Current Awareness Bulletin

Rehabilitation Therapies

DECEMBER 2016

Keeping you up to date with the latest developments in your area

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### Physiotherapy

#### Up-to-date journal abstracts on newly published research

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<tr>
<td>Client’s role and participation in stroke physiotherapy encounters: an observational study.</td>
<td>Reunanen, Merja Aino Tuulikki; Talvitie, Ulla; Järvikoski, Aila; Pyöriä, Outi; Härkäpää, Kristiina</td>
<td><em>European Journal of Physiotherapy</em>; Dec 2016; vol. 18 (no. 4); p. 210-217</td>
<td>CINAHL</td>
<td><a href="http://www.tandfonline.com/doi/full/10.1080/21679169.2016.1181207">http://www.tandfonline.com/doi/full/10.1080/21679169.2016.1181207</a></td>
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<td>Specific timely appointments for triage reduced waiting lists in an outpatient physiotherapy service.</td>
<td>Harding, K.E.; Bottrell, J.</td>
<td><em>Physiotherapy</em>; Dec 2016; vol. 102 (no. 4); p. 345-350</td>
<td>CINAHL</td>
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Does the use of a university lecturer as a visiting tutor support learning and assessment during physiotherapy students’ clinical placements? A survey of higher education institution providers.

Author(s): Dean, M.; Levis, A.

Source: *Physiotherapy*; Dec 2016; vol. 102 (no. 4); p. 365-370


The effects of a high-intensity functional exercise group on clinical outcomes in hospitalised older adults: an assessor-blinded, randomised-controlled trial.

Author(s): Raymond, Melissa J M; Jeffs, Kimberley J; Winter, Adele; Soh, Sze-Ee; Hunter, Peter; Holland, Anne E

Source: *Age and ageing*; Dec 2016

Abstract: To investigate a high-intensity functional exercise (HIFE) group in hospitalised older adults. Assessor-blinded, randomised-controlled trial. Sub-acute wards at a metropolitan rehabilitation hospital. Older adults ≥65 years (n = 468) able to stand with minimum assistance or less from a chair and follow instructions. 'group' participants were offered a standing HIFE group three times a week and individual physiotherapy sessions twice a week. Control participants were offered daily individual physiotherapy sessions. The primary outcome measure was the Elderly Mobility Scale (EMS). Secondary measures included the Berg Balance Scale, gait speed, Timed Up and Go Test, falls, length of stay and discharge destination. Participants’ mean age was 84.3 (7.1) years and 61% were female. There was no difference between groups for the improvement in EMS from admission to discharge (effect size -0.07, 95% confidence interval: -0.26 to 0.11, P = 0.446) and no difference in discharge destination, P = 0.904. Therapists saved 31-205 min/week treating group participants compared with control participants. The results suggest that a HIFE group programme combined with individual physiotherapy may improve mobility to a similar extent to individual physiotherapy alone in hospitalised older adults. Providing physiotherapy in a group setting resulted in increased therapist efficiency. A high-intensity exercise group with individual physiotherapy may be an effective and efficient method to provide care to older inpatients.

http://ageing.oxfordjournals.org/content/early/2016/12/07/ageing.afw215.abstract

Treadmill Training or Progressive Strength Training to Improve Walking in People with Multiple Sclerosis?

A Randomized Parallel Group Trial.

Author(s): Braendvik, Siri Merete; Koret, Teija; Helbostad, Jorunn L; Lorås, Håvard; Bråthen, Geir; Hovdal, Harald Olav; Aamot, Inger Lise

Source: *Physiotherapy research international : the journal for researchers and clinicians in physical therapy*; Dec 2016; vol. 21 (no. 4); p. 228-236

