Current Awareness Bulletin
Rehabilitation Therapies
NOVEMBER 2016
Keeping you up to date with the latest developments in your area

Contents
Physiotherapy
Occupational Therapy
Speech & Language Therapy
General
Resources on the web
Help select library stock
Library Catalogue
Links to the latest issues of key journals and their table of contents
Trust Libraries and Staff Contact Details

To go straight to any of the above
Press ctrl and click on the heading of choice.

Current Awareness Bulletins provided by CWPT Library & Knowledge Service are a selection of current/recent articles and publications and are NOT intended to be exhaustive.

Other Current Awareness topics are available; please see our current awareness web page: Current Awareness Bulletins. Please contact staff at any of the four Trust libraries if you would like to be added to the mailing list for any of these monthly bulletins.

FREE Document Delivery Service
Our Document Delivery Service is free of charge for all Trust staff.
Full-text of any of the articles listed below is available upon request and can be sent directly to your Email Address or posted to your workplace.

Just complete an ‘Article Request Form’ and return it to your nearest Trust Library.
Title: A comparison of multidisciplinary team residential rehabilitation with conventional outpatient care for the treatment of non-arthritic intra-articular hip pain in UK Military personnel - a protocol for a randomised controlled trial.

Source: BMC musculoskeletal disorders; Nov 2016; vol. 17 (no. 1); p. 459

Author(s): Coppack, Russell J; Bilzon, James L; Wills, Andrew K; McCurdie, Ian M; Partridge, Laura; Nicol, Alastair M; Bennett, Alexander N

Available in full text at BMC Musculoskeletal Disorders - from BioMed Central

Abstract: Non-arthritic hip disorders are defined as abnormalities of the articulating surfaces of the acetabulum and femur before the onset of osteoarthritis, including intra-articular structures such as the acetabular labrum and chondral surfaces. Abnormal femoroacetabular morphology is commonly seen in young men who constitute much of the UK military population. Residential multidisciplinary team (MDT) rehabilitation for patients with musculoskeletal injuries has a long tradition in the UK military, however, there are no studies presenting empirical data on the efficacy of a residential MDT approach compared with individualised conventional outpatient treatment. With no available data, the sustainability of this care pathway has been questioned. The purpose of this randomised controlled trial is to compare the effects of a residential multidisciplinary intervention, to usual outpatient care, on the clinical outcomes of young active adults undergoing treatment for non-arthritic intra-articular hip pain. The trial will be conducted at the Defence Medical Rehabilitation Centre, Headley Court, UK. One hundred military male participants with clinical indicators of non-arthritic intra-articular hip pain will be randomly allocated to either: (1) 7-day residential multidisciplinary team intervention, n = 50; (2) 6-week physiotherapist-led outpatient intervention (conventional care), n = 50. Measurements will be taken at baseline, post-treatment (1-week MDT group; 6-weeks physiotherapy group), and 12-weeks. The primary outcome measures are the function in daily living sub-scale of the Copenhagen Hip and Groin Outcome Score (HAGOS), the physical function subscale of the Non-arthritic Hip Score (NAHS), and VAS pain scale. Secondary outcomes include objective measures of physical capacity and general health. An intention-to-treat analysis will be performed using linear and mixed models. This study will be the first to assess the efficacy of intensive MDT rehabilitation, versus conventional outpatient care, for the management of non-arthritic hip pain. The results from this study will add to the evidence-base and inform clinical practice for the management of intra-articular non-arthritic hip pain and femoroacetabular impingement in young active adults.

Database: Medline
Title: The Salford Gait Tool: Does the clinical experience of the raters influence the inter-rater reliability?

Source: Developmental neurorehabilitation; Nov 2016 ; p. 1-2

Author(s): Paci, Matteo; Mini, Giuditta; Marchettini, Mariangela; Ferrarello, Francesco

Abstract: The purpose of this study was to verify if the amount of experience or the specific professional field of the raters may influence inter-rater reliability of the Salford Gait Tool (SF-GT). Standardized videos of gait of seven children with cerebral palsy were recorded and assessed by three physiotherapists with experience in pediatrics (PPTs), three physiotherapists with experience with adult individuals (n-PPTs), and three students of physiotherapy. The inter-rater reliability both for joints and gait events was acceptable (ICC ≥ .70) for PPTs and n-PPTs, but not for students. The inter-rater reliability of the SF-GT can be influenced by the experience of the raters and the amount of clinical experience seems to be more relevant than the specific professional field. Further research should be conducted with larger samples.

Database: Medline

Title: The effectiveness of 22 commonly administered physiotherapy interventions for people with spinal cord injury: a systematic review.

Source: Spinal cord; Nov 2016; vol. 54 (no. 11); p. 914-923

Author(s): Harvey, L A; Glinsky, J V; Bowden, J L

Abstract: A systematic review of randomised controlled trials. To determine the effectiveness of 22 commonly administered physiotherapy interventions for people with spinal cord injuries (SCIs). The inclusion criteria contained 22 pairs of key interventions and outcomes. Each intervention and outcome was considered independently such that 22 brief reviews were conducted and summarised in this one paper. The interventions included hand, wheelchair, seated mobility, fitness, strength and gait training, as well as electrical stimulation, passive movements, stretch, cycling, exercise and transcutaneous electrical nerve stimulation (TENS). Interventions were compared with no or sham treatment, usual care or another physiotherapy intervention. The primary outcome for each review was one of the following: seated mobility, wheelchair mobility, hand function, gait, voluntary strength, joint mobility, fitness and pain. Data were extracted to determine mean between-group differences or risk ratios (95% confidence interval). Where possible, results were pooled in meta-analyses and the strength of evidence rated using Grading of Recommendations Assessment, Development and Evaluation. Thirty-eight randomised controlled trials met the inclusion criteria and were relevant to 15 of the brief reviews. The following four interventions were clearly effective: fitness, hand and wheelchair training as well as TENS; however, the strength of evidence was not high for any of these interventions. None of the other interventions were clearly effective. There is initial evidence to support four physiotherapy interventions, but there is still a long way to go to put a strong evidence base to the range of physiotherapy interventions commonly used to manage people with SCI.

Database: Medline

Title: Icelandic Physical Therapists’ Attitudes Toward Adoption of New Knowledge and Evidence-Based Practice: Cross-Sectional Web-Based Survey.

Source: Physical therapy; Nov 2016; vol. 96 (no. 11); p. 1724-1733

Author(s): Arnadottir, Solveig A; Gudjonsdottir, Bjorg

Available in full text at Physical Therapy - from EBSCOhost

Abstract: A positive attitude toward evidence-based practice (EBP) has been identified as an important factor in the effectiveness of the dissemination and implementation of EBP in real-world settings. The objectives of this study were: (1) to describe dimensions of Icelandic physical therapists’ attitudes toward the adoption of new knowledge and EBP and (2) to explore the association between attitudes and selected personal and environmental factors. This study was a cross-sectional, Web-based survey of the total population of full members of the Icelandic Physiotherapy Association. The Evidence-Based Practice Attitude Scale (EBPAS) was used to survey attitudes toward EBP; the total EBPAS and its 4 subscales (requirements, appeal, openness, and divergence) were included. Linear regression was used to explore the association between the EBPAS and selected background variables. The response rate was 39.5% (N=211). The total EBPAS and all of its subscales reflected physical therapists' positive attitudes toward the adoption of new knowledge and EBP. Multivariable analysis revealed that being a woman was associated with more positive attitudes, as measured by the total EBPAS and the requirements, openness, and divergence subscales. Physical therapists with postprofessional education were more positive, as measured
by the EBPAS openness subscale, and those working with at least 10 other physical therapists demonstrated more positive attitudes on the total EBPAS and the openness subscale. Because this was a cross-sectional survey, no causal inferences can be made, and there may have been unmeasured confounding factors. Potential nonresponse bias limits generalizability. The results expand understanding of the phenomenon of attitudes toward EBP. They reveal potentially modifiable dimensions of attitudes and the associated characteristics of physical therapists and their work environments. The findings encourage investigation of the effectiveness of strategies aimed at influencing various dimensions of attitudes toward EBP.

**Database:** Medline

---

**Title:** Watch Me Move: A Program For Parents of Young Children With Gross-Motor Delays.  
**Source:** Physical & occupational therapy in pediatrics; Nov 2016; vol. 36 (no. 4); p. 388-400  
**Author(s):** Natrasony, Candice; Teitelbaum, Debra  
**Abstract:** Watch Me Move (WMM) is a 6-week parent education program for caregivers of children with gross-motor delays. The aims are to improve parent-child interaction in a gross-motor context, increase parents' knowledge of behavioral cues and gross-motor development, and decrease perceived parental stress. Forty mothers of children, 6 months to 3 years of age, with a gross-motor delay participated in a randomized control trial comparing parents who received the WMM program plus standard of care physiotherapy (n = 24) with parents whose children received standard of care physiotherapy (n = 16). Mothers who received the WMM program had significantly higher change scores on two subscales of the Nursing Child Assessment Teaching Scale (NCATS; i.e., cognitive growth fostering, and responsiveness to caregiver) and on the Parent Knowledge Questionnaire assessing knowledge of behavioral cues and gross-motor development. There were no significant group differences on the other four NCATS subscales (i.e., sensitivity to cues, response to child's distress, social emotional growth fostering, and clarity of cues) or the Parenting Stress Index. The addition of WMM to traditional physiotherapy improved aspects of mothers' ability to interact with their children and their knowledge of behavioral cues and gross-motor development.  
**Database:** Medline

---

**Title:** "Merging Yoga and Occupational Therapy (MY-OT): A feasibility and pilot study".  
**Source:** Complementary Therapies in Medicine; Oct 2016; vol. 28 ; p. 44-49  
**Publisher:** Elsevier Inc.  
**Author(s):** Schmid, Arlene A.; Puymbroeck, Marieke Van; Portz, Jennifer D.; Atler, Karen E.; Fruhauf, Christine A.  
**Abstract:** Objective: To examine the feasibility and benefits of the Merging Yoga and Occupational Therapy (MY-OT) intervention. Design: This is the primary analysis of a non-controlled pretest-posttest pilot study to understand the feasibility and impact of MY-OT on balance, balance self-efficacy, and fall risk factor management in people with chronic stroke. Setting: University research laboratory. Participants: People with chronic stroke were included in the study if they: had sustained a fall or had fear of falling, were able to stand, and hand impaired balance and were at risk for falls (≤46 on the Berg Balance Scale (BBS)). Interventions: Individuals completed an 8 week intervention that included 16 sessions of both yoga and group occupational therapy (OT). Yoga included physical postures, breathing exercises, and meditation. OT focused on post-stroke fall risk factor management. Main Outcome Measures: The BBS was used to assess balance, the Activities-specific Balance Confidence Scale (ABC) was used to measure balance self-efficacy. Five fall risk factor management scales were used. Results: Overall, the intervention was considered feasible, as individuals were able to safely complete the intervention with little attrition and high attendance. Balance improved by 30% (p=0.002). Balance self-efficacy improved by 15% (p=0.034). Each of the five fall risk factor management scales improved, but only two significantly improved (Fall Prevention and Management Questionnaire, 29%, p=0.004 and Fall Prevention Strategy Survey, 42%, p=0.032). Conclusion: The results demonstrate that MY-OT is a potential intervention to improve multiple fall related outcomes for people with stroke. Therapists may consider these interventions for people with stroke, but additional research is warranted.  
**Database:** CINAHL

---

**Title:** Development of an individualized occupational therapy programme and its effects on the
neurocognition, symptoms and social functioning of patients with schizophrenia.

