
<th>Citation</th>
<th>Author(s)</th>
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<td>Transformation from student to occupational therapist: Using the Delphi technique to identify the threshold concepts of occupational therapy.</td>
<td><em>Australian Occupational Therapy Journal, 2016, vol./is. 63/2(95-104), 00450766</em></td>
<td>Gustafsson, Louise, Molineux, Matthew, Bennett, Sally</td>
<td>CINAHL</td>
<td>Available ProQuest at <a href="http://www.library.nhs.uk/booksandjournals/journals/">http://www.library.nhs.uk/booksandjournals/journals/</a> Athens password required.</td>
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<td>Occupational Therapy and the Primary Service Provider Model in Early Intervention.</td>
<td><em>OT Practice, 2016, vol./is. 21/6(0-7), 10844902</em></td>
<td>Stoffel, Ashley, Ramsdell, Kerrie, Pizur-Barnekw, Kris</td>
<td>CINAHL</td>
<td>Available ProQuest at <a href="http://www.library.nhs.uk/booksandjournals/journals/">http://www.library.nhs.uk/booksandjournals/journals/</a> Athens password required.</td>
</tr>
<tr>
<td>Collaborative activation: How occupational therapy and music therapy can work together to promote health.</td>
<td><em>Occupational Therapy Now, 2016, vol./is. 18/3(11-12), 14815532</em></td>
<td>Black, SarahRose, Dirks, Catherine</td>
<td>CINAHL</td>
<td>Available ProQuest at <a href="http://www.library.nhs.uk/booksandjournals/journals/">http://www.library.nhs.uk/booksandjournals/journals/</a> Athens password required.</td>
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</tbody>
</table>

**Title:** Changes in Upper-Extremity Functional Capacity and Daily Performance During Outpatient Occupational Therapy for People With Stroke.

**Citation:** American Journal of Occupational Therapy, 2016, vol./is. 70/3(0-10), 02729490

**Author(s):** Doman, Caitlin A., Waddell, Kimberly J., Bailey, Ryan R., Moore, Jennifer L., Lang, Catherine E.

**Source:** CINAHL


**Title:** "It's not about treatment, it's how to improve your life": The lived experience of occupational therapy in palliative care.

**Citation:** Palliative & Supportive Care, 2016, vol./is. 14/3(225-231), 14789515

**Author(s):** BADGER, SARAH, MACLEOD, ROD, HONEY, ANNE

**Abstract:** Objectives: A key aim of palliative care is to improve the quality-of-life of people with a life-threatening illness. Occupational therapists are well positioned to contribute to this aim due to their broad range of interventions, client-centeredness and focus on occupation. However, there is a limited understanding of how occupational therapy contributes to the end-of-life experience, which is crucial to providing optimal care. The aim of this study is to investigate the lived experience of occupational therapy in palliative care for people with a life-threatening illness. Method: A hermeneutic interpretive phenomenological approach was adopted. Semi-structured interviews were conducted with eight participants recruited from inpatient and outpatient sectors of a specialist palliative care hospital in Sydney, Australia. Results: The two themes developed from participant responses were: (1) occupational therapy provides comfort and safety and (2) trusting the occupational therapist to know what is needed. Significance Of Results: This study gives insight into the ways in which people with a life-threatening illness experience occupational therapy in palliative care. In addition, it provides a starting point to guide practice that is attentive to the needs of people with a life-threatening illness at end-of-life, thus enhancing client-centered care.

**Source:** CINAHL

**Title:** Survey Instruments for Knowledge, Skills, Attitudes and Behaviour Related to Evidence-based Practice in Occupational Therapy: A Systematic Review.

**Citation:** Occupational Therapy International, 2016, vol./is. 23/2(59-90), 09667903

**Author(s):** Buchanan, Helen, Siegfried, Nandi, Jelsma, Jennifer

**Source:** CINAHL

**Title:** Using historical documentary methods to explore the history of occupational therapy.

**Citation:** British Journal of Occupational Therapy, 2016, vol./is. 79/6(376-384), 03080226

**Author(s):** Dunne, Bríd, Pettigrew, Judith, Robinson, Katie

**Source:** CINAHL

**Title:** Predictors of academic performance and education programme satisfaction in occupational therapy students.

**Citation:** British Journal of Occupational Therapy, 2016, vol./is. 79/6(361-367), 03080226

**Author(s):** Bonsaksen, Tore

**Source:** CINAHL

**Title:** Occupational therapy roles and responsibilities: Development of a standardised measure of time use for staff working with adults in community settings.

**Citation:** British Journal of Occupational Therapy, 2016, vol./is. 79/6(336-344), 03080226

**Author(s):** Hughes, Jane, Wilberforce, Mark, Symonds, Eileen, Bowns, Ian, Challis, David

**Source:** CINAHL

**Title:** Future Scientists in Occupational Therapy.
Speech & Language Therapy

**Title:** Efficacy of auditory-verbal therapy in children with hearing impairment: A systematic review from 1993 to 2015.

**Citation:** International journal of pediatric otorhinolaryngology, Jul 2016, vol. 86, p. 124-134, 1872-8464

**Author(s):** Kaipa, Ramesh, Danser, Michelle L

**Abstract:** Auditory verbal therapy (AVT) is one of the primary treatment approaches for developing spoken language in children with hearing impairment (HI), but its outcomes have not been thoroughly investigated. The current study aimed to systematically review past studies investigating AVT outcomes in children with HI. A systematic search was conducted in six databases. Fourteen articles that met the final inclusion criteria were grouped under three categories based on the outcome measures: receptive and expressive language development, auditory/speech perception and mainstreaming. Articles under "receptive and expressive language development" category indicated AVT can even help children with HI beyond three years of age to develop age appropriate language skills and catch up with their hearing peers. Articles under "auditory/speech perception" category suggested that children receiving AVT can learn to recognize words accurately even in the presence of background noise. Articles grouped under "mainstreaming" category indicated that children receiving AVT can be successfully mainstreamed. Although studies suggest that AVT can have a positive impact on developing speech and language skills in children with HI, it is difficult to generalize these findings due to limited evidence. Future studies should utilize well-controlled group designs to minimize the role of external variables as well as strengthen the evidence-base for AVT.

**Source:** Medline

**Title:** Influence of current input-output and age of first exposure on phonological acquisition in early bilingual Spanish-English-speaking kindergarteners.

**Citation:** International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 368-383, 1460-6984 (July 2016)

**Author(s):** Ruiz-Felter, Roxanna, Cooperson, Solaman J, Bedore, Lisa M, Peña, Elizabeth D

**Abstract:** Although some investigations of phonological development have found that segmental accuracy is comparable in monolingual children and their bilingual peers, there is evidence that language use affects segmental accuracy in both languages. To investigate the influence of age of first exposure to English and the amount of current input-output on phonological accuracy in English and Spanish in early bilingual Spanish-English kindergarteners. Also whether parent and teacher ratings of the children's intelligibility are correlated with phonological accuracy and the amount of experience with each language.

Data for 91 kindergarteners (mean age = 5:6 years) were selected from a larger dataset focusing on Spanish-English bilingual language development. All children were from Central Texas, spoke a Mexican Spanish dialect and were learning American English. Children completed a single-word phonological...
assessments were used to probe accuracy: percentage of consonants and vowels correct and percentage of early-, middle-, and late-developing (EML) sounds correct were calculated. Children were more accurate on vowel production than consonant production and showed a decrease in accuracy from early to middle to late sounds. The amount of current input-output explained more of the variance in phonological accuracy than age of first English exposure. Although greater current input-output of a language was associated with greater accuracy in that language, English-dominant children were only significantly more accurate in English than Spanish on late sounds, whereas Spanish-dominant children were only significantly more accurate in Spanish than English on early sounds. Higher parent and teacher ratings of intelligibility in Spanish were correlated with greater consonant accuracy in Spanish, but the same did not hold for English. Higher intelligibility ratings in English were correlated with greater current English input-output, and the same held for Spanish. Current input-output appears to be a better predictor of phonological accuracy than age of first English exposure for early bilinguals, consistent with findings on the effect of language experience on performance in other language domains in bilingual children. Although greater current input-output in a language predicts higher accuracy in that language, this interacts with sound complexity. The results highlight the utility of the EML classification in assessing bilingual children's phonology. The relationships of intelligibility ratings with current input-output and sound accuracy can shed light on the process of referral of bilingual children for speech and language services.