Abstract: The most effective treatment approach to improve walking in people with multiple sclerosis (MS) is not known. The aim of this trial was to assess the efficacy of treadmill training and progressive strength training on walking in people with MS. A single blinded randomized parallel group trial was carried out. Eligible participants were adults with MS with Expanded Disability Status Scale score ≤6. A total of 29 participants were randomized and 28 received the allocated exercise intervention, treadmill (n = 13) or strength training (n = 15). Both groups exercised 30 minutes, three times a week for 8 weeks. Primary outcome was The Functional Ambulation Profile evaluated by the GAITRite walkway. Secondary outcomes were walking work economy and balance control during walking, measured by a small lightweight accelerometer connected to the lower back. Testing was performed at baseline and the subsequent week after completion of training. Two participants were lost to follow-up, and 11 (treadmill) and 15 (strength training) were left for analysis. The treadmill group increased their Functional Ambulation Profile score significantly compared with the strength training group (p = .037). A significant improvement in walking work economy (p = .024) and a reduction of root mean square of vertical acceleration (p = .047) also favoured the treadmill group. The results indicate that task-specific training by treadmill walking is a favourable approach compared with strength training to improve walking in persons with mild and moderate MS. Implications for Physiotherapy practice, this study adds knowledge for the decision of optimal treatment approaches in people with MS.

Database: Medline
### Physiotherapy for Patients on Awake Extracorporeal Membrane Oxygenation: A Systematic Review.

**Author(s):** Polastrì, Massimiliano; Loforte, Antonino; Dell'Amore, Andrea; Nava, Stefano  
**Source:** Physiotherapy research international : the journal for researchers and clinicians in physical therapy; Dec 2016; vol. 21 (no. 4); p. 203-209  
**Abstract:** Extracorporeal membrane oxygenation (ECMO) is used as temporary life support in subjects with potentially reversible respiratory/cardiac failure. The principal purpose of this review was to assess the characteristics and potential advantages of physiotherapeutic interventions in subjects on awake ECMO support. Seven databases were interrogated: we searched titles, abstracts and keywords using the Medical Subject Headings terms 'extracorporeal membrane oxygenation' and 'rehabilitation' linked with the Boolean operator 'AND'. In total, 216 citations were retrieved. Nine citations satisfied our inclusion criteria and were subjected to full-text analysis. The numbers of patients enrolled in the included studies (most of which were case series) were low (n = 52). We found no prospective studies or randomized controlled trials. Overall, subjects on awake ECMO usually received a combination of passive and active physiotherapy, and most achieved an acceptable degree of autonomy after treatment. Emerging research in the field affords preliminary evidence supporting the safety of early mobilization and ambulation in patients on awake veno-venous ECMO support.

**Database:** Medline

### A qualitative examination of women's self-presentation and social physique anxiety during injury rehabilitation.

**Author(s):** Driediger, Molly V; McKay, Carly D; Hall, Craig R; Echlin, Paul S  
**Source:** Physiotherapy; Dec 2016; vol. 102 (no. 4); p. 371-376  
**Abstract:** To understand women's self-presentation experiences in the rehabilitation setting, and their attitudes and preferences toward the social and physical features of the rehabilitation environment. Qualitative study. Outpatient physiotherapy clinic. Ten women (age 18 to 64) with high social physique anxiety (Social Physique Anxiety Scale score ≥25) referred for physiotherapy following acute injury. Semi-structured interviews were conducted prior to commencement of treatment, and again after a third treatment session. Participants experienced extensive self-presentation concerns that were intensified due to the nature of the physiotherapy environment. The women reported that their self-presentation anxiety did not diminish over time, and was related to others' negative perceptions regarding their physical appearance and inability to perform exercises as well as expected. The presence of men or younger women in the clinic was identified as a barrier to appointment attendance, along with open concept clinic settings, which were associated with the most potential for evaluation. Mirrors and windows in the physiotherapy clinic were highlighted as anxiety provoking. The women suggested that they would feel apprehensive about advocating for themselves if they felt uncomfortable with the area in which they were receiving treatment, and instead used avoidance coping strategies (e.g., hiding behind equipment, preventing eye contact) to manage their anxiety. Physique-anxious women experience extensive self-presentation concerns in the rehabilitation environment, which could affect treatment adherence. Modifying the treatment setting, providing protective self-presentation strategies such as positive self-talk, and open patient-therapist communication could be implemented to help mitigate these concerns.

**Database:** Medline

### Changes in the physical activity of acute stroke survivors between inpatient and community living with early supported discharge: an observational cohort study.