**Source:** Occupational Therapy International; Oct 2016

**Publication Date:** Oct 2016

**Author(s):** Shimada, Takeshi; Nishi, Ai; Yoshida, Tomotaka; Tanaka, Sachie; Kobayashi, Masayoshi

**Abstract:** We described an individualized occupational therapy (IOT) programme and examined the effects of adding IOT to group OT (GOT) on improving neurocognition, symptoms and social functioning among recently hospitalized patients with schizophrenia. The Brief Assessment of Cognition in Schizophrenia—Japanese version (BACS-J), the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning scale were used for outcome evaluations. Fifty-one patients were voluntarily assigned to either the GOT + IOT (n = 30) or GOT alone (n = 21) groups based on their preferences. Retention in the GOT + IOT group was 100%. Three-month baseline to discharge assessments in the GOT + IOT group showed significant improvements in BACS-J verbal memory, working memory, verbal fluency, attention, executive function and composite score, and in PANSS positive subscale, general psychopathology subscale, and total score compared to the GOT alone group. Study limitations notwithstanding, the present findings provide preliminary support for the feasibility of implementing IOT and its effectiveness for improving cognitive impairment and symptoms in patients with schizophrenia. The results of this study indicate that IOT in psychiatric facilities may improve psychosocial treatment of schizophrenia. Additional study is warranted to replicate the effects of IOT as demonstrated in this Japanese study.

**Database:** PsycINFO

---

**Title:** Effects of Inpatient Multicomponent Occupational Rehabilitation versus Less Comprehensive Outpatient Rehabilitation on Somatic and Mental Health: Secondary Outcomes of a Randomized Clinical Trial.

**Source:** Journal of occupational rehabilitation; Nov 2016

**Author(s):** Aasdahl, Lene; Pape, Kristine; Vasseljen, Ottar; Johnsen, Roar; Gismervik, Sigmund; Jensen, Chris; Finland, Marius Steiro

**Abstract:** Purpose To evaluate effects on somatic and mental health of a multicomponent inpatient occupational rehabilitation program compared to a less comprehensive outpatient program in individuals on sick leave for musculoskeletal complaints or mental health disorders. Methods A randomized clinical trial with parallel groups. Participants were individuals on sick leave for 2-12 months with a sick-leave diagnosis within the musculoskeletal, psychological or general and unspecified chapters of ICPC-2. Potential participants were identified in the Social Security System Registry. The multicomponent inpatient program (4 + 4 days) consisted of Acceptance and Commitment Therapy, physical training and work-related problem-solving including creating a return to work plan and a workplace visit if considered relevant. The comparative outpatient program consisted primarily of ACT (6 sessions during 6 weeks). Self-reported health-related quality of life, subjective health complaints, pain and anxiety and depression symptoms were assessed up to 12 months after the program. Results 168 individuals were randomized to the multicomponent inpatient program (n = 92) or the outpatient program (n = 76). Linear mixed models showed no statistically significant differences between the programs, except for slightly more reduced pain after the outpatient program. Conclusions This study presents no support that a 4 + 4 days multicomponent inpatient rehabilitation program is superior to a less comprehensive outpatient program, in improving health outcomes.

**Database:** Medline

---

**Title:** Evaluation of a prison occupational therapy informal education program: A pilot study.

**Source:** Occupational Therapy International; Oct 2016

**Publisher:** John Wiley & Sons

**Author(s):** Crabtree, Jeffrey L.; Ohm, David; Wall, Jarrod M.; Ray, Joseph

**Abstract:** This pilot study explored the strengths and weaknesses of an informal education program and identified elements of the program valued by participants. Participants were men living in a minimum security prison who had been incarcerated for ten or more years. The outside researcher was joined by three former program participants as co-researchers. Together, they interviewed 27 residents who completed the informal education program. Interviews were transcribed and de-identified. Researchers used the summative content analysis approach to analyze the data. Initial content analysis yielded five concepts: doing (engaging in purposeful activities); information (program handouts and discussions that included data
and descriptions of all of the topics discussed); re-entry fears (socialization; making amends with victims and/or reuniting with family and friends); technology (includes, but not limited to, using smartphones, internet and other technology in all areas of occupation); and self-worth as a person. Further interpretation per the summative content analysis method yielded three themes: doing (engaged in purposeful activities), validation of self-worth (confirmation of being a valued human being in spite of having committed a serious crime) and concerns about the future (being able to successfully engage in virtually all occupations). Whilst informal education programs may help people who are incarcerated gain information, gain a sense of self-worth and allay some reentry fears, understanding the long-term affect such programs may have such as preparing them for successful re-entry to society or reducing recidivism rates, will require long-term follow-up. Regardless of the occupational therapy intervention, the practice of occupational therapy in the criminal justice system needs to be client-centred. Because of the small number of participants and limited access to participants, one should not generalize the findings of this study to other situations or populations. Further research to examine the effectiveness of an occupational therapy education program is warranted.

Database: PsycINFO

Title: Integration of International Service Learning in Developing Countries within Occupational Therapy Education: Process and Implications.
Source: Occupational therapy in health care; Nov 2016 ; p. 1-11
Author(s): Cipriani, Joseph
Abstract: International service learning (ISL) is included in an increasing number of courses at post-secondary levels of education, including programs which educate future occupational therapy practitioners. There is a limited amount of literature and research concerning best practices for course-based occupational therapy education featuring ISL experiences, in particular within developing countries. The purpose of this paper is to (a) to review key literature on ISL, (b) explicate key elements which can help design course-based ISL experiences; and (c) suggest areas for further research and development of course-based ISL. The seven elements of focus that provide a base to guide occupational therapy educators who create ISL courses with an immersion component in a country with a developing economy are discussed, as well as future challenges and possibilities when providing occupational therapy services to a global society.

Database: Medline

Title: Intervention Promoting Medication Adherence: A Randomized, Phase I, Small-N Study.
Source: The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 70 (no. 6); p. 7006240010p1
Author(s): Schwartz, Jaclyn K; Smith, Roger O
Available in full text at American Journal of Occupational Therapy, The - from ProQuest
Abstract: Many people with chronic health conditions fail to take their medications as prescribed, resulting in declines in health and function. The purpose of this study was to perform a Phase I feasibility study to understand whether an integrated occupational therapy intervention could help people with chronic health conditions improve their adherence to medications. Using a small-N design, we report single-subject analyses of the medication adherence of 11 participants before and after either an occupational therapy intervention or a standard care intervention. We used a multiple baseline approach with intersubject replication and blinding. The occupational therapy intervention was found to decrease performance variability and to increase medication adherence rates in some people with chronic conditions. These findings suggest that an occupational therapy intervention can improve medication adherence in people with chronic health conditions. The intervention tested in this study is feasible and would benefit from further research.

Database: Medline

Title: Mothers With Physical Disability: Child Care Adaptations at Home.
Source: The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 70 (no. 6); p. 7006220060p1
Author(s): Wint, Amy J; Smith, Diane L; Iezzoni, Lisa I
Available in full text at American Journal of Occupational Therapy, The - from ProQuest
Abstract: This study describes how women with physical disability experience caregiving for a new infant
and how they adapt their home environment and care tasks. In 2013, we conducted 2-hr telephone interviews with 22 women with significant physical disability who had delivered babies within the previous 10 yr. The semistructured, open-ended interview protocol addressed wide-ranging pregnancy-related topics. NVivo was used to sort the texts for content analysis. Night care, bathing, and carrying the baby were identified as the biggest challenges. Typical adaptations (with and without occupational therapy consultation) included use of a wrap for carrying the infant, furniture adaptations for mothers using wheelchairs, and assistance from caregivers. Women with physical disability can be fully capable of caring for an infant and can find ways to adapt their environment. Further research may determine the role of occupation therapy.

**Database:** Medline

**Title:** Providing opportunities for student self-assessment: The impact on the acquisition of psychomotor skills in occupational therapy students.

**Source:** Assessment & Evaluation in Higher Education; Nov 2016; vol. 41 (no. 8); p. 1176-1192

**Author(s):** Jay, Julie; Owen, Antonette

**Abstract:** The Occupational Therapy department at the University of the Witwatersrand in South Africa is responsible for ensuring students achieve psychomotor skill proficiency, as it is an essential component of health care practice. The aim of this study was to determine whether the introduction of opportunities to afford self-evaluation better prepared students for psychomotor skill performance during clinical fieldwork. A quantitative analytical longitudinal design was used with a sample of second-year BSc occupational therapy students from 2007–2010. Self-assessment opportunities were introduced to students in 2009, enabling the comparisons of students’ performance based on Fitts and Posner’s motor skills learning theory. The results indicated that the pre-intervention group demonstrated poor psychomotor skill ability compared to the intervention group, concluding that students require deliberate opportunities to practice self-evaluation skills in their early years of study.

**Database:** PsycINFO

**Title:** Role of Occupational Therapy in Combating Human Trafficking.

**Source:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 70 (no. 6); p. 700630010p1

**Author(s):** Gorman, Kathleen W; Hatkevich, Beth Ann

**Available in full text at American Journal of Occupational Therapy, The - from ProQuest

**Abstract:** Human trafficking is a modern-day form of slavery that includes sex trafficking, labor trafficking, and trafficking of children. It is estimated that 35.8 million people are enslaved around the world. Because of the traumatic experiences that victims of human trafficking encounter, the needs of victims are extensive and require the services of several providers, including health care providers, for victims to transform into survivors and thrivers. Currently, the role of occupational therapy is minimal and unexplored. The profession of occupational therapy has the capacity of having a profound role in both providing client-centered care services to victims and survivors of human trafficking and partaking in preventive advocacy efforts to combat human trafficking. Further advocacy efforts are required to promote the profession of occupational therapy in combating human trafficking.

**Database:** Medline

**Title:** Scoping Review of Self-Regulation: What Are Occupational Therapists Talking About?

**Source:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 70 (no. 6); p. 700629010p1

**Author(s):** Martini, Rose; Cramm, Heidi; Egan, Mary; Sikora, Lindsey

**Available in full text at American Journal of Occupational Therapy, The - from ProQuest

**Abstract:** Although the term self-regulation is appearing more frequently in the occupational therapy literature, the extent to which it is consistently conceptualized is not clear. The aim of this scoping review was to examine how the term self-regulation is used by occupational therapists in research and practice literature. A total of 58 publications that included occupational therapy and self-regulation in the title, key words, or abstract were identified. Self-regulation was not explicitly defined by more than half of the authors. Four theoretical orientations seem to guide conceptualization: synactive development, sensory integration, cognitive-behavioral theory, and self-regulation theory. Conceptualization differed according to the
population, levels of strategy use, source of strategy implementation, and desired outcomes. A lack of definitional clarity and conceptual consistency of the term self-regulation was noted. Use of an explicit definition in relation to an identified theoretical framework is recommended to promote intra- and interprofessional communication, education, and research.