Source: Medline

Title: Direction of attentional focus in biofeedback treatment for /r/ misarticulation.

Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 384-401, 1460-6984 (July 2016)

Author(s): McAllister Byun, Tara, Swartz, Michelle T, Halpin, Peter F, Szeredi, Daniel, Maas, Edwin

Abstract: Maintaining an external direction of focus during practice is reported to facilitate acquisition of non-speech motor skills, but it is not known whether these findings also apply to treatment for speech errors. This question has particular relevance for treatment incorporating visual biofeedback, where clinician cues can direct the learner's attention either externally (i.e., to the movements of the articulators) or externally (i.e., to the visual biofeedback display). This study addressed two objectives. First, it aimed to use single-subject experimental methods to collect additional evidence regarding the efficacy of visual-acoustic biofeedback treatment for children with /r/ misarticulation. Second, it compared the efficacy of this biofeedback intervention under two cueing conditions. In the external focus (EF) condition, participants' attention was directed exclusively to the external biofeedback display. In the internal focus (IF) condition, participants viewed a biofeedback display, but they also received articulatory cues encouraging an internal direction of attentional focus. Nine school-aged children were pseudo-randomly assigned to receive either IF or EF cues during 8 weeks of visual-acoustic biofeedback intervention. Accuracy in /r/ production at the word level was probed in three to five pre-treatment baseline sessions and in three post-treatment maintenance sessions. Outcomes were assessed using visual inspection and calculation of effect sizes for individual treatment trajectories. In addition, a mixed logistic model was used to examine across-subjects effects including phase (pre/post-treatment), /r/ variant (treated/untreated), and focus cue condition (internal/external). Six out of nine participants showed sustained improvement on at least one treated /r/ variant; these six participants were evenly divided across EF and IF treatment groups. Regression results indicated that /r/ productions were significantly more likely to be rated accurate post- than pre-treatment. Internal versus external direction of focus cues was not a significant predictor of accuracy, nor did it interact significantly with other predictors. The results are consistent with previous literature reporting that visual-acoustic biofeedback can produce measurable treatment gains in children who have not responded to previous intervention. These findings are also in keeping with previous research suggesting that biofeedback may be sufficient to establish an external attentional focus, independent of verbal cues provided. The finding that explicit articulator placement cues were not necessary for progress in treatment has implications for intervention practices for speech-sound disorders in children.

Source: Medline

Title: On the diverse outcome of communication partner training of significant others of people with aphasia: an experimental study of six cases.

Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 402-414, 1460-6984 (July 2016)

Author(s): Eriksson, Karin, Hartelius, Lena, Saldert, Charlotta

Abstract: Communication partner training (CPT) has been shown to improve the communicative
environment of people with aphasia. Interaction-focused training is one type of training that provides an individualized intervention to participants. Although shown to be effective, outcomes have mostly been evaluated in non-experimental case studies.

The aim of the controlled experimental intervention study was to evaluate an individualized approach in a CPT programme directed to significant others of people with aphasia. Specifically the effects on conversation partners' ability to support the person with aphasia in conversation and on the individuals with aphasia's perception of their functional communication were explored.

Six dyads consisting of a person with aphasia and a significant other were included in a replicated single-subject design with multiple baselines across individuals. The intervention followed the interaction-focused communication training programme included in Supporting Partners of People with Aphasia in Relationships and Conversation (SPARRC). The main elements of the training consisted of supervised viewing of the couples' own video-recorded natural interaction and the formulation of individual goals for the adaptation of particular communicative strategies. Outcome was measured via blinded ratings of filmed conversational interaction obtained once a week throughout the different phases of baseline, intervention and follow-up. A rating scale to assess overall quality of conversation was used, taking into account both transfer of information and social aspects of conversation. Measures of perceived functional communication in the persons with aphasia were also collected from the individuals with aphasia and their conversation partners. The results were mixed, with two of the six participants showing small improvements in ability to support their partner with aphasia in conversation. Half the participants with aphasia and half the significant others reported improvements on perceived functional communication in the person with aphasia after intervention, but no changes were statistically significant.

This study adds to the growing body of research concerning CPT by pinpointing the importance of careful consideration regarding set-up of training, suitability of participants and evaluation of outcome.

Source: Medline

| Title: Perceptual ratings of subgroups of ataxic dysarthria. |
| Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 430-441, 1460-6984 (July 2016) |
| Author(s): Spencer, Kristie A, France, Ashley A |

Abstract: The speech characteristics of ataxic dysarthria are known to be quite diverse. The varied presentation of this dysarthria challenges researchers and clinicians alike, and brings into question whether it is a single entity. While the possibility of subtypes of ataxic dysarthria has been suggested, the nature of these putative groups remains unclear. The purpose of this pilot study was to determine if perceptual speech characteristics would align with a pattern of unusual variability or unusual consistency across speech subsystems and speaking tasks. A framework of speech characteristics was created from the existing literature that clustered speech attributes according to notions of instability (unusual variability) or inflexibility (unusual consistency). These speech features were used to develop a perceptual rating form. Ten experienced speech-language pathologists listened to pre-recorded, exemplary samples of 10 speakers with ataxic dysarthria and rated the perceptual speech features. Results suggested that five speakers fit the pattern of instability, one speaker aligned with inflexibility and four speakers had a mixed presentation. Intra-rater reliability was satisfactory. This study adds to the sparse, yet growing, literature to support the existence of subgroups in ataxic dysarthria. The more frequent occurrence of the instability profile is consistent with primary disruption to the timing function of the cerebellar circuit. Identification of subgroups has important clinical and research implications and further research is warranted.

Source: Medline

| Title: Inequalities in the provision of paediatric speech and language therapy services across London boroughs. |
| Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 442-446, 1460-6984 (July 2016) |
| Author(s): Pring, Tim |

Abstract: The inverse-care law suggests that fewer healthcare resources are available in deprived areas where health needs are greatest. To examine the provision of paediatric speech and language services across London boroughs and to relate provision to the level of deprivation of the boroughs. Information on the employment of paediatric speech and language therapists was obtained from London boroughs by freedom-of-information requests. The relationship between the number of therapists and the index of multiple deprivation for the borough was examined. Twenty-nine of 32 boroughs responded. A positive relationship between provision and need was obtained, suggesting that the inverse-care law does
not apply. However, large inequalities of provision were found particularly among the more socially deprived boroughs. In some instances boroughs had five times as many therapists per child as other boroughs. The data reveal that large differences in speech and language therapy provision exist across boroughs. The reasons for these inequalities are unclear, but the lack of comparative information across boroughs is likely to be unhelpful in planning equitable services. The use of freedom of information in assessing health inequalities is stressed and its future availability is desirable.

Source: Medline

Title: Reliability of the Test of Integrated Language and Literacy Skills (TILLS).

Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 447-459, 1460-6984 (July 2016)

Author(s): Mailend, Marja-Liisa, Plante, Elena, Anderson, Michele A, Applegate, E Brooks, Nelson, Nickola W

Abstract: As new standardized tests become commercially available, it is critical that clinicians have access to the information about a test's psychometric properties, including aspects of reliability. The purpose of the three studies reported in this article was to investigate the reliability of a new test, the Test of Integrated Language and Literacy Skills (TILLS), with consideration of both internal and external sources of measurement error. The TILLS was administered to children aged 6:0-18;11 years. The participants varied in terms of their language and literacy skills and included children with typical language development as well as those diagnosed with language or learning disability. The sample of children also varied in terms of their racial and socioeconomic backgrounds. Study 1 (N = 1056) assessed the internal consistency of TILLS calculating the coefficient omega for each subtest. Study 2 (N = 103) and Study 3 (N = 39) used the intra-class correlation coefficients to report on test-retest and inter-rater reliability respectively. The results indicate strong internal consistency and inter-rater reliability for all subtests of TILLS. The test-retest reliability was strong for all but one subtest, for which the intra-class correlation coefficient was in the acceptable range. This article provides clinicians with essential scientific information that supports the internal and external reliability of a new test of oral and written language skills, the TILLS. Information about reliability is critical for guiding the selection of an appropriate diagnostic tool amongst a number of options.