**Author(s):** Kerr, A; Rowe, P; Esson, D; Barber, M  
**Source:** Physiotherapy; Dec 2016; vol. 102 (no. 4); p. 327-331  
**Abstract:** To describe and compare patterns of physical activity among stroke survivors during their hospital stay and community living with early supported discharge. Observational cohort study of physical activity before and after early supported discharge. UK National Health Service stroke units and participants' homes. Forty-one stroke survivors with a mean age of 69 (standard deviation 11) years, and a median Modified Rivermead Mobility Index of 33.5 [interquartile range (IQR) 25.8 to 35.3]. The primary outcome measures were time spent in sitting/standing/walking and number of steps taken, as recorded by a physical activity monitor. There were statistical differences (P<0.001) for all categories of physical activity. After early supported discharge to the community, participants took more than twice the number of steps (median 474 (IQR 189 to 773) vs. 1193 (IQR 512 to 2856),
Collaborative goal setting with adults attending physiotherapy at a specialist neuromuscular centre: is it always appropriate? A cross-sectional survey.

Author(s): Hartley, S E; Stockley, R C

Source: Physiotherapy; Dec 2016; vol. 102 (no. 4); p. 320-326

Abstract: Collaborative goal setting is an integral component of treatment planning for adults with neuromuscular disorders (NMD). However, due to the unique challenges for these individuals, identifying a process for goal setting that is advantageous for all can be problematic. This study aimed to evaluate collaborative goal setting at a specialist NMD centre, as reported by service users attending physiotherapy. It also aimed to generate discussion about collaborative goal setting and the practice of goal setting in adults with NMD in order to inform future practice. Specialist NMD community-based centre in the UK. One hundred and four adults with NMD who attended the centre. Cross-sectional survey. Thematic and content analyses of goals set were performed alongside demographic data collection. One hundred and four patients (34 females) with a range of neuromuscular conditions - including Becker, facioscapulohumeral, limb girdle, Duchenne and myotonic muscular dystrophies - completed the survey. Thirty-six respondents (37%) stated that they had set goals with the physiotherapist, whilst 62 (63%) stated that they had not set goals with the physiotherapist. Respondents’ goals were grouped into four themes: symptom management, maintenance, improving physical condition, and learning to live with the condition. Readiness to take part in collaborative goal setting is unique to each individual. Physiotherapists need to be skilful in supporting adults with NMD through the goal-setting process until they are capable of sharing responsibility. Setting personal goals to improve emotional well-being may help to develop confidence to take more control of their situation, hence facilitating skills in self-management.

Research-based evidence in stroke rehabilitation: an investigation of its implementation by physiotherapists and occupational therapists.

Author(s): Kristensen, Hanne Kaae; Ytterberg, Charlotte; Jones, Dorrie Lee; Lund, Hans

Source: Disability and rehabilitation; Dec 2016; vol. 38 (no. 26); p. 2564-2574

Abstract: Stroke rehabilitation is a multidimensional process that is designed to facilitate restoration of and/or adaptation to loss of functioning. The use of research-based evidence in informed decision-making is insufficient. Occupational therapy and physiotherapy constitute important contributions to rehabilitation. The study aim was to investigate characteristics of the implementation of research-based evidence in stroke rehabilitation by occupational therapists and physiotherapists, using the International Classification of Functioning, Disability and Health as a conceptual framework. A prospective cohort study, including all service levels within stroke rehabilitation. Consecutive patients with stroke admitted to a university hospital between May and December 2012 were enrolled by 13 therapists. Documentation of daily practice was collected from medical records. Analysis compared the therapists' documentation with the national clinical guidelines for physiotherapy and occupational therapy in the rehabilitation of adults with brain injury. The study included 131 patients. The therapists' praxis was seen to be in agreement with the majority of the national clinical guidelines. However, joint goal-setting and evaluation using standardized measures were seldom documented. Although the therapists recognize evidence-based practice as a framework for achieving quality in rehabilitation, findings suggest that they do not employ research-based evidence to the fullest extent. Implications for Rehabilitation In order to individualize the rehabilitation offered, more attention and focus on involving and giving words to patients' expectations, perceptions, experiences, and perspectives is needed. With the intention of enabling meaningful participation the health professionals need to pay more attention to the importance of environmental factors. Both guidelines and clinical practice should consider all components of the International Classification of Functioning, Disability and Health when formulating, and implementing, recommendations in rehabilitation praxis in order to aim for rehabilitation that is based both on
evidence and a holistic approach.