**Database:** Medline

**Title:** The Prepared Mind.

**Source:** The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 70 (no. 6); p. 7006150010p1

**Author(s):** Garber, Susan L

Available in full text at American Journal of Occupational Therapy, The - from ProQuest

**Abstract:** Every day, in clinics and hospitals around the world, occupational therapists care for patients with serious problems requiring viable solutions. Each patient is unique, and his or her problem does not necessarily correspond to existing practice models. Practitioners must adapt standard approaches to provide effective outcomes, yet problems exist for which few or no beneficial approaches have been identified. Such clinical issues require solutions to be generated de novo from the practitioner's body of knowledge and past experience. Yet, no single new intervention can be used without prior validation of its efficacy. Only a therapist with a prepared mind can accept such challenges, recognize what is known and not yet known, design studies to acquire that needed knowledge, and translate it into successful clinical treatment strategies. The occupational therapist with a prepared mind is one willing to seize unexpected opportunities and construct new paradigms of practice. Innovation through scientific inquiry requires a prepared mind.

**Database:** Medline

**Title:** Viewpoints of working sandwich generation women and occupational therapists on role balance strategies.

**Source:** Scandinavian journal of occupational therapy; Nov 2016 ; p. 1-17

**Author(s):** Evans, Kiah L; Girdler, Sonya J; Falkmer, Torbjorn; Richmond, Janet E; Wagman, Petra; Millsteed, Jeannine; Falkmer, Marita

**Abstract:** Occupational therapists need to be cognizant of evidence-based role balance advice and strategies that women with multigenerational caring responsibilities can implement independently or with minimal assistance, as role balance may not be the primary goal during many encounters with this population. Hence, this study aimed to identify the viewpoints on the most helpful role balance strategies for working sandwich generation women, both from their own perspectives and from the perspective of occupational therapists. This was achieved through a Q methodology study, where 54 statements were based on findings from interviews, sandwich generation literature and occupational therapy literature. In total, 31 working sandwich generation women and 42 occupational therapists completed the Q sort through either online or paper administration. The data were analysed using factor analysis with varimax rotation and were interpreted through collaboration with experts in the field. The findings revealed similarities between working sandwich generation women and occupational therapists, particularly in terms of advocating strategies related to sleep, rest and seeking practical assistance from support networks. Differences were also present, with working sandwich generation women viewpoints tending to emphasize strategies related to coping with a busy lifestyle attending to multiple responsibilities. In contrast, occupational therapy viewpoints prioritized strategies related to the occupational therapy process, such as goal setting, activity focused interventions, monitoring progress and facilitating sustainable outcomes.

**Database:** Medline

**Speech & Language Therapy**

**Title:** Words are not enough: how preschoolers’ integration of perspective and emotion informs their referential understanding.

**Source:** Journal of child language; Nov 2016 ; p. 1-27

**Author(s):** Graham, Susan A; San Juan, Valerie; Khu, Melanie

**Abstract:** When linguistic information alone does not clarify a speaker's intended meaning, skilled communicators can draw on a variety of cues to infer communicative intent. In this paper, we review research examining the developmental emergence of preschoolers' sensitivity to a communicative partner's
Title: Consent, Refusal, and Waivers in Patient-Centered Dysphagia Care: Using Law, Ethics, and Evidence to Guide Clinical Practice.

Source: American journal of speech-language pathology; Nov 2016 ; p. 1-17

Author(s): Horner, Jennifer; Modayil, Maria; Chapman, Laura Roche; Dinh, An

Abstract: When patients refuse medical or rehabilitation procedures, waivers of liability have been used to bar future lawsuits. The purpose of this tutorial is to review the myriad issues surrounding consent, refusal, and waivers. The larger goal is to invigorate clinical practice by providing clinicians with knowledge of ethics and law. This tutorial is for educational purposes only and does not constitute legal advice. The authors use a hypothetical case of a "noncompliant" individual under the care of an interdisciplinary neurorehabilitation team to illuminate the ethical and legal features of the patient-practitioner relationship; the elements of clinical decision-making capacity; the duty of disclosure and the right of informed consent or informed refusal; and the relationship among noncompliance, defensive practices, and iatrogenic harm. We explore the legal question of whether waivers of liability in the medical context are enforceable or unenforceable as a matter of public policy. Speech-language pathologists, among other health care providers, have fiduciary and other ethical and legal obligations to patients. Because waivers try to shift liability for substandard care from health care providers to patients, courts usually find waivers of liability in the medical context unenforceable as a matter of public policy.

Database: Medline

Title: A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech, language and communication needs.

Source: International journal of language & communication disorders; Nov 2016

Author(s): McKean, Cristina; Law, James; Laing, Karen; Cockerill, Maria; Allon-Smith, Jan; McCartney, Elspeth; Forbes, Joan

Abstract: Effective co-practice is essential to deliver services for children with speech, language and communication needs (SLCN). The necessary skills, knowledge and resources are distributed amongst professionals and agencies. Co-practice is complex and a number of barriers, such as ‘border disputes' and poor awareness of respective priorities, have been identified. However social-relational aspects of co-practice have not been explored in sufficient depth to make recommendations for improvements in policy and practice. Here we apply social capital theory to data from practitioners: an analytical framework with the potential to move beyond descriptions of socio-cultural phenomena to inform change. Co-practice in a local authority site was examined to understand: (1) the range of social capital relations extant in the site's co-practice; (2) how these relations affected the abilities of the network to collaborate; (3) whether previously identified barriers to co-practice remain; (4) the nature of any new complexities that may have emerged; and (5) how inter-professional social capital might be fostered. A qualitative case study of SLCN provision within one local authority in England and its linked NHS partner was completed through face-to-face semi-structured interviews with professionals working with children with SLCN across the authority. Interviews, exploring barriers and facilitators to interagency working and social capital themes, were transcribed, subjected to thematic analysis using iterative methods and a thematic framework derived. We identified a number of characteristics important for the effective development of trust, reciprocity and negotiated co-practice at different levels of social capital networks: macro-service governance and policy; meso-school sites; and micro-intra-practitioner knowledge and skills. Barriers to co-practice differed from those found in earlier studies. Some negative aspects of complexity were evident, but only where networked professionalism and trust was absent between professions. Where practitioners embraced and services and systems enabled more fluid forms of collaboration, then trust and reciprocity developed. Highly collaborative forms of co-practice, inherently more complex at the service governance, macro-level, bring benefits. At the meso-level of the school and support team network there was greater capacity to individualize co-practice to the needs of the child. Capacity was increased at the micro-level of knowledge and skills to harness the
overall resource distributed amongst members of the inter-professional team. The development of social capital, networks of trust across SLCN support teams, should be a priority at all levels for practitioners, services, commissioners and schools.

Database: Medline

<table>
<thead>
<tr>
<th>Title</th>
<th>Promoting lexical learning in the speech and language therapy of children with cochlear implants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Clinical linguistics &amp; phonetics; Nov 2016; p. 1-17</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Ronkainen, Riitta; Laakso, Minna; Lonka, Eila; Tykkyläinen, Tuula</td>
</tr>
<tr>
<td>Abstract</td>
<td>This study examines lexical intervention sessions in speech and language therapy for children with cochlear implants (CIs). Particular focus is on the therapist's professional practices in doing the therapy. The participants in this study are three congenitally deaf children with CIs together with their speech and language therapist. The video recorded therapy sessions of these children are studied using conversation analysis. The analysis reveals the ways in which the speech and language therapist formulates her speaking turns to support the children's lexical learning in task interaction. The therapist's multimodal practices, for example linguistic and acoustic highlighting, focus both on the lexical meaning and the phonological form of the words. Using these means, the therapist expands the child's lexical networks, specifies and corrects the meaning of the target words, and models the correct phonological form of the words. The findings of this study are useful in providing information for clinicians and speech and language therapy students working with children who have CIs as well as for the children's parents.</td>
</tr>
<tr>
<td>Database</td>
<td>Medline</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Seminars in speech and language; Nov 2016; vol. 37 (no. 4); p. 310-318</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Rice, Mabel L</td>
</tr>
<tr>
<td>Abstract</td>
<td>Future perspectives on children with language impairments are framed from what is known about children with specific language impairment (SLI). A summary of the current state of services is followed by discussion of how these children can be overlooked and misunderstood and consideration of why it is so hard for some children to acquire language when it is effortless for most children. Genetic influences are highlighted, with the suggestion that nature plus nurture should be considered in present as well as future intervention approaches. A nurture perspective highlights the family context of the likelihood of SLI for some of the children. Future models of the causal pathways may provide more specific information to guide treatment decisions, in ways parallel to current personalized medicine approaches. Future treatment options</td>
</tr>
</tbody>
</table>
can build on the potential of electronic technologies and social media to provide personalized treatment methods available at a time and place convenient for the person to use as often as desired. The speech-language pathologist could oversee a wide range of treatment options and monitor evidence provided electronically to evaluate progress and plan future treatment steps. Most importantly, future methods can provide lifelong language acquisition activities that maintain the privacy and dignity of persons with language impairment, and in so doing will in turn enhance the effectiveness of speech-language pathologists.

**Database:** Medline

**Title:** Childhood Stuttering: Where Are We and Where Are We Going?  
**Source:** Seminars in speech and language; Nov 2016; vol. 37 (no. 4); p. 291-297  
**Author(s):** Smith, Anne; Weber, Christine  
**Abstract:** Remarkable progress has been made over the past two decades in expanding our understanding of the behavioral, peripheral physiologic, and central neurophysiologic bases of stuttering in early childhood. It is clear that stuttering is a neurodevelopmental disorder characterized by atypical development of speech motor planning and execution networks. The speech motor system must interact in complex ways with neural systems mediating language and other cognitive and emotional processes. During the time when stuttering typically appears and follows its path to either recovery or persistence, all of these neurobehavioral systems are undergoing rapid and dramatic developmental changes. We summarize our current understanding of the various developmental trajectories relevant for the understanding of stuttering in early childhood. We also present theoretical and experimental approaches that we believe will be optimal for even more rapid progress toward developing better and more targeted treatment for stuttering in the preschool children who are more likely to persist in stuttering.

**Database:** Medline

**Title:** Language Disorders in Adolescents: Current Needs and Future Directions.  
**Source:** Seminars in speech and language; Nov 2016; vol. 37 (no. 4); p. 274-279  
**Author(s):** Nippold, Marilyn A  
**Abstract:** Adolescents with developmental language disorders often do not receive the type of intervention that would improve their ability to speak, listen, read, and write effectively. Part of the problem is that many of these young people show no obvious symptoms of a language disorder, yet they struggle on a daily basis to succeed at school-related tasks that require a sophisticated level of language development. This article discusses some of the challenges these students face and makes suggestions for what could be done to address the issues. These suggestions include continuing the effort to advocate strongly for the rights of adolescents, increasing collaboration between speech-language pathologists and other professionals in the schools, and making changes to training programs in communication sciences and disorders to better prepare future speech-language pathologists to work with adolescents.