Source: Medline

Title: Dual language versus English-only support for bilingual children with hearing loss who use cochlear implants and hearing aids.

Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 460-472, 1460-6984 (July 2016)

Author(s): Bunta, Ferenc, Douglas, Michael, Dickson, Hanna, Cantu, Amy, Wickesberg, Jennifer, Gifford, René H

Abstract: There is a critical need to understand better speech and language development in bilingual children learning two spoken languages who use cochlear implants (CIs) and hearing aids (HAs). The paucity of knowledge in this area poses a significant barrier to providing maximal communicative outcomes to a growing number of children who have a hearing loss (HL) and are learning multiple spoken languages. In fact, the number of bilingual individuals receiving CIs and HAs is rapidly increasing, and Hispanic children display a higher prevalence of HL than the general population of the United States. In order to serve better bilingual children with CIs and HAs, appropriate and effective therapy approaches need to be designed and tested, based on research findings. This study investigated the effects of supporting both the home language (Spanish) and the language of the majority culture (English) on language outcomes in bilingual children with HL who use CIs and HAs as compared to their bilingual peers who receive English-only support. Retrospective analyses of language measures were completed for two groups of Spanish- and English-speaking bilingual children with HL who use CIs and HAs matched on a range of demographic and socio-economic variables: those with dual-language support versus their peers with English-only support. Dependent variables included scores from the English version of the Preschool Language Scales, 4th Edition. Bilingual children who received dual-language support outperformed their peers who received English-only support at statistically significant levels as measured by Total Language and Expressive Communication as raw and language age scores. No statistically significant group differences were found on Auditory Comprehension scores. In addition to providing support in English, encouraging home language use and providing treatment support in the first language may help rather than hinder development of both English and the home language in bilingual children with HL who use CIs and HAs. In fact, dual-language
support may yield better overall and expressive English language outcomes than English-only support for this population.

Source: Medline

| Title: Oral morphosyntactic competence as a predictor of reading comprehension in children with specific language impairment. |
| Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 473-477, 1460-6984 (July 2016) |
| Author(s): Buil-Legaz, Lucia, Aguilar-Mediavilla, Eva, Rodríguez-Ferreiro, Javier |
| Abstract: Children with a diagnosis of specific language impairment (SLI) present impaired oral comprehension. According to the simple view of reading, general amodal linguistic capacity accounts for both oral and reading comprehension. Considering this, we should expect SLI children to display a reading comprehension deficit. However, previous research regarding the association between reading disorders and SLI has yielded inconsistent results. To study the influence of prior oral comprehension competence over reading comprehension during the first years of reading acquisition of bilingual Catalan-Spanish children with SLI (ages 7-8). We assessed groups of bilingual Catalan-Spanish SLI and matched control children at ages 7 and 8 with standardized reading comprehension tasks including grammatical structures, sentence and text comprehension. Early oral competence and prior non-verbal intelligence were also measured and introduced into regression analyses with the participants' reading results in order to state the relation between the comprehension of oral and written material. Although we found no significant differences between the scores of our two participant groups in the reading tasks, data regarding their early oral competence, but not non-verbal intelligence measures, significantly influence their reading outcome. The results extend our knowledge regarding the course of literacy acquisition of children with SLI and provide evidence in support of the theories that assume common linguistic processes to be responsible for both oral and reading comprehension. |

Source: Medline

| Title: Content analysis of the professional journal of the College of Speech Therapists II: coming of age and growing maturity, 1946-65. |
| Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 478-486, 1460-6984 (July 2016) |
| Author(s): Stansfield, Jois, Armstrong, Linda |
| Abstract: Following a content analysis of the first 10 years of the UK professional journal Speech, this study was conducted to survey the published work of the speech (and language) therapy profession in the 20 years following the unification of two separate professional bodies into the College of Speech Therapists. To understand better the development of the speech (and language) therapy profession in the UK in order to support the development of an online history of the speech and language therapy profession in the UK. The 40 issues of the professional journal of the College of Speech Therapists published between 1946 and 1965 (Speech and later Speech Pathology and Therapy) were examined using content analysis and the content compared with that of the same journal as it appeared from 1935 to the end of the Second World War (1945). Many aspects of the journal and its authored papers were retained from the earlier years, for example, the range of authors' professions, their location mainly in the UK, their number of contributions and the length of papers. Changes and developments included the balance of original to republished papers, the description and discussion of new professional issues, and an extended range of client groups/disorders. The journal and its articles reflect the growing maturity of the newly unified profession of speech therapy and give an indication both of the expanding depth of knowledge available to speech therapists and of the rapidly increasing breadth of their work over this period. |

Source: Medline

| Title: Use of outcome measurement by paediatric AHPs in Northern Ireland. |
| Citation: International journal of language & communication disorders / Royal College of Speech & Language Therapists, Jul 2016, vol. 51, no. 4, p. 487-492, 1460-6984 (July 2016) |
| Author(s): Harron, Anita, Titterington, Jill |
| Abstract: Professional standards advocate routine use of outcome measurement (OM) in the practice of allied health professionals (AHPs). Historically, OM has focused on impairment and its immediate constraints on activity, while current policy encourages the development and addition of impact-based OM. |
There appears to be an assumption at this stage of AHP development that the use of OM is well embedded into practice. However, there is no evidence to support this assumption, which leads to the current investigation into the overall readiness of paediatric AHPs—speech and language therapists (SLTs), occupational therapists (OTs) and physiotherapists (PTs)—to use OM.

To investigate the readiness of paediatric AHPs in the use of OM and to consider what influences this use. A total of 133 paediatric AHPs working in the National Health Service (NHS) in Northern Ireland completed the Clinician Readiness for Measuring Outcomes Scale (CReMOS). CReMOS’s 26 statements are rated on a six-point Likert scale identifying readiness to use OM based on the Trantheoretical Model of Change. While about 75% of clinicians were using OM, 25% require support to roll this out in their practice. This pattern was similar across the professions, and while the majority perceived the value of OM, several factors influenced their use.

Clinicians would benefit from protected time and support from experts/role models to promote and facilitate best practice in the use of OM. Furthermore, funding for AHP services based on measurable outcomes for service users would facilitate their use in practice. Further research teasing out the different types of OM and the supports and barriers to their use would be very valuable.

Source: Medline

Title: ‘now it is about me having to learn something ....’ partners’ experiences with a dutch conversation partner training programme (pact).

Citation: International Journal of Language & Communication Disorders, Jun 2016, (Jun 30, 2016), 1368-2822 (Jun 30, 2016)

Author(s): Wielaeart, Sandra M., Berns, Philine, de Sandt-Koenderman, Mieke W. M. E, Dammers, Nina, Sage, Karen

Abstract: Background The increase in the number of reported conversation partner programmes for conversation partners of people with aphasia demonstrates increased awareness of partner needs and the positive effect of trained partners on the communicative abilities of the person with aphasia. Predominantly small-scale studies describe the effectiveness of conversation partner training (CPT) and how partners perceive this training. The view of partners on this service commission remains largely unknown. Aims To explore the experiences of partners of people with aphasia with a CPT programme when it was newly introduced into rehabilitation settings. Methods & Procedures Seventeen partners of people with aphasia were interviewed using a semi-structured format about their experience with Partners of Aphasic Clients Conversation Training (PACT). Transcribed interviews were analysed using qualitative content analysis. Outcomes & Results Four categories representative of the practical nature and individual tailoring of PACT were identified: engaging with PACT; learning from PACT; reflecting on behaviour and emotions; and experiences with earlier speech and language therapy (SLT). Two themes were identified cutting across all categories: the nature of communication is difficult to grasp; and balancing roles as partner, carer and client. Conclusions & Implications Partners appreciated the training programme once their initial lack of awareness of the interactive nature of communication had been addressed. SLTs need to be clear about the collaborative nature of conversations and what can be offered within the rehabilitation trajectory to address conversation alongside language training.