**Occupational Therapy**

A process evaluation of a home-based occupational therapy intervention for Parkinson’s patients and their caregivers performed alongside a randomized controlled trial.

**Author(s):** Sturkenboom, Ingrid H. W. M.; Nijhuis-van der Sanden, Maria W. G.; Graff, Maud J. L.

**Source:** Clinical Rehabilitation; Dec 2016; vol. 30 (no. 12); p. 1186-1199

Available in full text at Clinical Rehabilitation - from EBSCOhost

**Database:** CINAHL


**Author(s):** Müllersdorf, Maria; Ivarsson, Ann-Britt

**Source:** Occupational Therapy International; Dec 2016; vol. 23 (no. 4); p. 369-378


**Database:** CINAHL

Differences and similarities in therapeutic mode use between occupational therapists and occupational therapy students in Norway.

**Author(s):** Carstensen, Tove; Bonsaksen, Tore

**Source:** Scandinavian journal of occupational therapy; Dec 2016 ; p. 1-7

**Abstract:** The Intentional Relationship Model (IRM) is a new model of the therapeutic relationship in occupational therapy practice. Two previous studies have focused on therapist communication style, or ‘mode’ use, but to date no group comparisons have been reported. To explore differences between occupational therapists and occupational therapy students with regard to their therapeutic mode use. The study had a cross-sectional design, and convenience samples consisting of occupational therapists (n = 109) and of second-year occupational therapy students (n = 96) were recruited. The Self-Assessment of Modes Questionnaire was the main data collection tool. Group differences were analysed with independent t-tests. The occupational therapists responded more within the collaborative and empathizing modes than the students did. The students responded more within the advocating and instructing modes than the occupational therapists did. There may be systematic differences between occupational therapists and students concerning their therapeutic mode use. Some modes, such as the collaborating and empathizing modes, may be viewed as requiring more experience, whereas other modes, such as the advocating mode may be related to more recent rehabilitation ideologies. These factors may contribute to explaining several of the group differences observed.

**Database:** Medline

Efficacy of Occupational Therapy Task-oriented Approach in Upper Extremity Post-stroke Rehabilitation.

**Author(s):** Almhdawi, Khader A; Mathiowetz, Virgil G; White, Matthew; delMas, Robert C

**Source:** Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 444-456

**Abstract:** There is a need for more effective rehabilitation methods for individuals post-stroke. Occupational Therapy Task-Oriented (TO) approach has not been evaluated in a randomized clinical trial. The purpose of this study was to evaluate functional and impairment efficacies of TO approach on the more-affected Upper Extremity (UE) of persons post-stroke. A randomized single-blinded cross-over trial recruited 20 participants post-stroke (mean chronicity = 62 months) who demonstrated at least 10° active more-affected shoulder flexion and abduction and elbow flexion-extension. Participants were randomized into immediate (n = 10) and delayed intervention (n = 10) groups. Immediate group had 6 weeks of 3 hr/week TO intervention followed by 6 weeks of no-intervention control. Delayed intervention group underwent the reversed order. Functional measures included Canadian Occupational Performance Measure (COPM), Motor Activity Log (MAL), and Wolf Motor Function Test (WMFT). Impairment measures included UE Active Range of Motion (AROM) and handheld dynamometry strength. Measurements were obtained at baseline, cross over, and end of the study. TO intervention showed statistically higher functional change scores. COPM performance and satisfaction scores were 2.83 and 3.46 units greater respectively (p < .001), MAL amount of use and quality of use scores were 1.1 and 0.87 units greater, respectively (p < .001), WMFT time was 8.35
seconds faster (p = .009). TO impairment outcomes were not significantly larger than control ones. TO approach appears to be an effective UE post-stroke rehabilitation approach inducing clinically meaningful functional improvements. More studies are needed with larger samples and specific stroke chronicity and severity.