**Database:** Medline

**Title:** A Look into the Crystal Ball for Children Who Are Deaf or Hard of Hearing: Needs, Opportunities, and Challenges.  
**Source:** Seminars in speech and language; Nov 2016; vol. 37 (no. 4); p. 252-258  
**Author(s):** Yoshinaga-Itano, Christine; Wiggin, Mallene  
**Abstract:** Hearing is essential for the development of speech, spoken language, and listening skills. Children previously went undiagnosed with hearing loss until they were 2.5 or 3 years of age. The auditory deprivation during this critical period of development significantly impacted long-term listening and spoken language outcomes. Due to the advent of universal newborn hearing screening, the average age of diagnosis has dropped to the first few months of life, which sets the stage for outcomes that include children with speech, spoken language, and auditory skill testing in the normal range. However, our work is not finished. The future holds even greater possibilities for children with hearing loss.

**Database:** Medline

**Title:** Pursuing Precision Speech-Language Therapy Services for Children with Down Syndrome.  
**Source:** Seminars in speech and language; Nov 2016; vol. 37 (no. 4); p. 239-251  
**Author(s):** McDaniel, Jena; Yoder, Paul J
Abstract: The behavioral phenotype of individuals with Down syndrome (DS) offers one avenue for developing speech-language therapy services that are tailored to the individual's characteristics that affect treatment response. Behavioral phenotypes are patterns of behavioral strengths and weaknesses for specific genetic disorders that can help guide the development and implementation of effective interventions. Nonetheless, individual differences within children with DS must be acknowledged and addressed because behavioral phenotypes are probabilistic, not deterministic. Developing precision speech-language therapy services to maximize learning opportunities and outcomes for children with DS calls for increased collaboration among clinicians and researchers to address the needs, challenges, and opportunities on three interconnected themes: (1) moving effective interventions from research to practice, (2) making evidence-based, child-specific treatment intensity decisions, and (3) considering child motivation and temperament characteristics. Increased availability of intervention materials and resources as well as more specific recommendations that acknowledge individual differences could help narrow the research-practice gap. Clear descriptions of disciplined manipulations of treatment intensity components could lead to more effective intervention services. Last, addressing motivation and temperament characteristics, such as the personality-motivation orientation, in children with DS may help maximize learning opportunities. Focused attention and collaboration on these key themes could produce substantial, positive changes for children with DS and their families in the coming decade.

Database: Medline

### Title: Aging-related gains and losses associated with word production in connected speech.

**Source:** Neuropsychology, development, and cognition. Section B, Aging, neuropsychology and cognition; Nov 2016; vol. 23 (no. 6); p. 638-650

**Author(s):** Dennis, Paul A; Hess, Thomas M

**Abstract:** Older adults have been observed to use more nonnormative, or atypical, words than younger adults in connected speech. We examined whether aging-related losses in word-finding abilities or gains in language expertise underlie these age differences. Sixty younger and 60 older adults described two neutral photographs. These descriptions were processed into word types, and textual analysis was used to identify interrupted speech (e.g., pauses), reflecting word-finding difficulty. Word types were assessed for normativeness, with nonnormative word types defined as those used by six (5%) or fewer participants to describe a particular picture. Accuracy and precision ratings were provided by another sample of 48 high-vocabulary younger and older adults. Older adults produced more interrupted and, as predicted, nonnormative words than younger adults. Older adults were more likely than younger adults to use nonnormative language via interrupted speech, suggesting a compensatory process. However, older adults' nonnormative words were more precise and trended for having higher accuracy, reflecting expertise. In tasks offering response flexibility, like connected speech, older adults may be able to offset instances of age-related deficits by maximizing their expertise in other instances.

Database: Medline

### Title: Low-income fathers’ speech to toddlers during book reading versus toy play.

**Source:** Journal of child language; Nov 2016; vol. 43 (no. 6); p. 1385-1399

**Author(s):** Salo, Virginia C; Rowe, Meredith L; Leech, Kathryn A; Cabrera, Natasha J

**Abstract:** Fathers’ child-directed speech across two contexts was examined. Father-child dyads from sixty-nine low-income families were videotaped interacting during book reading and toy play when children were 2;0. Fathers used more diverse vocabulary and asked more questions during book reading while their mean length of utterance was longer during toy play. Variation in these specific characteristics of fathers’ speech that differed across contexts was also positively associated with child vocabulary skill measured on the MacArthur-Bates Communicative Development Inventory. Results are discussed in terms of how different contexts elicit specific qualities of child-directed speech that may promote language use and development.

Database: Medline

### Title: Randomized clinical trial: the use of SpeechEasy® in stuttering treatment.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 769-774

**Author(s):** Ritto, Ana Paula; Juste, Fabiola Staróbole; Stuart, Andrew; Kalinowski, Joseph; de Andrade, Claudia Regina Furquim

**Abstract:** Numerous studies have demonstrated the benefit of devices delivering altered auditory feedback (AAF) as a therapeutic alternative for those who stutter. The effectiveness of a device delivering AAF
(SpeechEasy®) was compared with behavioural techniques in the treatment of stuttering in a randomized clinical trial. Two groups of adults who stutter participated: group 1 consisted of 10 men and one woman aged 21-42 years (mean = 30.0). Group 2 consisted of six men and one woman aged 20-50 years (mean = 35.6). Participants in group 1 were fit with a SpeechEasy® device and were not given any additional training (i.e., supplementary fluency enhancing techniques). Participants used the device daily for 6 months. Participants in group 2 received treatment in the form of a 12-week fluency promotion protocol with techniques based on both fluency shaping and stuttering modification. There were no statistically significant differences (p > .05) between groups in participants' stuttered syllables following treatment. That is, both therapeutic protocols achieved approximately 40% reduction in number of stuttered syllables from baseline measures, with no significant relapse after 3 or 6 months post-treatment. The results suggest that the SpeechEasy® device can be a viable option for the treatment of stuttering.

**Database:** Medline

**Title:** 'Just wait then and see what he does': a speech act analysis of healthcare professionals' interaction coaching with parents of children with autism spectrum disorders.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 757-768

**Author(s):** McKnight, Lindsay M; O'Malley-Keighran, Mary-Pat; Carroll, Clare

**Abstract:** There is evidence indicating that parent training programmes including interaction coaching of parents of children with autism spectrum disorders (ASD) can increase parental responsiveness, promote language development and social interaction skills in children with ASD. However, there is a lack of research exploring precisely how healthcare professionals use language in interaction coaching. To identify the speech acts of healthcare professionals during individual video-recorded interaction coaching sessions of a Hanen-influenced parent training programme with parents of children with ASD. This retrospective study used speech act analysis. Healthcare professional participants included two speech-language therapists and one occupational therapist. Sixteen videos were transcribed and a speech act analysis was conducted to identify the form and functions of the language used by the healthcare professionals. Descriptive statistics provided frequencies and percentages for the different speech acts used across the 16 videos. Six types of speech acts used by the healthcare professionals during coaching sessions were identified. These speech acts were, in order of frequency: Instructing, Modelling, Suggesting, Commanding, Commending and Affirming. The healthcare professionals were found to tailor their interaction coaching to the learning needs of the parents. A pattern was observed in which more direct speech acts were used in instances where indirect speech acts did not achieve the intended response. The study provides an insight into the nature of interaction coaching provided by healthcare professionals during a parent training programme. It identifies the types of language used during interaction coaching. It also highlights additional important aspects of interaction coaching such as the ability of healthcare professionals to adjust the directness of the coaching in order to achieve the intended parental response to the child's interaction. The findings may be used to increase the awareness of healthcare professionals about the types of speech acts used during interaction coaching as well as the manner in which coaching sessions are conducted.

**Database:** Medline

**Title:** A conversation analytic study of patterns of overlapping talk in conversations between individuals with dementia and their frequent communication partners.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 745-756

**Author(s):** Young, Jessica A; Lind, Christopher; van Steenbrugge, Willem

**Abstract:** Difficulty participating in conversation is commonly experienced by individuals with dementia, secondary to cognitive and language deficits. Frequent communication partners (FCPs), however, report being largely unaware of how to support their conversation partners with dementia during conversation. In particular, taking a turn appropriately may be difficult for either partner due to trouble predicting a partner's behaviour and, hence, difficulty with timing conversational turns appropriately, potentially resulting in overlapping talk. To investigate the patterns of overlapping talk in the interaction between individuals with dementia and their FCPs. Three participants with moderate-severe dementia participated in conversation with an FCP. Ten minutes of 'casual' and 'task-oriented' conversation were audio- and video-recorded. Patterns of overlapping talk were investigated using conversation analytic methods. Overlapping talk was a consistent feature of all three dyadic interactions during both social and task-oriented talk. All participants exhibited competitive and non-competitive forms of overlapping talk. The data reveal that FCPs commonly yielded their own turns when overlapped by a partner in order to create opportunities for their partners with dementia to communicate. Participants with dementia demonstrated some retained pragmatic abilities, both
using continuers and yielding the floor to their partner when competitively overlapped in order to encourage a speaker to continue. These findings contribute to the understanding of the impact of dementia on the maintenance of sensitivity to the sequential aspects of everyday talk. From a clinical perspective, these findings can inform the training of FCPs about retained abilities and evidence-based support strategies, equipping them with knowledge and skills to structure and maintain fluent conversation.

**Database:** Medline

**Title:** Addressing phonological memory in language therapy with clients who have Down syndrome: Perspectives of speech-language pathologists.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 703-714

**Author(s):** Faught, Gayle G; Conners, Frances A; Barber, Angela B; Price, Hannah R

**Abstract:** Phonological memory (PM) plays a significant role in language development but is impaired in individuals with Down syndrome (DS). Without formal recommendations on how to address PM limitations in clients with DS, it is possible speech-language pathologists (SLPs) find ways to do so in their practices. This study asked if and how SLPs address PM in language therapy with clients who have DS. It also asked about SLPs’ opinions of the importance, practicality and difficulty of addressing PM in clients with DS. SLPs participated in an online survey that asked if they address PM in clients with DS and, if so, how often and with which techniques. The survey also asked SLPs to rate their opinions of addressing PM in clients with DS with Likert scales. To contrast clients with DS, SLPs were asked about their practices and opinions with clients who have specific language impairment (SLI) and autism spectrum disorders (ASD). SLPs were recruited through e-mails sent from state organizations and researchers. To compare SLPs’ practices and opinions across client types, frequency analyses and analyses of variance (ANOVs) were run. In all, 290 SLPs from 28 states completed the survey. Nearly all SLPs were currently practising at the time data were collected, and all worked with at least one of the three client types. Findings indicated SLPs less often addressed PM and used less variety when addressing PM with clients who have DS compared with clients who have SLI or ASD. Further, SLPs considered it less important, less practical and more difficult to address PM in clients who have DS when compared with clients who have SLI, whereas a similar pattern was found with clients who have ASD. SLPs’ opinions could be one reason they under-address PM with clients who have DS. Other reasons include there are no evidence-based practice (EBP) guidelines on this topic, and there is not enough familiarity with the DS phenotype among SLPs. Future research on ways to address PM in clients with DS successfully are essential so that EBP guidelines can be established and language therapy can be made more effective.