Source: PsycInfo

Title: Displays and claims of understanding in conversation by people with aphasia.

Citation: Aphasiology, Jun 2016, vol. 30, no. 6, p. 750-764, 0268-7038 (Jun 2016)

Author(s): Walker, Traci, Thomson, Jennifer, Watt, Ian

Abstract: Background: There is scope for additional research into the specific linguistic and sequential structures used in speech and language therapist (SLT)-led therapeutic conversations with people with aphasia (PWA). Whilst there is some evidence that SLTs use different conversational strategies than the partners of PWA, research to date has focussed mainly on measuring the effects of conversation-based therapies—not on analysing therapeutic conversations taking place between SLTs and PWA. Aims: This paper presents an analysis of the use of oh-prefacing by some PWA during therapeutic supported conversations with SLTs. Methods & Procedures: Normally occurring therapeutic conversations between SLTs and PWA after stroke were qualitatively analysed using Conversation Analysis. Interactions with five PWA were video-recorded, involving three different specialist stroke SLTs. Outcomes & Results: The analysis revealed a difference in the way some PWA use turns that display understanding (e.g., oh right) versus those that continue the conversation, merely claiming understanding (e.g., right). This use of oh-prefacing is similar to that described in the literature on typical conversations. In our data, SLTs are shown to treat oh-prefaced turns differently from non-oh-prefaced turns, by pursuing the topic in the latter, and
progressing on to a new topic in the former. Conclusions: At least some PWA use oh-prefacing in the same way as non-language-impaired adults to display understanding of information versus merely claiming to understand. The SLTs in our data are shown to treat non-oh-prefaced turns as mere claims of understanding by providing the PWA with additional information, using supported conversation techniques, and pursuing additional same-topic talk, whereas oh-prefaced turns are treated as displays of understanding by being confirmed, and leading to changes of topic. This study is a first step in providing SLTs with a clearer understanding of the ways in which they are assessing the understanding of PWA, which may in turn help them better support non-therapy staff.

Source: PsycInfo

Title: Speech and language therapies to improve pragmatics and discourse skills in patients with schizophrenia.

Citation: Psychiatry research, Jun 2016, vol. 240, p. 88-95, 1872-7123 (June 30, 2016)

Author(s): Joyal, Marilyne, Bonneau, Audrey, Fecteau, Shirley

Abstract: Individuals with schizophrenia display speech and language impairments that greatly impact their integration to the society. The aim of this systematic review was to identify the importance of speech and language therapy (SLT) as part of rehabilitation curriculums for patients with schizophrenia emphasizing on the speech and language abilities assessed, the therapy setting and the therapeutic approach. This article reviewed 18 studies testing the effects of language therapy or training in 433 adults diagnosed with schizophrenia. Results showed that 14 studies out of 18 lead to improvements in language and/or speech abilities. Most of these studies comprised pragmatic or expressive discursive skills being the only aim of the therapy or part of it. The therapy settings vary widely ranging from twice daily individual therapy to once weekly group therapy. The therapeutic approach was mainly operant conditioning. Although the evidence tends to show that certain areas of language are treatable through therapy, it remains difficult to state the type of approach that should be favoured and implemented to treat language impairments in schizophrenia.

Source: Medline

Title: Using robots in "Hands-on" academic activities: a case study examining speech-generating device use and required skills.

Citation: Disability and rehabilitation. Assistive technology, Jul 2016, vol. 11, no. 5, p. 433-443, 1748-3115

Author(s): Adams, Kim, Cook, Al

Abstract: A 12-year-old girl, Emily, with complex communication needs and severe physical limitations, controlled a Lego robot from a speech-generating device (SGD) to do various "hands-on" academic activities. Emily's teacher and assistive technology (AT) team thought that controlling a robot would motivate Emily to "use her SGD more". A descriptive case study was used because the integration of communication and manipulation technologies is not yet understood. Target activities and goals were chosen by Emily's teacher and AT team. Emily performed several manipulative math activities and engaged in an "acting" activity aimed at increasing her message length. The competency skills needed to control a robot from the SGD were examined, as well as stakeholder satisfaction with the robot system. Emily generated up to 0.4 communication events and 7 robot commands per minute in the activities. Her length of utterance was usually one-word long, but she generated two- and three-word utterances during some activities. Observations of Emily informed a framework to describe the competency skills needed to use SGDs to control robots. Emily and her teacher expressed satisfaction with robot use. Robot use could motivate students to build SGD operational skills and learn educational concepts. Implications for Rehabilitation Controlling a robot from a speech-generating device (SGD) could increase students' motivation, engagement and understanding in learning educational concepts, because of the hands-on enactive approach. The robot and SGD system was acceptable to the participant and teacher and elicited positive comments from classmates. Thus, it may provide a way for children with disabilities to link with the curriculum and with other students in the classroom. Controlling a robot via SGD presents opportunities to improve augmentative and alternative communication operational, linguistic, social and strategic skills. Careful choice of activities will ensure that the activity requirements focus on the desired target skill, e.g. drawing or playing board games could be helpful to build operational skills and acting out stories could be helpful for building linguistic skills.

Source: Medline

Title: Listening and Learning: Cognitive Contributions to the Rehabilitation of Older Adults With and Without Audiometrically Defined Hearing Loss.

**Author(s):** Tremblay, Kelly L, Backer, Kristina C

**Abstract:** Here, we describe some of the ways in which aging negatively affects the way sensory input is transduced and processed within the aging brain and how cognitive work is involved when listening to a less-than-perfect signal. We also describe how audiologic rehabilitation, including hearing aid amplification and listening training, is used to reduce the amount of cognitive resources required for effective auditory communication and conclude with an example of how listening effort is being studied in research laboratories for the purpose(s) of informing clinical practice.

**Source:** Medline

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**Author(s):** Bennett, Leanne, Luker, Julie, English, Coralie, Hillier, Susan

**Abstract:** To explore stroke survivors' perspectives of two novel models of inpatient physiotherapy, which provide an increased amount of therapy: five days a week circuit class therapy and seven days a week individual therapy. This is a qualitative descriptive study using semi-structured interviews and thematic analysis. The participants were 10 purposively sampled stroke survivors in the post-acute phase of recovery, who had experienced seven days a week individual therapy or five days a week circuit group therapy during inpatient rehabilitation. Three main themes emerged from the data: Too much, too little or just right; My experience - alone and together; and Meeting my needs. Findings revealed considerable variety in participants' beliefs, priorities and preferences regarding how intensely they could work; their experience of success and challenge individually and collectively; and their need to have their own unique individual needs met. Lack of choice seemed to be a linking concept between the themes.

In order to provide patient-centred services, novel methods of increased therapy must take into consideration the individual needs and preferences of the people accessing them. One model may not meet all these needs, hence a "menu" of options for therapy sessions (different timing, frequency, duration, content, rest and supervision) may be required to accommodate the diversity of patient needs, preferences and capacities. Implications for Rehabilitation People with stroke have diverse needs and preferences regarding the modes of delivering more therapy during rehabilitation. These diverse needs may not be met by one rigid service model. Therapists and service providers could engage their clients in a dialogue about the need for more therapy and how it can be delivered. This dialogue could include options of the various ways to increase their therapy. Therapists need to provide clear reasons and education around therapy components, including rest time and practice schedules.