Database: Medline

Development of an Individualized Occupational Therapy Programme and its Effects on the Neurocognition, Symptoms and Social Functioning of Patients with Schizophrenia.

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

Source: Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 425-435

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: Medline

Emotional Intelligence and Personality Traits as Predictors of Occupational Therapy students' Practice Education Performance: A Cross-Sectional Study.

Author(s): Brown, Ted; Williams, Brett; Etherington, Jamie

Source: Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 412-424

Abstract: This study investigated whether occupational therapy students' emotional intelligence and personality traits are predictive of specific aspects of their fieldwork performance. A total of 114 second and third year undergraduate occupational therapy students (86.6% response rate) completed the Genos Emotional Intelligence Inventory (Genos EI) and the Ten-Item Personality Inventory (TIPI). Fieldwork performance scores were obtained from the Student Practice Evaluation Form Revised (SPEF-R). Linear regressions were completed with the SPEF-R domains being the dependent variables and the Genos EI and TIPI factors being the independent variables. Regression analysis results revealed that the Genos EI subscales of Emotional Management of Others (EMO), Emotional Awareness of Others (EAO), Emotional Expression (EEX) and Emotional Reasoning (ERE) were significant predictors of various domains of students' fieldwork performance. EAO and ERE were significant predictors of students' Communication Skills explaining 4.6% of its variance. EMO, EAO, EEX and ERE were significant predictors of students' Documentation Skills explaining 6.8% of its variance. EMO was a significant predictor of students' Professional Behaviour accounting for 3.2% of its variance. No TIPI factors were found to be significant predictors of the SPEF-R domains. Occupational therapy students' emotional intelligence was a significant predictor of components of their fieldwork performance while students' personality traits were not. The convenience sampling approach used, small sample size recruited and potential issue of social desirability of the self-reported Genos EI and TIPI data are acknowledged as study limitations. It is recommended that other studies be completed to investigate if any other relevant constructs or factors are predictive of occupational therapy students' fieldwork performance.

Database: Medline

Evaluation of a Prison Occupational Therapy Informal Education Program: A Pilot Study.

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

Source: Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 401-411

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
CHIP: Facilitating Interprofessional and Culturally Competent Patient Care Through Experiential Learning in China.

Author(s): Mu, Keli; Peck, Kirk; Jensen, Lou; Bracciano, Al; Carrico, Cathy; Feldhacker, Diana

Source: Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 328-337

Abstract: Health care professionals have advocated for educating culturally competent practitioners. Immersion in international experiences has an impact on student cultural competency and interprofessional development. The China Honors Interprofessional Program (CHIP) at a university in the Midwest is designed to increase students' cultural competency and interprofessional development. From 2009 to 2013, a total of 25 professional students including twelve occupational therapy students, ten physical therapy students and three nursing students were enrolled in the programme. Using a one group pre and posttest research design, this study evaluated the impact of CHIP on the participating students. Both quantitative and qualitative data were collected in the study. Findings of the study revealed that CHIP has impact on students’ cultural competency and professional development including gaining appreciation and understanding of the contributions of other healthcare professionals and knowledge and skills in team work. The findings of the study suggested that international immersion experience such as CHIP is an important way to increase students’ cultural competency and interprofessional knowledge and skills. Limitations of the study included the small sample in the study, indirect outcome measures and the possible ceiling effect of the instruments of the study. Future research studies should include a larger and more representative sample, direct outcome measures such as behaviour observation and more rigorous design such as prospective experimental comparison group design. Future research should also examine the long-term effects of international experience on the professional development of occupational therapy students.

Database: Medline

Faculty Mentors’ Perspectives on E-Mentoring Post-Professional Occupational Therapy Doctoral Students.