**Database:** Medline

**Title:** The Sally-Anne test: an interactional analysis of a dyadic assessment.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 685-702

**Author(s):** Korkiakangas, Terhi; Dindar, Katja; Laitila, Aarno; Kärnä, Eija

**Abstract:** The Sally-Anne test has been extensively used to examine children's theory of mind understanding. Many task-related factors have been suggested to impact children's performance on this test. Yet little is known about the interactional aspects of such dyadic assessment situations that might contribute to the ways in which children respond to the test questions. To examine the interactional factors contributing to the performance of two children in the Sally-Anne test. To identify the interactional practices used by the tester administering the task and to describe how interactional features can pose challenges in the critical belief and reality questions for both the tester and the testee. The Sally-Anne test was carried out as part of a project examining children's interactions in a technology-enhanced environment. The present study uses video recordings of two children with communication disorders (one with a current diagnosis of autism spectrum disorder [ASD]) and an adult tester. We draw on a multimodal approach to conversation analysis (CA) to examine the sequential organization of the test questions and answers. The children drew on diverse resources when producing responses to the test questions: responding verbally, pointing or manually handling objects. The tester treated these responses differently depending on how they were produced. When the child pointed at an object and verbally indicated their response, the tester moved on to the next question apparently accepting the child's answer. When the child manually handled an object or produced a quiet verbal response, the tester repeated the question indicating that the child's actions did not constitute an adequate response to a test question. In response to this, both children modified or changed their previous responses. Through monitoring each other, the tester and the child produced actions highly responsive to the features of each other's conduct, which underpinned the conduct of the test itself. Children's responses in the test might not be solely indicative of socio-cognitive capacities but also show orientation to interactional nuances. The study proposes that children can demonstrate diverse ways of
responding to questions, yet testers may treat these as test-irrelevant behaviours if they do not correspond to the scoring criteria. A video-based CA study can broaden our understanding of children's pragmatic competencies in responsiveness that may not always embody an expected form. This can have implications for the development of future assessment tasks and revision of existing scoring practices.

---

**Title:** Prevalence of people who could benefit from augmentative and alternative communication (AAC) in the UK: determining the need.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 639-653

**Author(s):** Creer, Sarah; Enderby, Pamela; Judge, Simon; John, Alex

**Abstract:** Commissioners and providers require information relating to the number of people requiring a service in order to ensure provision is appropriate and equitable for the population they serve. There is little epidemiological evidence available regarding the prevalence of people who could benefit from augmentative and alternative communication (AAC) in the UK. To determine the prevalence of people who could benefit from AAC in the UK. An epidemiological approach was taken to create a new estimate of need: the prevalence of the main medical conditions and specific symptoms leading to the requirement for AAC were identified from the literature and AAC specialists were consulted to estimate the number of people who may require AAC. A total of 97.8% of the total number of people who could benefit from AAC have nine medical conditions: dementia, Parkinson's disease, autism, learning disability, stroke, cerebral palsy, head injury, multiple sclerosis and motor neurone disease. The total expectation is that 536 people per 100 000 of the UK population (approximately 0.5%) could benefit from AAC. To provide accurate figures on the potential need for and use of AAC, data need to be consistently and accurately recorded and regularly reviewed at a community level. The existing data suggest an urgent need for more accurate and up to date information to be captured about the need for AAC in the UK to provide better services and ensure access to AAC strategies, equipment and support.

**Database:** Medline

---

**Title:** Narrative abilities of monolingual and bilingual children with and without language impairment: implications for clinical practice.

**Source:** International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 626-638

**Author(s):** Boerma, Tessel; Leseman, Paul; Timmermeister, Mona; Wijnen, Frank; Blom, Elma

**Abstract:** Understanding and expressing a narrative's macro-structure is relatively independent of experience in a specific language. A narrative task is therefore assumed to be a less biased method of language assessment for bilingual children than many other norm-referenced tests and may thus be particularly valuable to identify language impairment (LI) in a bilingual context. The present study aimed to investigate the effects of LI and bilingualism on macrostructural narrative skills. Moreover, it evaluated the diagnostic validity of a narrative task within a monolingual and bilingual sample. Five- and 6-year-old monolingual children with and without LI (N = 33 per group) were tested on production and comprehension measures of narrative macro-structure. A multivariate analysis of covariance (MANCOVA) was used to investigate the effects of LI and bilingualism on their narrative abilities. Binary logistic regressions were conducted to evaluate the instrument's diagnostic negative effects of LI were found on all narrative measures, whereas no effects of bilingualism emerged. The narrative task adequately differentiated between both monolingual and bilingual children with and without LI, with story elements related to internal states being more effective than elements related to the basic episode structure. This study confirms the hypothesis that measures of narrative macro-structure are not biased against children who have less experience with a particular language, like bilinguals. In addition, it indicates that using narratives to assess children's language abilities can support the identification of LI in both a monolingual and a bilingual context.

**Database:** Medline

---

**Title:** Hearing impairment, cognition and speech understanding: exploratory factor analyses of a comprehensive test battery for a group of hearing aid users, the n200 study.

**Source:** International journal of audiology; Nov 2016; vol. 55 (no. 11); p. 623-642

**Author(s):** Rönnberg, Jerker; Lunner, Thomas; Ng, Elaine Hoi Ning; Lidestam, Björn; Zekveld, Adriana Agatha; Sööqvist, Patrik; Lyxell, Björn; Träff, Ulf; Yumba, Wycliffe; Classon, Elisabet; Hällgren, Mathias; Larsby, Birgitta; Sigoret, Carine; Pichora-Fuller, M Kathleen; Rudner, Mary; Danielsson, Henrik; Stenfelt, Stefan
Abstract: The aims of the current n200 study were to assess the structural relations between three classes of test variables (i.e. HEARING, COGNITION and aided speech-in-noise OUTCOMES) and to describe the theoretical implications of these relations for the Ease of Language Understanding (ELU) model. Participants were 200 hard-of-hearing hearing-aid users, with a mean age of 60.8 years. Forty-three percent were females and the mean hearing threshold in the better ear was 37.4 dB HL. LEVEL1 factor analyses extracted one factor per test and/or cognitive function based on a priori conceptualizations. The more abstract LEVEL 2 factor analyses were performed separately for the three classes of test variables. The HEARING test variables resulted in two LEVEL 2 factors, which we labelled SENSITIVITY and TEMPORAL FINE STRUCTURE; the COGNITIVE variables in one COGNITION factor only, and OUTCOMES in two factors, NO CONTEXT and CONTEXT. COGNITION predicted the NO CONTEXT factor to a stronger extent than the CONTEXT outcome factor. TEMPORAL FINE STRUCTURE and SENSITIVITY were associated with COGNITION and all three contributed significantly and independently to especially the NO CONTEXT outcome scores (R(2) = 0.40). All LEVEL 2 factors are important theoretically as well as for clinical assessment.

Database: Medline

Title: Involvement of parents in intervention for childhood speech sound disorders: a review of the evidence.

Source: International journal of language & communication disorders; Nov 2016; vol. 51 (no. 6); p. 597-625

Author(s): Sugden, Eleanor; Baker, Elise; Munro, Natalie; Williams, A Lynn

Abstract: Internationally, speech and language therapists (SLTs) are involving parents and providing home tasks in intervention for phonology-based speech sound disorder (SSD). To ensure that SLTs’ involvement of parents is guided by empirical research, a review of peer-reviewed published evidence is needed. To provide SLTs and researchers with a comprehensive appraisal and analysis of peer-reviewed published intervention research reporting parent involvement and the provision of home tasks in intervention studies for children with phonology-based SSD. A systematic search and review was conducted. Academic databases were searched for peer-reviewed research papers published between 1979 and 2013 reporting on phonological intervention for SSD. Of the 176 papers that met the criteria, 61 were identified that reported on the involvement of parents and/or home tasks within the intervention. These papers were analysed using a quality appraisal tool. Details regarding the involvement of parents and home tasks were extracted and analysed to provide a summary of these practices within the evidence base. Parents have been involved in intervention research for phonology-based SSD. However, most of the peer-reviewed published papers reporting this research have provided limited details regarding what this involved. This paucity of information presents challenges for SLTs wishing to integrate external evidence into their clinical services and clinical decision-making. It also raises issues regarding treatment fidelity for researchers wishing to replicate published intervention research. The range of tasks in which parents were involved, and the limited details reported in the literature, present challenges for SLTs wanting to involve parents in intervention. Further high-quality research reporting more detail regarding the involvement of parents and home tasks in intervention for SSD is needed.

Database: Medline

Title: When does speech sound disorder matter for literacy? The role of disordered speech errors, co-occurring language impairment and family risk of dyslexia.

Source: Journal of Child Psychology and Psychiatry; Nov 2016

Author(s): Hayiou-Thomas, Marianna E.; Carroll, Julia M.; Leavett, Ruth; Hulme, Charles; Snowling, Margaret J.

Abstract: Background This study considers the role of early speech difficulties in literacy development, in the context of additional risk factors. Method Children were identified with speech sound disorder (SSD) at the age of 3¼ years, on the basis of performance on the Diagnostic Evaluation of Articulation and Phonology. Their literacy skills were assessed at the start of formal reading instruction (age 5¼), using measures of phoneme awareness, word-level reading and spelling; and 3 years later (age 8), using measures of word-level reading, spelling and reading comprehension. Results The presence of early SSD conferred a small but significant risk of poor phonemic skills and spelling at the age of 5½ and of poor word reading at the age of 8. Furthermore, within the group with SSD, the persistence of speech difficulties to the point of school entry was associated with poorer emergent literacy skills, and children with ‘disordered’ speech errors had poorer word reading skills than children whose speech errors indicated ‘delay’ in contrast, the initial severity of SSD was not a significant predictor of reading development. Beyond the domain of speech, the presence of a co-occurring language impairment was strongly predictive of literacy development.
skills and having a family risk of dyslexia predicted additional variance in literacy at both time-points. Conclusions Early SSD alone has only modest effects on literacy development but when additional risk factors are present, these can have serious negative consequences, consistent with the view that multiple risks accumulate to predict reading disorders.

**Database:** PsycINFO

---

**Title:** A qualitative case study in the social capital of co-professional collaborative co-practice for children with speech, language and communication needs.