**Source:** Medline

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**Journal of the Formosan Medical Association = Taiwan yi zhi, Jul 2016, vol. 115, no. 7, p. 553-559,**

**Author(s):** Toulabi, Tahereh, Kalaveh, Shirin Mohammadi, Ghasemi, Fatemeh, Anbari, Khatereh

**Abstract:** Hemodialysis contributes to changes in lifestyle and the health status of patients. The aim of this study was to evaluate the impact of participatory rehabilitation on the quality of life of hemodialysis patients. This quasi-experimental before and after study was conducted on 30 patients in the hemodialysis center at Hazrat-e-Rasoul Hospital in Javanrood during 2013. The rehabilitation program was executed with participation of experts in the fields of nursing, physiotherapy, and clinical psychology for 8 weeks. The instrument used for data collection was the hemodialysis version of Ferrans and Powers Quality of Life Index (QLI) which was completed by the research assistant by interview before and after the rehabilitation program. The mean age of patients was 55.8 ± 14.3 years, 60% were male, and 93.3% were married. The average duration of hemodialysis was 3 ± 2.4 years. The quality of life score of all patients before the intervention was between 10 and 19 (moderate level), which after intervention, improved to a good level in half of the patients (p < 0.001). Rehabilitation programs improve the quality of life of hemodialysis patients. By this finding, implementation of rehabilitation programs is recommended in hemodialysis centers with participation of experts from different fields including nurses, physiotherapists, and clinical psychologists.

**Source:** Medline
**Title:** RehabGesture: An Alternative Tool for Measuring Human Movement.

**Citation:** Telemedicine journal and e-health : the official journal of the American Telemedicine Association, Jul 2016, vol. 22, no. 7, p. 584-589, 1556-3669 (July 2016)

**Author(s):** Brandão, Alexandre F, Dias, Diego R C, Castellano, Gabriela, Parizotto, Nivaldo A, Trevelin, Luis Carlos

**Abstract:** Systems for range of motion (ROM) measurement such as OptoTrak, Motion Capture, Motion Analysis, Vicon, and Visual 3D are so expensive that they become impracticable in public health systems and even in private rehabilitation clinics. Telerehabilitation is a branch within telemedicine intended to offer ways to increase motor and/or cognitive stimuli, aimed at faster and more effective recovery of given disabilities, and to measure kinematic data such as the improvement in ROM.

In the development of the RehabGesture tool, we used the gesture recognition sensor Kinect® (Microsoft, Redmond, WA) and the concepts of Natural User Interface and Open Natural Interaction. RehabGesture can measure and record the ROM during rehabilitation sessions while the user interacts with the virtual reality environment. The software allows the measurement of the ROM (in the coronal plane) from 0° extension to 145° flexion of the elbow joint, as well as from 0° adduction to 180° abduction of the glenohumeral (shoulder) joint, leaving the standing position. The proposed tool has application in the fields of training and physical evaluation of professional and amateur athletes in clubs and gyms and may have application in rehabilitation and physiotherapy clinics for patients with compromised motor abilities.

RehabGesture represents a low-cost solution to measure the movement of the upper limbs, as well as to stimulate the process of teaching and learning in disciplines related to the study of human movement, such as kinesiology.

**Source:** Medline

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**Title:** therapy services: from ancillary to necessary.

**Citation:** hfm (Healthcare Financial Management), 2016, vol./is. 70/5(42-45), 07350732

**Author(s):** Britt, John

**Abstract:** Physical and occupational therapy and speech language pathology services are assuming an increasingly important role as healthcare providers transition to value-based care. Finance leaders can support the efforts of therapy leaders by working with them to: Determine priorities regarding level of care. Establish appropriate staffing and productivity metrics. Promote accurate and thorough charge-capture efforts. Broaden the referral base for therapy services

**Source:** CINAHL

**Full text:** Available ProQuest at hfm (Healthcare Financial Management)

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**Title:** Patient-Reported Mobility: A Systematic Review.

**Citation:** Archives of physical medicine and rehabilitation, Jul 2016, vol. 97, no. 7, p. 1182-1194,

**Author(s):** Pinto-Carral, Arrate, Fernández-Villa, Tania, Molina de la Torre, Antonio José

**Abstract:** To identify the self-administered instruments to assess mobility in adults with disability, to link the mobility assessed by these instruments to the International Classification of Functioning, Disability and Health (ICF), and to evaluate their methodological quality.

Scopus, Science Direct, and Web of Science were systematically searched up to July 2015. Studies on the development and validation of self-administered questionnaires in which at least half of the items were related to movement or mobility were included.

The mobility assessed by the instruments was classified according to the ICF categories. The methodological quality was assessed according to the Consensus-based Standards for the Selection of Health Measurement Instruments checklist.

Of 5791 articles, 34 studies were eligible for inclusion. Only 10 of the instruments contained items that exclusively assessed mobility. The most frequently linked ICF categories were "changing basic body position" (19.4%), "walking" (14.8%), and "moving around" (13.5%). Measurement properties evaluated included internal consistency (5 studies), reliability (5 studies), measurement error (1 study), content validity (9 studies), structural validity (4 studies), hypotheses testing (6 studies), and responsiveness (1 study). Only content validity obtained the highest quality, probably because the studies included in the review reported the development and initial validation of the instruments.

Self-administered mobility questionnaires published in the scientific literature assess mobility activities rather than functions related to movement, and do so from the perspective of disability, frequently including self-care and domestic life as domains for assessment. The instruments that presented the highest
methodological quality were the Outpatient Physical Therapy Improvement in Movement Assessment Log, the Movement Ability Measure, and the Mobility Activities Measure for Inpatient Rehabilitation Settings.

Source: Medline

Title: Parents’ perceptions of the services provided to children with cerebral palsy in the transition from preschool rehabilitation to school-based services.

Citation: Child: care, health and development, Jul 2016, vol. 42, no. 4, p. 455-463, 1365-2214 (July 2016)

Author(s): Alsem, M W, Verhoef, M, Gorter, J W, Langezaal, L C M, Visser-Meily, J M A, Ketelaar, M

Abstract: To describe the course of parents’ perceptions of the family centredness of rehabilitation services provided to their children with cerebral palsy (CP) before and after the transition from preschool to school-based services. Parents of 59 children with CP aged 2.5 to 4.5 years filled in the 56-item Measure of Processes of Care (MPOC-56) on three occasions pre (2) and post (1) transition to school-based services. Friedman tests were used to describe changes in parents' perceptions over time. Mann-Whitney U tests were used to describe differences in course of parents' perceptions between regular school and special school or day care. Parents’ perceptions of preschool services were stable between the ages of 2.5 and 3.5 years, with a decline after transition on four of the five domains of the MPOC (P < 0.05). The domain providing general information was scored lowest (median at baseline 3.56, IQR 2.39) compared with the four other MPOC domains, but remained stable over time. No differences in course of parental perceptions were found for school type. The transition from preschool to school-based services for children with CP is associated with a decrease in parents' perception of family centredness independent of the type of school. The transition in services has a negative impact on perceived family-centred practices.

Source: Medline

Title: Therapeutic effect of acupuncture combining standard swallowing training for post-stroke dysphagia: A prospective cohort study.

Citation: Chinese journal of integrative medicine, Jul 2016, vol. 22, no. 7, p. 525-531, 1672-0415

Author(s): Mao, Li-Ya, Li, Li-Li, Mao, Zhong-Nan, Han, Yan-Ping, Zhang, Xiao-Ling, Yao, Jun-Xiao, Li, Ming

Abstract: To assess the therapeutic effect of acupuncture combining standard swallowing training for patients with dysphagia after stroke. A total of 105 consecutively admitted patients with post-stroke dysphagia in the Affiliated Hospital of Gansu University of Chinese Medicine were included: 50 patients from the Department of Neurology and Rehabilitation received standard swallowing training and acupuncture treatment (acupuncture group); 55 patients from the Department of Neurology received standard swallowing training only (control group). Participants in both groups received 5-day therapy per week for a 4-week period. The primary outcome measures included the scores of Videofluoroscopic Swallow Study (VFSS) and the Standardized Swallowing Assessment (SSA); the secondary outcome measure was the Royal Brisbane Hospital Outcome Measure for Swallowing (RBHOMS), all of which were assessed before and after the 4-week treatment. A total of 98 subjects completed the study (45 in the acupuncture group and 53 in the control group). Significant differences were seen in VFSS, SSA and RBHOMS scores in each group after 4-week treatment as compared with before treatment (P<0.01). Comparison between the groups after 4-week treatment showed that the VFSS P=0.007 and SSA scores (P=0.000) were more significantly improved in the acupuncture group than the control group. However, there was no statistical difference (P=0.710) between the acupuncture and the control groups in RBHOMS scores. Acupuncture combined with the standard swallowing training was an effective therapy for post-stroke dysphagia, and acupuncture therapy is worth further investigation in the treatment of post-stroke dysphagia.