**Source:** International Journal of Language & Communication Disorders; Nov 2016

**Author(s):** McKean, Cristina; Law, James; Laing, Karen; Cockerill, Maria; Allon-Smith, Jan; McCartney, Elspeth; Forbes, Joan

**Abstract:** Background Effective co-practice is essential to deliver services for children with speech, language and communication needs (SLCN). The necessary skills, knowledge and resources are distributed amongst professionals and agencies. Co-practice is complex and a number of barriers, such as 'border disputes' and poor awareness of respective priorities, have been identified. However social–relational aspects of co-practice have not been explored in sufficient depth to make recommendations for improvements in policy and practice. Here we apply social capital theory to data from practitioners: an analytical framework with the potential to move beyond descriptions of socio-cultural phenomena to inform change. Aims Co-practice in a local authority site was examined to understand: (1) the range of social capital relations extant in the site's co-practice; (2) how these relations affected the abilities of the network to collaborate; (3) whether previously identified barriers to co-practice remain; (4) the nature of any new complexities that may have emerged; and (5) how inter-professional social capital might be fostered. Methods & Procedures A qualitative case study of SLCN provision within one local authority in England and its linked NHS partner was completed through face-to-face semi-structured interviews with professionals working with children with SLCN across the authority. Interviews, exploring barriers and facilitators to interagency working and social capital themes, were transcribed, subjected to thematic analysis using iterative methods and a thematic framework derived. Outcomes & Results We identified a number of characteristics important for the effective development of trust, reciprocity and negotiated co-practice at different levels of social capital networks: macro—service governance and policy; meso—school sites; and micro—intra-practitioner knowledge and skills. Barriers to co-practice differed from those found in earlier studies. Some negative aspects of complexity were evident, but only where networked professionalism and trust was absent between professions. Where practitioners embraced and services and systems enabled more fluid forms of collaboration, then trust and reciprocity developed. Conclusions & Implications Highly collaborative forms of co-practice, inherently more complex at the service governance, macro-level, bring benefits. At the meso-level of the school and support team network there was greater capacity to individualize co-practice to the needs of the child. Capacity was increased at the micro-level of knowledge and skills to harness the overall resource distributed amongst members of the inter-professional team. The development of social capital, networks of trust across SLCN support teams, should be a priority at all levels—for practitioners, services, commissioners and schools.

**Database:** PsycINFO

---

**Title:** Early intervention practices for children with hearing loss: Impact of professional development.

**Source:** Communication Disorders Quarterly; Nov 2016; vol. 38 (no. 1); p. 13-23

**Author(s):** Martin-Prudent, Angi; Lartz, Maribeth; Borders, Christina; Meehan, Tracy

**Abstract:** Early identification and appropriate intervention services for children who are deaf or hard of hearing significantly increase the likelihood of better language, speech, and social-emotional development. However, current research suggests that there is a critical shortage of professionals trained to provide early intervention services to deaf and hard of hearing infants and toddlers. In an effort to address the shortage, Illinois State University designed an interdisciplinary program aimed at providing the coursework and training needed by professionals to effectively serve infants and toddlers with hearing loss. The current study sought to evaluate the competencies of graduate students employing evidence-based strategies in listening and spoken language development following the completion of the program. It was hypothesized that the training program would lead to an increase in the use of evidence-based early intervention strategies specific to infants and toddlers with hearing loss and an increase in the frequency of their use. The results of the current study did not suggest that there was a significant difference in the use of evidence-based strategies following the completion of coursework; however, they did indicate that the
**Title:** Sex differences in language competence of 3- to 6-year-old children.  
**Source:** Applied Psycholinguistics; Nov 2016; vol. 37 (no. 6); p. 1417-1438  
**Author(s):** Lange, Benjamin P.; Euler, Harald A.; Zaretsky, Eugen  
**Abstract:** For decades, developmental research has involved the study of sex differences in language acquisition. Many studies of these differences have found a slight advantage in competence for females early in life that seems to wane with age. However, because most of these studies have focused on sex differences in mean values, they have mostly neglected sex differences in variance with males being more variable. In the current study, we examined sex differences in language competence in terms of mean values and variance in large samples (N > 10,000) of German children aged 3–6 years. We administered several tests to assess the children's vocabulary, grammar, speech comprehension, pronunciation, and the processing of sentences and nonce words. Girls performed better than boys in all domains, most often to a statistically significant degree, although the effect sizes were small. Differences decreased with age. Boys varied significantly more than girls in their language competence. In response, we discuss explanations for these findings, as well as recommend directions for future research.  
**Database:** PsycINFO

---

**Title:** Interventional Techniques for Management of Pain in Older Adults.  
**Source:** Clinics in Geriatric Medicine; Nov 2016; vol. 32 (no. 4); p. 773-785  
**Author(s):** Brooks, Amber K; Udoji, Mercy A  
**Abstract:** Chronic pain in older patients is often treated with pain medications, physical rehabilitation, interventional pain management, and/or psychological interventions. The administration of pain medications is the most common form of chronic pain treatment. Physiologic changes in older adults make them more susceptible to the potential side effects of oral pain medications, especially opioids. Interventional pain management offers an alternative treatment option. This article reviews some of the interventional techniques used to treat the most common sites of pain in older adults: back, knee, and hip.  
**Database:** CINAHL

---

**Title:** Participation and adherence to cardiac rehabilitation programs. A systematic review.  
**Source:** International journal of cardiology; Nov 2016; vol. 223 ; p. 436-443  
**Author(s):** Ruano-Ravina, Alberto; Pena-Gil, Carlos; Abu-Assi, Emad; Raposeiras, Sergio; van ‘t Hof, Arnoud; Meindersma, Esther; Bossano Prescott, Eva Irene; González-Juanatey, Jose Ramón  
**Abstract:** Acute myocardial infarction (AMI) is an important health problem. Cardiac rehabilitation (CR) programs following AMI have shown to be effective in reducing mortality. We aim to systematically review the existing literature that analyzes the factors that affect participation and adherence to cardiac rehabilitation programs. We reviewed Medline, EMBASE and Cochrane databases from 01/01/2004 to June 2016 using predefined inclusion and exclusion criteria. We classified the results into factors affecting participation and factors influencing adherence to CR programs. We included 29 studies, and there was a general agreement in those factors predicting participation and adherence to CR programs. These factors can be classified into person-related factors and aspects related to CR programs. Older participants, women, patients with comorbidities, unemployed and uncoupled persons, less educated people and those with lower income had a lower participation. A similar pattern was observed for CR adherence. Also, those potential participants who live farther from CR facilities, do not have transportation, or do not drive, attended less to CR programs. These factors were very similar when analyzing adherence to CR programs. These aspects were similar in Europe and the USA. These results clearly show that participation in CR programs follows a determined pattern that is very homogeneous in different settings. Health professionals should also be aware of patients reluctant to participate in CR programs and adapt their messages and redesign CR programs, to promote participation and adherence.  
**Database:** Medline

---

**Title:** Effect of Core Stability Training on Trunk Function, Standing Balance, and Mobility in Stroke Patients: A Randomized Controlled Trial.
Abstract: Background Trunk function is important for standing balance, mobility, and functional outcome after stroke, but few studies have evaluated the effects of exercises aimed at improving core stability in stroke patients. Objective To investigate the effectiveness of core stability training on trunk function, standing balance, and mobility in stroke patients. Methods An assessor-blinded, randomized controlled trial was undertaken in a stroke rehabilitation ward, with 32 participants randomly assigned to an experimental group or a control group (n = 16 each). The experimental group received 400 minutes of core stability training in place of conventional programs within total training time, while the control group received only conventional programs. Primary outcome measures were evaluated using the Trunk Impairment Scale (TIS), which reflects trunk function. Secondary outcome measures were evaluated by pelvic tilt active range of motion in the sagittal plane, the Balance Evaluation Systems Test-brief version (Brief-BESTest), Functional Reach test, Timed Up-and-Go test (TUG), and Functional Ambulation Categories (FAC). A general linear repeated-measures model was used to analyze the results. Results A treatment effect was found for the experimental group on the dynamic balance subscale and total score of the TIS (P = .002 and P < .001, respectively), pelvic tilt active range of motion (P < .001), Brief-BESTest (P < .001), TUG (P = .008), and FAC (P = .022). Conclusions Core stability training has beneficial effects on trunk function, standing balance, and mobility in stroke patients. Our findings might provide support for introducing core stability training in stroke rehabilitation.

Database: Medline

Title: "Fear of the Known and Unknown": Factors Affecting Participation Following Knee Replacement Among Persons With Participation Restriction.

Source: Journal of geriatric physical therapy (2001); Nov 2016

Author(s): Maxwell, Jessica; Vaughan, Molly; Ledingham, Aileen; Felson, David; Keysor, Julie

Abstract: Evidence suggests that more than 30% of patients post-total knee replacement (TKR) are living with participation restrictions, yet little is known about their perceptions of and factors contributing to these restrictions. The purpose of this study was to identify emergent or recurring themes behind participation restrictions after TKR. Nineteen participants between 50 and 85 years old reporting participation restrictions 1 to 5 years post-TKR completed semistructured qualitative interviews about their participation experience after TKR. Participants provided background information in written questionnaires. Data collected from in-person interviews were analyzed qualitatively using a grounded theory approach. Participants discussed 3 major themes with regard to participation post-TKR: (1) limiting activities requiring long-distance walking due to continued knee impairments, (2) avoiding activities with negative or unknown outcome expectancies, and (3) using problem solving to identify strategies to participate in important activities. An unknown or negative outcome expectancy, particularly with regard to activities requiring long-distance walking, may lead to participation restrictions in some patients post-TKR. As participants reported using self-efficacy and coping strategies to improve participation, further physical rehabilitation or interdisciplinary rehabilitation incorporating the identified strategies may be effective with some patients post-TKR.

Database: Medline

Title: World Health Organization disability assessment schedule 2.0: An international systematic review.

Source: Disability and rehabilitation; Nov 2016; p. 1-34

Author(s): Federici, Stefano; Bracaleti, Marco; Meloni, Fabio; Luciano, Juan V

Abstract: This systematic review examines research and practical applications of the World Health Organization Disability Assessment Schedule (WHODAS 2.0) as a basis for establishing specific criteria for evaluating relevant international scientific literature. The aims were to establish the extent of international dissemination and use of WHODAS 2.0 and analyze psychometric research on its various translations and adaptations. In particular, we wanted to highlight which psychometric features have been investigated, focusing on the factor structure, reliability, and validity of this instrument. Following Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) methodology, we conducted a search for publications focused on "whodas" using the ProQuest, PubMed, and Google Scholar electronic databases. We identified 810 studies from 94 countries published between 1999 and 2015. WHODAS 2.0 has been translated into 47 languages and dialects and used in 27 areas of research (40% in psychiatry). The
A growing number of studies indicates increasing interest in the WHODAS 2.0 for assessing individual functioning and disability in different settings and individual health conditions. The WHODAS 2.0 shows strong correlations with several other measures of activity limitations; probably due to the fact that it shares the same disability latent variable with them. Implications for Rehabilitation WHODAS 2.0 seems to be a valid, reliable self-report instrument for the assessment of disability. The increasing interest in use of the WHODAS 2.0 extends to rehabilitation and life sciences rather than being limited to psychiatry. WHODAS 2.0 is suitable for assessing health status and disability in a variety of settings and populations. A critical issue for rehabilitation is that a single "minimal clinically important difference" score for the WHODAS 2.0 has not yet been established.

<table>
<thead>
<tr>
<th>Database: Medline</th>
</tr>
</thead>
</table>

**Title:** Changes in return to work among patients in vocational rehabilitation: a self-determination theory perspective.  
**Source:** Disability and rehabilitation; Nov 2016 ; p. 1-8  
**Author(s):** Farholm, Anders; Halvari, Hallgeir; Niemiec, Christopher P; Williams, Geoffrey C; Deci, Edward  
**Abstract:** The aim of the current study was to examine whether patient perceptions of autonomy support from the treatment team in a vocational rehabilitation program will be associated with change (increase) in need satisfaction, autonomous motivation, perceived competence, well-being, physical activity, and return to work (RTW), and whether the self-determination theory (SDT) Model of Health Behavior will provide adequate fit to the data. A total of 90 participants were enrolled in a longitudinal study and completed measures at four time points over 15 months. Participants reported increases in all variables, and in general these changes were maintained at six weeks post-rehabilitation and at 15 months post-baseline. As well, the SDT Model of Health Behavior provided adequate fit to the data. These results underscore the importance of health care practitioners' providing support for their patients' autonomy, competence, and relatedness to improve well-being, physical activity, and RTW in the context of vocational rehabilitation.  
**Implications for Rehabilitation:** Vocational rehabilitation that emphasizes physical activity is associated with increases in patients' well-being, physical activity, and return to work (RTW). It is important for health care practitioners to provide support for their patients' autonomy, competence, and relatedness in the context of vocational rehabilitation, as doing so is associated with increases in patients' autonomous motivation, perceived competence, and psychosocial outcomes.  
**Database:** Medline

| Database: Medline |

**Title:** Improving Stroke Caregiver Readiness for Transition From Inpatient Rehabilitation to Home.  
**Source:** The Gerontologist; Nov 2016  
**Author(s):** Lutz, Barbara J; Young, Mary Ellen; Creasy, Kerry Rae; Martz, Crystal; Eisenbrandt, Lydia; Brunny, Jarrett N; Cook, Christa  
**Abstract:** As the population ages, older adults are more often living with functional limitations from chronic illnesses, such as stroke, and require assistance. Because stroke occurs suddenly, many stroke family caregivers in the United States are unprepared to assume caregiving responsibilities post-discharge. Research is limited on how family members become ready to assume the caregiving role. In this study, we developed a theoretical model for improving stroke caregiver readiness and identifying gaps in caregiver preparation. We interviewed 40 stroke family caregivers caring for 33 stroke survivors during inpatient rehabilitation and within 6 months post-discharge for this grounded theory study. Data were analyzed using dimensional analysis and constant comparative techniques. Caregivers identified critical areas where they felt unprepared to assume the caregiving role after discharge from inpatient rehabilitation. Steps to improve preparation include (a) conducting a risk assessment of the patient and caregiver; (b) identifying and prioritizing gaps between the patient's needs and caregiver's commitment and capacity; and (c) developing a plan for improving caregiver readiness. The model presented provides a family-centered approach for identifying needs and facilitating caregiver preparation. Given recent focus on improving care coordination, care transitions, and patient-centered care to help improve patient safety and reduce readmissions in this population, this research provides a new approach to enhance these outcomes among stroke survivors with family caregivers.  
**Database:** Medline

| Database: Medline |

**Title:** A Profiling System for the Assessment of Individual Needs for Rehabilitation With Hearing Aids.
### Title: Effects of Inpatient Multicomponent Occupational Rehabilitation versus Less Comprehensive Outpatient Rehabilitation on Somatic and Mental Health: Secondary Outcomes of a Randomized Clinical Trial.

**Source:** Journal of occupational rehabilitation; Nov 2016

**Author(s):** Aasdahl, Lene; Pape, Kristine; Vasseljen, Ottar; Johnsen, Roar; Gismervik, Sigmund; Jensen, Chris; Fimland, Marius Steiro

**Abstract:** Purpose To evaluate effects on somatic and mental health of a multicomponent inpatient occupational rehabilitation program compared to a less comprehensive outpatient program in individuals on sick leave for musculoskeletal complaints or mental health disorders. Methods A randomized clinical trial with parallel groups. Participants were individuals on sick leave for 2-12 months with a sick-leave diagnosis within the musculoskeletal, psychological or general and unspecified chapters of ICPC-2. Potential participants were identified in the Social Security System Registry. The multicomponent inpatient program (4 ± 4 days) consisted of Acceptance and Commitment Therapy, physical training and work-related problem-solving including creating a return to work plan and a workplace visit if considered relevant. The comparative outpatient program consisted primarily of ACT (6 sessions during 6 weeks). Self-reported health-related quality of life, subjective health complaints, pain and anxiety and depression symptoms were assessed up to 12 months after the program. Results 168 individuals were randomized to the inpatient program (n = 92) or the outpatient program (n = 76). Linear mixed models showed no statistically significant differences between the programs, except for slightly more reduced pain after the outpatient program. Conclusions This study presents no support that a 4 ± 4 days multicomponent inpatient rehabilitation program is superior to a less comprehensive outpatient program, in improving health outcomes.

**Database:** Medline

### Title: Community-Based Rehabilitation to Improve Stroke Survivors’ Rehabilitation Participation and Functional Recovery.

**Source:** American journal of physical medicine & rehabilitation; Nov 2016

**Author(s):** Ru, Xiaojuan; Dai, Hong; Jiang, Bin; Li, Ninghua; Zhao, Xingquan; Hong, Zhen; He, Li; Wang, Wenzhi

**Abstract:** The aim of this study was to evaluate the effectiveness of a community-based rehabilitation appropriate technique (CRAT) intervention program in increasing rehabilitation participation and improving functional recovery of stroke survivors. This study followed a quasi-experimental design. In each of 5 centers servicing approximately 50,000 individuals, 2 communities were designated as either the intervention or control community. A CRAT intervention program, including 2-year rehabilitation education and 3-month CRAT treatment, was regularly implemented in the intervention communities, whereas there was no special intervention in the control community. Two sampling surveys, at baseline and after intervention, were administered to evaluate the rehabilitation activity undertaken. In intervention communities, stroke survivor's motor function, daily activity, and social activity were evaluated pretreatment.

**Database:** Medline
and posttreatment, using the Fugl-Meyer Motor Function Assessment, Barthel index, and Social Functional Activities Questionnaire. The proportion of individuals participating in rehabilitation-related activity was increased significantly ($P < 0.05$). Community-based rehabilitation appropriate technique increases rehabilitation participation rates and enhances motor function, daily activity, and social activity of stroke survivors.

**Database:** Medline

| Title: The effect of water-based exercises on balance in persons post-stroke: a randomized controlled trial.  
Source: Topics in stroke rehabilitation; Nov 2016 ; p. 1-8  
Author(s): Chan, Kelvin; Phadke, Chetan P; Stremler, Denise; Suter, Lynn; Pauley, Tim; Ismail, Farooq; Boulias, Chris  
Abstract: Water-based exercises have been used in the rehabilitation of people with stroke, but little is known about the impact of this treatment on balance. This study examined the effect of water-based exercises compared to land-based exercises on the balance of people with sub-acute stroke. In this single-blind randomized controlled study, 32 patients with first-time stroke discharged from inpatient rehabilitation at West Park Healthcare Centre were recruited. Participants were randomized into W (water-based + land; $n = 17$) or L (land only; $n = 15$) exercise groups. Both groups attended therapy two times per week for six weeks. Initial and progression protocols for the water-based exercises (a combination of balance, stretching, and strengthening and endurance training) and land therapy (balance, strength, transfer, gait, and stair training) were devised. Outcomes included the Berg Balance Score, Community Balance and Mobility Score, Timed Up and Go Test, and 2 Minute Walk Test. Baseline characteristics of groups W and L were similar in age, side of stroke, time since stroke, and wait time between inpatient discharge and outpatient therapy on all four outcomes. Pooled change scores from all outcomes showed that significantly greater number of patients in the W-group showed improvement post-training compared to the L-group ($P < 0.05$). More patients in W-group showed change scores exceeding the published minimal detectable change scores. A combination of water- and land-based exercises has potential for improving balance. The results of this study extend the work showing benefit of water-based exercise in chronic and less-impaired stroke groups to patients with sub-acute stroke.  
Database: Medline |

| Title: An innovative training program based on virtual reality and treadmill: effects on gait of persons with multiple sclerosis.  
Source: Disability and rehabilitation; Nov 2016 ; p. 1-7  
Author(s): Peruzzi, Agnese; Zarbo, Ignazio Roberto; Cereatti, Andrea; Della Croce, Ugo; Mirelman, Anat  
Abstract: In this single blind randomized controlled trial, we examined the effect of a virtual reality-based training on gait of people with multiple sclerosis. Twenty-five individuals with multiple sclerosis with mild to moderate disability were randomly assigned to either the control group ($n = 11$) or the experimental group ($n = 14$). The subjects in the control group received treadmill training. Subjects in the experimental group received virtual reality based treadmill training. Clinical measures and gait parameters were evaluated. Subjects in both the groups significantly improved the walking endurance and speed, cadence and stride length, lower limb joint ranges of motion and powers, during single and dual task gait. Moreover, subjects in the experimental group also improved balance, as indicated by the results of the clinical motor tests ($P < 0.05$). Between-group comparisons revealed that the experimental group improved significantly more than control group in hip range of motion and hip generated power at terminal stance at post-training. Our results support the perceived benefits of training programs that incorporate virtual reality to improve gait measures in individuals with multiple sclerosis. Implication of rehabilitation Gait deficits are common in multiple sclerosis (85%) and worsen during dual task activities. Intensive and progressive treadmill training, with and without virtual reality, is effective on dual task gait in persons with multiple sclerosis. Virtual reality-based treadmill training requiring obstacle negotiation increases the range of motion and the power generated at the hip, consequently allowing longer stride length and, consequently, higher gait speed.  
Database: Medline |

| Title: Work disabilities and unmet needs for health care and rehabilitation among jobseekers: a community-level investigation using multidimensional work ability assessments.  
Source: Scandinavian journal of primary health care; Nov 2016 ; p. 1-9 |
Abstract: Comprehensive understanding of the prevalence and quality of work disabilities and unmet needs for health care and rehabilitation to support return to work (RTW) among jobseekers. Community-level, cross-sectional analysis with multidimensional clinical work ability assessments. Paltamo, Finland. Unemployed citizens either participating in the Full-Employment Project or long-term unemployed (n = 230, 81%). Based on data from theme interviews, patient records, supervisors' observations of work performance and clinical examinations, a physician concluded the individual's work ability, categorised into four groups: good work ability, good work ability expected after RTW support, able to transitional work only or unable to work. These groups were cross tabulated with primary diagnoses, types of plans to support RTW, as well as categories of social functioning and motivation, for which sensitivity and specificity scores in detecting work disability were calculated. Only about half of the jobseekers had good work ability, 27% were found unable to work in the open labour market and 15% even eligible for a disability pension. For 20%, care or rehabilitation was seen necessary to enable RTW. Poor supervisor- and self-rated performance at work or poor social functioning appeared as sensitive measures in detecting work disability. Work disabilities and unmet needs for health care and rehabilitation are highly prevalent among jobseekers, as depicted using a multidimensional work ability assessment procedure inspired by the International Classification of Functioning (ICF). Further development of work ability assessment practices is clearly needed. KEY POINTS Although the association of unemployment with poor health is well known, evidence on the work ability of the unemployed remains scarce. Work disabilities are common among the unemployed. Multidimensional work ability assessment among the unemployed reveals unmet needs for care and rehabilitation to support return to work. Context sensitivity may add to the accuracy of the doctor's conclusions on work ability.