Source: Medline

Title: Group therapy task training versus individual task training during inpatient stroke rehabilitation: a randomised controlled trial.

Citation: Clinical rehabilitation, Jul 2016, vol. 30, no. 7, p. 637-648, 1477-0873 (July 2016)

Author(s): Renner, Caroline Ie, Outermans, Jacqueline, Ludwig, Ricarda, Brendel, Christiane, Kwakkel, Gert, Hummelsheim, Horst

Abstract: To compare the efficacy of intensive daily applied progressive group therapy task training with equally dosed individual progressive task training on self-reported mobility for patients with moderate to severe stroke during inpatient rehabilitation.
A total of 73 subacute patients with stroke who were not able to walk without physical assistance at randomisation. Patients were allocated to group therapy task training (GT) or individual task training (IT). Both interventions were intended to improve walking competency and comprised 30 sessions of 90 minutes over six weeks. Primary outcome was the mobility domain of the Stroke Impact Scale (SIS-3.0). Secondary outcomes were the other domains of SIS-3.0, standing balance, gait speed, walking distance, stair climbing, fatigue, anxiety and depression. No adverse events were reported in either arm of the trial. There were no significant differences between groups for the SIS mobility domain at the end of the intervention (Z= -0.26, P = 0.79). No significant differences between groups were found in gait speed improvements (GT:0.38 ±0.23; IT:0.26±0.35), any other gait related parameters, or in non-physical outcomes such as depression and fatigue.

Inpatient group therapy task training for patients with moderate to severe stroke is safe and equally effective as a dose-matched individual task training therapy. Group therapy task training may be delivered as an alternative to individual therapy or as valuable adjunct to increase time spent in gait-related activities.

Source: Medline
Full text: Available EBSCOhost at Clinical Rehabilitation

Title: Psychometric evaluation of the Posture and Postural Ability Scale for children with cerebral palsy.
Citation: Clinical rehabilitation, Jul 2016, vol. 30, no. 7, p. 697-704, 1477-0873 (July 2016)
Author(s): Rodby-Bousquet, Elisabet, Persson-Bunke, Måns, Czuba, Tomasz

Abstract: To evaluate construct validity, internal consistency and inter-rater reliability of the Posture and Postural Ability Scale for children with cerebral palsy.
Evaluation of psychometric properties.
Five child rehabilitation centres in the south of Sweden, in November 2013 to March 2014. A total of 29 children with cerebral palsy (15 boys, 14 girls), 6-16 years old, classified at Gross Motor Function Classification System (GMFCS) levels II (n = 10), III (n = 7), IV (n = 6) and V (n = 6). Three independent raters (two physiotherapists and one orthopaedic surgeon) assessed posture and postural ability of all children in supine, prone, sitting and standing positions, according to the Posture and Postural Ability Scale. Construct validity was evaluated based on averaged values for the raters relative to known-groups in terms of GMFCS levels. Internal consistency was analysed with Cronbach’s alpha and corrected Item-Total correlation. Inter-rater reliability was calculated using weighted kappa scores. The Posture and Postural Ability Scale showed construct validity and median values differed between GMFCS levels (p < 0.01). There was a good internal consistency (alpha = 0.95-0.96; item-total correlation = 0.55-0.91), and an excellent inter-rater reliability (kappa score = 0.77-0.99). The Posture and Postural Ability Scale shows high psychometric properties for children with cerebral palsy, as previously seen when evaluated for adults. It enables detection of postural deficits and asymmetries indicating potential need for support and where it needs to be applied.

Source: Medline
Full text: Available EBSCOhost at Clinical Rehabilitation

Title: Descriptions of memory rehabilitation group interventions for neurological conditions: a systematic review.
Citation: Clinical rehabilitation, Jul 2016, vol. 30, no. 7, p. 705-713, 1477-0873 (July 2016)
Author(s): Martin, Kristy-Jane, Sinclair, Emma J, das Nair, Roshan

Abstract: To establish what aspects of group-based cognitive rehabilitation for memory problems are reported, and to develop a checklist for authors, which may to improve reporting of these interventions in future studies.
A systematic search was conducted on Web of Knowledge, CINAHL, MEDLINE, AMED, EMBASE and PsycINFO electronic databases (last search: 01/05/2015).
Articles were included if the sample were adults with a neurological disorder, the intervention was group-based cognitive rehabilitation for memory problems, and if the study was a randomised controlled trial. Articles were independently screened for inclusion and data extracted by two researchers, with the third researcher arbitrating any disputes. Fourteen studies were included in this review. The reporting of certain aspects of an intervention was found to be poor, particularly in relation to: duration of the programme (6 of 14 studies did not report), the development of the intervention (7 of 14 studies did not discuss), and the content and structure of intervention (7 of the 14 studies did not provide details).
This review found that the overall reporting of memory rehabilitation content and format is poor. Refinement and adaption of pre-existing checklists to capture aspects of cognitive rehabilitation programmes may help authors when reporting complex interventions. A draft checklist is provided that could be refined and
validated in further research.

**Source:** Medline  
**Full text:** Available EBSCOhost at Clinical Rehabilitation

| Title | Assistive technologies in reducing caregiver burden among informal caregivers of older adults: a systematic review.  
**Citation:** Disability and rehabilitation. Assistive technology, Jul 2016, vol. 11, no. 5, p. 353-360, 1748-3115  
**Author(s):** Madara Marasinghe, Keshini  
**Abstract:** The world population is rapidly ageing. As population age, the incidence of functional limitations increases, demanding higher levels of care from caregivers. Assistive technologies improve individuals' functioning, independence, well-being and quality of life. By increasing independence of older adults, assistive technologies decrease workloads required from informal caregivers. This review investigates, evaluates, and synthesises existing findings to examine whether and how assistive technologies reduce caregiver burden. Databases searched included MEDLINE, EMBASE, Scopus, and Cochrane Library. Three groups of keywords were combined: those relating to assistive technology, caregiver burden, and older adults. Two theories emerged from the analysis of study results. Caregivers reported that assistive technologies decrease caregiver burden. However, caregivers had concerns that assistive technologies could add to caregiver burden, highlighting the limitations of assistive technology. As suggested by a majority of the studies in this review, assistive technologies contribute to reducing caregiver burden among caregivers of older adults. Assistive technologies assisted caregivers by reducing time, levels of assistance and energy put towards caregiving, anxiety and fear, task difficulty, safety risk particularly for activities requiring physical assistance and increasing the independence of the users. Further research is required to better understand limitations of assistive technologies.  
**Implications for Rehabilitation** Support for informal caregivers of older adults need more attention and recognition. Assistive technologies can reduce caregiver burden among informal caregivers of older adults. Further research is required to better understand the effectiveness of assistive technologies in reducing caregiver burden as well as limitations and barriers associated with using assistive technologies.  
**Source:** Medline

| Title | A review of factors influencing participation in social and community activities for wheelchair users.  
**Citation:** Disability and rehabilitation. Assistive technology, Jul 2016, vol. 11, no. 5, p. 361-374, 1748-3115  
**Author(s):** Smith, Emma M, Sakakibara, Brodie M, Miller, William C  
**Abstract:** To systematically identify factors associated with participation in social and community activities for adult wheelchair users (WCUs). Quantitative and qualitative peer-reviewed publications were included, which were written in English, reported original research and investigated factors associated with social and community participation in adult WCUs. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were used. Factors were organized using the International Classification of Functioning, Disability and Health (ICF). Thirty-five studies were selected: two of power WCUs, 10 of manual WCUs and 23 of both. Six qualitative studies, ranging in quality from 8/10 to 9/10 and 29 quantitative studies were included, ranging in quality from 4/15 to 11/15. Fifteen body function, 4 activity, 5 participation, 15 environmental and 14 personal factors were found to be associated with social and community participation. Social and community participation of WCUs is associated with factors from all ICF domains. Wheelchair factors, accessibility, skills with wheelchair use, pain, finances and education are modifiable factors frequently reported to be associated with participation. Experimental research focusing on modifiable factors is needed to further our understanding of factors influencing participation among WCUs. Implications for Rehabilitation Wheelchair factors, including comfort and durability, are associated with participation and may be targeted in clinical intervention. Wheelchair skills are clinically modifiable and have been shown to improve participation in manual wheelchair users. Body functions (e.g. confidence, depression and fatigue) and personal factors (e.g. finances and level of education) may be considered for clinical intervention.  
**Source:** Medline

| Title | "It's got to be more than that". Parents and speech-language pathologists discuss training content for families with a new speech generating device.  
**Citation:** Disability and rehabilitation. Assistive technology, Jul 2016, vol. 11, no. 5, p. 375-384, 1748-3115  
**Author(s):** Anderson, Kate Louise, Balandin, Susan, Stancliffe, Roger James
Abstract: Although parent-implemented interventions for children with a speech-generating device (SGD) have been well researched, little is known about parents’ or speech-language pathologists’ (SLPs) views around parent training content. In this project, we aimed to identify areas that parents and SLPs consider should be included in training for families with a new SGD. Seven parents of children with an SGD and three SLPs who were new to the SGD field, participated in individual semi-structured interviews. Ten SLPs experienced in SGD practice took part in two focus groups. Data were analysed using grounded theory methods. Participants identified the following areas suitable for inclusion in a family SGD training package: (a) content aimed at improving acceptance and uptake of the SGD, including technical guidance, customisation and reassurance around SGD misconceptions; (b) content around aided language development and (c) home practice strategies, including responsivity, aided language stimulation and managing children's motivation. Participants identified diverse training targets, many of which are unexplored in parent-training research to date. Their recounted experiences illustrate the diversity of family capacity, knowledge and training priorities, and highlight the need for collaborative planning between families and SLPs at all stages of SGD training. Implications for Rehabilitation Training needs for families with a new speech generating device (SGD) are diverse, ranging from technology-specific competencies to broader areas, such as advocacy, teamwork and goal-setting skills. Each family with a new SGD will have a unique profile of training needs, determined by individual learning capacity, priorities, prior knowledge and experience, as well as their child's current communication skills and future support needs. Parents and speech-language pathologists (SLPs) may hold different priorities concerning family SGD training, necessitating ongoing team discussion.

Source: Medline

Title: Living with an electric wheelchair - the user perspective.

Citation: Disability and rehabilitation. Assistive technology, Jul 2016, vol. 11, no. 5, p. 385-394, 1748-3115

Author(s): Stenberg, Gunilla, Henje, Catharina, Levi, Richard, Lindström, Maria

Abstract: To explore the experiences of using an electric wheelchair in daily living. Fifteen participants, eight women and seven men, living in different parts of a Nordic country were interviewed. The interviews were conducted in the home or at the workplace. Open-ended questions were used. The data were collected and analyzed according to the grounded theory. Analysis resulted in one core category: "Integrating the electric wheelchair - a manifold process", describing a process commencing from initial resistance against use of an electric wheelchair, to acceptance with various extent of integration. Six categories emerged that represent this core process: incorporating the electric wheelchair into the self-identity process, calculating functional consequences, encountering the reactions of others, facing duality in movability, using proactive strategies, and being at the mercy of the system. Findings indicate that the integration process is complex and manifold. Practical, personal, and social dimensions were intertwined and significantly involved. Integrating an electric wheelchair is a process closely connected to symbolic value, usability, community mobility and identity. These aspects should be considered in the production, prescription, and adaptation processes. Implications for Rehabilitation Integrating an electric wheelchair is a process closely connected to symbolic value, usability, community mobility, and identity. These aspects should be considered in the wheelchair production, prescription, and adaptation processes.

Source: Medline

Title: A systematic review of mentorship programs to facilitate transition to post-secondary education and employment for youth with disabilities.

Citation: Disability and rehabilitation, Jul 2016, vol. 38, no. 14, p. 1329-1349, 1464-5165 (July 2016)

Author(s): Lindsay, Sally, R Hartman, Laura, Fellin, Melissa

Abstract: Youth with disabilities experience barriers in transitioning to Post-Secondary Education (PSE) and employment. Mentorship programs provide a promising approach to supporting youth through those transitions. This paper aims to identify the effective components of mentorship programs and describe participants’ experiences. We undertook a systematic review of mentorship interventions for youth and young adults with disabilities. We searched seven electronic databases for peer-reviewed articles published in English between 1980 and 2014. We included articles that examined mentorship interventions focused on PSE or employment outcomes among youth, aged thirty or younger, with physical, developmental, or cognitive disabilities. Of the 5068 articles identified, 22 met the inclusion criteria. For seven mentorship interventions, at least one significant improvement was reported in school- or work-related outcomes. Mentorship programs with significant outcomes were often structured, delivered in group-based or mixed
Evidence suggests that mentorship programs may be effective for helping youth with disabilities transition to PSE or employment. More rigorously designed studies are needed to document the impact of mentorship programs on school and vocational outcomes for youth with disabilities. Implications for Rehabilitation: Mentorship interventions have the potential to effectively support youth with disabilities as they transition to post-secondary education and employment. Youth should consider participating in formal mentorship interventions, and clinicians and educators should encourage them to do so, to enhance social, educational, and vocational outcomes. When developing interventions, clinicians should consider incorporating the effective components (i.e., duration, content, format) of mentorship interventions identified in this paper. Future mentorship programs should also contain a rigorous evaluation component. Clinicians can help to create (build content, consult on accessibility), connect (youth to program, program to community agencies), and contribute to mentorship interventions.

Source: Medline

Title: Does English proficiency impact on health outcomes for inpatients undergoing stroke rehabilitation?
Citation: Disability and rehabilitation, Jul 2016, vol. 38, no. 14, p. 1350-1358, 1464-5165 (July 2016)
Author(s): Davies, Sarah E, Dodd, Karen J, Tu, April, Zucchi, Emiliano, Zen, Stefania, Hill, Keith D
Abstract: To determine whether English proficiency and/or the frequency of interpreter use impacts on health outcomes for inpatient stroke rehabilitation. Retrospective case-control study.
People admitted for inpatient stroke rehabilitation. A high English proficiency group comprised people with native or near native English proficiency (n = 80), and a low English proficiency group comprised people who preferred a language other than English (n = 80). Length of stay (LOS), discharge destination and Functional Independence Measure (FIM). The low English proficiency group showed a greater improvement in FIM from admission to discharge (p = 0.04). No significant differences were found between groups in LOS, discharge destination and number of encounters with allied health professionals. Increased interpreter usage improved FIM efficiency but did not significantly alter other outcomes. English proficiency does not appear to impact on health outcomes in inpatient rehabilitation with a primarily in-house professional interpreter service. However, there is a need for a larger powered study to confirm these findings. Implications for rehabilitation: People with low English proficiency undergoing inpatient stroke rehabilitation in a setting with a primarily in-house professional interpreter service, achieved similar outcomes to those with high English proficiency irrespective of frequency of interpreter usage. A non-significant increase of 4 days length of stay was observed in the low English proficiency group compared to the high English proficiency group. For patients with low English proficiency, greater change in Functional Independence Measure efficiency scores was observed for those with higher levels of interpreter use relative to those with lower interpreter use. Clinicians should optimise use of interpreters with patients with low English proficiency when possible.