Database: Medline

Title: Benefits of virtual reality based cognitive rehabilitation through simulated activities of daily living: a randomized controlled trial with stroke patients.

Source: Journal of neuroengineering and rehabilitation; Nov 2016; vol. 13 (no. 1); p. 96

Abstract: Stroke is one of the most common causes of acquired disability, leaving numerous adults with cognitive and motor impairments, and affecting patients' capability to live independently. There is substantial evidence on post-stroke cognitive rehabilitation benefits, but its implementation is generally limited by the use of paper-and-pencil methods, insufficient personalization, and suboptimal intensity. Virtual reality tools have shown potential for improving cognitive rehabilitation by supporting carefully personalized, ecologically valid tasks through accessible technologies. Notwithstanding important progress in VR-based cognitive rehabilitation systems, specially with Activities of Daily Living (ADL's) simulations, there is still a need of more clinical trials for its validation. In this work we present a one-month randomized controlled trial with 18 stroke in and outpatients from two rehabilitation units: 9 performing a VR-based intervention and 9 performing conventional rehabilitation. The VR-based intervention involved a virtual simulation of a city - Reh@City - where memory, attention, visuo-spatial abilities and executive functions tasks are integrated in the performance of several daily routines. The intervention had levels of difficulty progression through a method of fading cues. There was a pre and post-intervention assessment in both groups with the Addenbrooke Cognitive Examination (primary outcome) and the Trail Making Test A and B, Picture Arrangement from WAIS III and Stroke Impact Scale 3.0 (secondary outcomes). A within groups analysis revealed significant improvements in global cognitive functioning, attention, memory, visuo-spatial abilities, executive functions, emotion and overall recovery in the VR group. The control group only improved in self-reported memory and social participation. A between groups analysis, showed significantly greater improvements in global cognitive functioning, attention and executive functions when comparing VR to conventional therapy. Our results suggest that cognitive rehabilitation through the Reh@City, an ecologically valid VR system for the training of ADL's, has more impact than conventional methods. This trial was not registered because it is a small sample study that evaluates the clinical validity of a prototype virtual reality system.

Database: Medline

Title: Relationship between pulmonary rehabilitation and care dependency in COPD.

Source: Thorax; Nov 2016; vol. 71 (no. 11); p. 1054-1056
Abstract: The aims of this study were to explore care dependency before and after pulmonary rehabilitation (PR) in patients with COPD (n=331) and to compare the response to PR between care dependent and independent patients. At baseline, 85 (25.7%) patients had a Care Dependency Scale (CDS) score ≤68 points and were considered as care dependent. CDS scores of these patients improved after PR (p<0.05). Patients with a baseline CDS score ≤68 points or >68 points showed after PR a comparable improvement in COPD Assessment Test, Hospital Anxiety and Depression Scale and 6-min walk distance (all p<0.05). NTR3416 (The Netherlands).

Database: Medline

Title: Physical frailty and pulmonary rehabilitation in COPD: a prospective cohort study.

Source: Thorax; Nov 2016; vol. 71 (no. 11); p. 988-995

Abstract: Frailty is an important clinical syndrome that is consistently associated with adverse outcomes in older people. The relevance of frailty to chronic respiratory disease and its management is unknown. To determine the prevalence of frailty among patients with stable COPD and examine whether frailty affects completion and outcomes of pulmonary rehabilitation. 816 outpatients with COPD (mean (SD) age 70 (10) years, FEV1% predicted 48.9 (21.0)) were recruited between November 2011 and January 2015. Frailty was assessed using the Fried criteria (weight loss, exhaustion, low physical activity, slowness and weakness) before and after pulmonary rehabilitation. Predictors of programme non-completion were identified using multivariate logistic regression, and outcomes were compared using analysis of covariance, adjusting for age and sex. 209/816 patients (25.6%, 95% CI 22.7 to 28.7) were frail. Prevalence of frailty increased with age, Global Initiative for Chronic Obstructive Lung Disease (GOLD) stage, Medical Research Council (MRC) score and age-adjusted comorbidity burden (all p≤0.01). Patients who were frail had double the odds of programme non-completion (adjusted OR 2.20, 95% CI 1.39 to 3.46, p=0.001), often due to exacerbation and/or hospital admission. However, rehabilitation outcomes favoured frail completers, with consistently better responses in MRC score, exercise performance, physical activity level and health status (all p<0.001). After rehabilitation, 71/115 (61.3%) previously frail patients no longer met case criteria for frailty. Frailty affects one in four patients with COPD referred for pulmonary rehabilitation and is an independent predictor of programme non-completion. However, patients who are frail respond favourably to rehabilitation and their frailty can be reversed in the short term.

Database: Medline

Title: The role of habit in recurrent pressure ulcers following spinal cord injury.

Source: Scandinavian journal of occupational therapy; Nov 2016; vol. 23 (no. 6); p. 467-476

Abstract: Despite the existence of numerous prevention strategies, pressure ulcers remain highly prevalent in those with spinal cord injury (SCI). The concept of habit, broadly defined, may help understand the persistence of this problem and offer strategies for its mitigation by occupational therapy. The aim of this paper is to describe the relationship between habits established prior to sustaining an SCI and post-injury habits that impacted on pressure ulcer risk. Secondary analysis of qualitative data collected during an ethnographic study of community-dwelling adults with SCI. Participants' habits appeared to substantially affect their risk of developing pressure ulcers. Habits established before incurring the SCI either facilitated or hindered the acquisition of new habits intended to prevent pressure ulcers. An understanding of the individual's pre-existing habits may be important when designing a rehabilitation programme intended to minimize risk of pressure ulcer development following SCI. Habit-change strategies could be used to supplement education in pressure ulcer prevention techniques. Occupational therapists have a longstanding interest in habit. A more comprehensive understanding of this concept may provide important insights into the persistence and management of pressure ulcers following SCI.

Database: Medline

Title: Changes in cognitive functioning in sick-listed participants in occupational rehabilitation: A feasibility study.
Individuals on long-term sick leave attending occupational rehabilitation often complain about impairments in cognitive functions such as memory and attention. Knowledge of cognitive functioning in these individuals is limited. Such knowledge is clinically relevant for improving occupational rehabilitation programmes. The aims of this feasibility study were to assess the methodological design and to investigate changes in memory and attention on participants during occupational rehabilitation. Individuals attending occupational rehabilitation (n = 28) and individuals working full time (n = 25) matched for age, gender, and education participated. The two groups were administered cognitive tests targeting memory and attention and self-reported questionnaires at pre-test and post-test. Outcome measures were speed and accuracy of responses on the cognitive tests and self-reported work ability, subjective health complaints, and symptoms of depression and anxiety. In total, 35% of all invited participants agreed to take part and 93% of these also completed the second test. The mean gain scores in the intervention group were significantly higher than in the control group in response latency on simple and choice reaction time and errors in spatial working memory. The results of this study indicate that the motivation of participants to complete testing was high. Improvements in memory and attention were evident in rehabilitation participants indicating that rehabilitation may have an effect on cognitive functions.

Title: Rehabilitation Considerations in Regenerative Medicine.

Rehabilitation and regenerative medicine therapies has shown improved outcomes for tissue regeneration. Regenerative rehabilitation guides protocols regarding when to start therapy, types of stimuli administered, and graded exercise programs, taking into account biological factors and technologies designed to optimize healing potential. Although there are currently no evidence-based guidelines for rehabilitation, fundamental physical therapy principles likely apply. Immobilization tends to have deleterious effects on musculoskeletal tissues; mechanical loading promotes tissue healing and regeneration. Common physical therapy interventions may provide beneficial effects after the application of regenerative therapies. Research is needed to determine optimal rehabilitation protocols to enhance tissue healing and regeneration.

What is NHS Evidence?
NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE).

Help select library Stock
As medical and health related textbooks become increasingly expensive, it is vital that the health library’s resources are targeted at the texts most useful to staff. The librarians are always eager to receive any suggestions for addition to library stock.
Simply e-mail the details to the library at: wendy.townsend@covwarkpt.nhs.uk

<table>
<thead>
<tr>
<th>Journals</th>
<th>Note: Athens password required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advances in Physiotherapy</td>
<td>CINAHL with Full Text [g]</td>
</tr>
<tr>
<td>Archives of Physical Medicine and Rehabilitation</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Australian Occupational Therapy Journal</td>
<td>CINAHL with Full Text [g]</td>
</tr>
<tr>
<td>British Journal of Occupational Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Clinical Linguistics and Phonetics</td>
<td>CINAHL with Full Text [g]</td>
</tr>
<tr>
<td>Clinical Rehabilitation</td>
<td>Psychology and Behavioral Sciences Collection [g]</td>
</tr>
<tr>
<td>Disability and Rehabilitation</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>International Journal of Audiology</td>
<td>CINAHL with Full Text [g]</td>
</tr>
<tr>
<td>Journal of Geriatric Physical Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Journal of Orthopaedic and Sports Physical Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Manual Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Nursing Standard</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Occupational Therapy in Mental Health</td>
<td>Taylor &amp; Francis Journals (All Content) [g]</td>
</tr>
<tr>
<td>Occupational Therapy International</td>
<td>Note: You will need to sign in with your Athens details</td>
</tr>
<tr>
<td>Physical Therapy Reviews</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Scandanavian Journal of Occupational Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Spine</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Work</td>
<td>Contact Library Staff</td>
</tr>
</tbody>
</table>

CWPT Library Contact Details

**Library Service Manager**
Wendy Townsend
wendy.townsend@covwarkpt.nhs.uk
Tel. 01926 406749

**Outreach/Training Librarian**
Andrew Hough
Andrew.hough@covwarkpt.nhs.uk

**Health Sciences Library**
Caludon Centre, Clifford Bridge Road, Coventry
Tel. 02476 967928
caludon.library@covwarkpt.nhs.uk
Library Assistant: Lynne Kimberley

**Manor Court Library**
Jepson House, Nuneaton
Tel:02476 321 561
manorcourt.library@covwarkpt.nhs.uk
Library Assistant: Janine Patrick

**Brian Oliver Centre Library**
Brooklands, Marston Green, Solihull
Tel. 0121 329 4923
brooklands.library@covwarkpt.nhs.uk
Library Assistant: Denise Howell

**Education Centre Library**
St Michael’s Hospital, Warwick
Tel. 01926 406749
stmichaels.library@covwarkpt.nhs.uk
Library Assistant: Claire Bradley