Source: Medline

Title: Maternal factors and the emotional and behavioural functioning of adolescents with chronic health conditions.
Citation: Disability and rehabilitation, Jul 2016, vol. 38, no. 14, p. 1359-1369, 1464-5165 (July 2016)
Author(s): Etherington, Nicole, McDougall, Janette, DeWit, David, Wright, Virginia
Abstract: This study investigated the association between mothers' mental health and education and the emotional and behavioural functioning of adolescents with chronic health conditions over time. Data were drawn from an ongoing study. Study participants (N = 363) were recruited through eight children's rehabilitation centres. Logistic regression models were estimated. There were significantly reduced odds that girls would display clinical signs of hyperactivity/inattention one year later compared to boys when a maternal mental health condition was present (OR = 0.10; p < 0.01). Where low maternal education was present, girls were more likely to display peer relationship problems one year later (OR = 3.72; p < 0.01). For both genders, having a mother with less than a high school education was also associated with conduct problems one year later (OR = 2.89; p < 0.01). Findings support a link between maternal factors and emotional and behavioural functioning in adolescents with chronic conditions. A holistic and family-centred approach to assessment and service delivery is indicated. Implications for Rehabilitation: When conducting clinical assessments, service providers should consider associations between maternal education and mental health and the emotional and behavioural functioning of adolescents with chronic health conditions. A holistic and family-centred approach to assessment and service delivery is indicated to ensure adolescents with chronic conditions and their
families receive support for interrelated needs.

**Source:** Medline

**Title:** Inequities in access to rehabilitation: exploring how acute stroke unit clinicians decide who to refer to rehabilitation.

**Citation:** Disability and rehabilitation, Jul 2016, vol. 38, no. 14, p. 1415-1424, 1464-5165 (July 2016)

**Author(s):** Lynch, Elizabeth A, Luker, Julie A, Cadilhac, Dominique A, Hillier, Susan L

**Abstract:** Less than half of the patients with stroke in Australian hospitals are assessed by rehabilitation specialists. We sought to explore how clinicians working in acute stroke units (ASUs) determine which patients to refer to rehabilitation services. Qualitative descriptive study. Team meetings were observed and medical records were reviewed over four weeks at two ASUs. Focus groups were conducted with staff from eight ASUs in two states of Australia. Rehabilitation was mentioned in team meetings for 50/64 patients (78%) during the observation period. Rehabilitation referrals were organised for 47 patients (94%) for whom rehabilitation was discussed (74% of the sample); and for no patients when rehabilitation was not discussed. Factors identified that influenced whether referrals were organised included the anticipated discharge destination; severity of stroke; staff expectations of the patient's recovery; and if there was advocacy by families about rehabilitation. Clinicians tended to refer the patients they considered would be accepted by the rehabilitation service. Staff at two ASUs expressed concern that referring all patients with stroke-related deficits to rehabilitation would be unfavourable with rehabilitation providers. Decisions made by ASU staff regarding who to refer to stroke rehabilitation are often not solely based on patients' rehabilitation requirements. Implications for Rehabilitation Not all patients on acute stroke units (ASUs) who may have benefited from rehabilitation were offered rehabilitation referrals. Criteria for rehabilitation referrals need to be made explicit and discussed openly with consumers, ASU clinicians and rehabilitation specialists. A change in rehabilitation assessment practices is required to provide data regarding the unmet rehabilitation needs of patients with stroke. New models of rehabilitation service delivery or increased rehabilitation services may be required to meet the rehabilitation needs of all patients with stroke.

**Source:** Medline

**Title:** To investigate patient beliefs regarding low back pain (LBP) following conservative physical rehabilitation: A systematic review.

**Citation:** Manual Therapy, 2016, vol./is. 25/(0-0), 1356689X

**Author(s):** Hurley, J., O'Keeffe, M., Synnott, A., Bunzli, S., Dankaerts, W., O'Sullivan, P., O'Sullivan, K.

**Source:** CINAHL

**Title:** Attitude toward the out-patient cardiac rehabilitation program and facilitators for maintenance of exercise behavior.

**Citation:** Psychology, Health & Medicine, 2016, vol./is. 21/6(724-734), 13548506

**Author(s):** Wong, Eliza M. L., Zhong, Xue Bing, Sit, Janet W. H., Chair, Sek Ying, Leung, Doris Y. P., Leung, Carmen, Leung, K. C.

**Source:** CINAHL

**Title:** Social functioning in adulthood: Understanding long-term outcomes of adolescents with chronic pain/fatigue treated at inpatient rehabilitation programs.

**Citation:** European Journal of Pain, 2016, vol./is. 20/7(1121-1130), 10903801

**Author(s):** Westendorp, T., Verbunt, J.A., Remerie, S.C., Blécourt, A.C.E., Baalen, B., Smeets, R.J.E.M., de Blécourt, A C E, van Baalen, B

**Abstract:** Background: Chronic pain and fatigue are both common complaints in childhood and adolescence and often persist over time. The aim of the study was to investigate whether chronic pain/fatigue persists during adulthood and how former patients function and participate in society as adults.Methods: This historical cohort study used questionnaires to gather the data. Predictors for social participation in adulthood were also identified. Differences in functioning and health care use between young adults with current pain/fatigue complaints and those without were also discussed.Results: Ninety-four young adults responded; their mean age was 26.6 years and 91.5% were women. The average time since treatment was 10.2 years. 63.4% reported ongoing or new pain/fatigue complaints. 72.0% had a paid job; of those who worked, 22.1% reported taking sick leave in the past month. 78.7% of them reported having one or more chronic diseases. A higher level of pain/fatigue measured pre-treatment was identified
as a predictor for more impaired social participation in adulthood. Young adults with current pain/fatigue complaints reported more healthcare utilization, lower levels of physical functioning and limitations in daily activities due to physical problems. Conclusions: A considerable number of these young adults still have pain/fatigue complaints in adulthood. More pain/fatigue pre-treatment during adolescence predict impaired functioning in the work-educational domain in young adulthood. WHAT DOES THIS STUDY ADD?: This study examines the social participation of young adults who suffered from severe chronic pain/fatigue during adolescence. Predictors for social participation are reported, as are the differences between young adults with and without persistent pain/fatigue complaints.

Source: CINAHL

| Title: Cardiac Rehabilitation: Improving Function and Reducing Risk. |
| Citation: American Family Physician, 2016, vol./is. 94/1(37-43), 0002838X |
| Author(s): SERVEY, JESSICA T., STEPHENS, MARK |
| Abstract: Cardiac rehabilitation is a comprehensive multidisciplinary program individually tailored to the needs of patients with cardiovascular disease. The overall goals focus on improving daily function and reducing cardiovascular risk factors. Cardiac rehabilitation includes interventions aimed at lowering blood pressure and improving lipid and diabetes mellitus control, with tobacco cessation, behavioral counseling, and graded physical activity. The physical activity component typically involves 36 sessions over 12 weeks, during which patients participate in supervised exercise under cardiac monitoring. There are also intensive programs that include up to 72 sessions lasting up to 18 weeks, although these programs are not widely available. Additional components of cardiac rehabilitation include counseling on nutrition, screening for and managing depression, and assuring up-to-date immunizations. Cardiac rehabilitation is covered by Medicare and recommended for patients following myocardial infarction, bypass surgery, and stent placement, and for patients with heart failure, stable angina, and several other conditions. Despite proven benefits in mortality rates, depression, functional capacity, and medication adherence, rates of referral for cardiac rehabilitation are suboptimal. Groups less likely to be referred are older adults, women, patients who do not speak English, and persons living in areas where cardiac rehabilitation is not locally available. Additionally, primary care physicians refer patients less often than cardiologists and cardiothoracic surgeons. |
| Source: CINAHL |
| Full text: Available EBSCOhost at American Family Physician |

| Title: Assessing Therapeutic Communication During Rehabilitation: The Clinical Assessment of Modes. |
| Citation: American Journal of Occupational Therapy, 2016, vol./is. 70/4(0-9), 02729490 |
| Author(s): Chia-Wei Fan, Taylor, Renee R. |
| Source: CINAHL |
| Full text: Available National Library of Medicine at http://www.library.nhs.uk/booksandjournals/journals/ |

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