Author(s): Doyle, Nancy; Jacobs, Karen; Ryan, Cathryn

Source: Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 305-317

Abstract: E-mentoring is a viable option for mentoring students in occupational therapy educational programs. The objective of this study was to investigate faculty perspectives of faculty-to-student e-mentoring in an online post-professional doctor of occupational therapy program. In a retrospective mixed-method design, nine faculty members described features and outcomes of e-mentoring 48 doctoral students. Online survey results were analysed quantitatively for descriptive statistics; transcripts from structured interviews were analysed using qualitative content analysis. The results showed that successful, satisfactory e-mentoring is student-centered, flexible, frequent, academically and psychosocially supportive; faculty members must be skilled in adapting e-mentoring to the needs and objectives of each mentee; e-mentoring provides opportunities for faculty members and students to achieve academic and professional objectives and growth. The findings suggest that implementation of e-mentoring may be a useful model in other occupational therapy programs. There is a need for future studies with broader participant pool, observable measures of e-mentoring, standardized measures of satisfaction and success and comparison
between e-mentoring with and without web camera.

**Database:** Medline

**Pragmatist Epistemology and Jane Addams: Fundamental Concepts for the Social Paradigm of Occupational Therapy.**

**Author(s):** Morrison, Rodolfo

**Source:** Occupational therapy international; Dec 2016; vol. 23 (no. 4); p. 295-304

**Abstract:** The objective of this manuscript is to contribute to the education of future occupational therapists within the current paradigm of the profession. To this purpose, some of the conceptual foundations of pragmatist epistemology and philosophical contributions of the philosopher Jane Addams are presented. Some pragmatist fundamentals such as the holistic vision of the human being, the paradox of separating "knowing from doing", and giving the usefulness of the activity and knowledge primacy in the process of human development, inspired the profession of Occupational Therapy in the United States at the beginning of the twentieth century. Today, almost 100 years after the founding of the National Society for the Promotion of Occupational Therapy, pragmatism is still relevant to the profession. Specifically, its pertinence is related to the current scenario of the profession, and its powerful development in working scopes related to socio-community fields. This helps identify how we are on the verge of another paradigm, known as Social Paradigm of the Occupation. This new social understanding of the discipline allows us to understand the relevance of professional work in community or social contexts. Future research could address how the pragmatism contributes to the understanding of occupation as a social phenomenon within this new paradigm.

**Database:** Medline

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**Speech & Language Therapy**

**Pursuing precision speech-language therapy services for children with Down syndrome**

**Author(s):** McDaniel, Jena; Yoder, Paul J.

**Source:** Seminars in Speech and Language; Nov 2016; vol. 37 (no. 4); p. 239-251

**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:** PsycINFO

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

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

**Source:** International Journal of Language & Communication Disorders; Nov 2016; vol. 51 (no. 6); p. 703-714

**Database:** CINAHL

**Parent-child interaction in motor speech therapy.**

**Author(s):** Namasivayam, Aravind Kumar; Jethava, Vibhuti; Pukonen, Margit; Huynh, Anna; Goshulak, Debra; Kroll, Robert; van Lieshout, Pascal

**Source:** Disability and rehabilitation; Dec 2016 ; p. 1-6
Abstract: This study measures the reliability and sensitivity of a modified Parent-Child Interaction Observation scale (PCIOs) used to monitor the quality of parent-child interaction. The scale is part of a home-training program employed with direct motor speech intervention for children with speech sound disorders. Eighty-four preschool age children with speech sound disorders were provided either high- (2×/week/10 weeks) or low-intensity (1×/week/10 weeks) motor speech intervention. Clinicians completed the PCIOs at the beginning, middle, and end of treatment. Inter-rater reliability (Kappa scores) was determined by an independent speech-language pathologist who assessed videotaped sessions at the midpoint of the treatment block. Intervention sensitivity of the scale was evaluated using a Friedman test for each item and then followed up with Wilcoxon pairwise comparisons where appropriate. We obtained fair-to-good inter-rater reliability (Kappa = 0.33-0.64) for the PCIOs using only video-based scoring. Child-related items were more strongly influenced by differences in treatment intensity than parent-related items, where a greater number of sessions positively influenced parent learning of treatment skills and child behaviors. The adapted PCIOs is reliable and sensitive to monitor the quality of parent-child interactions in a 10-week block of motor speech intervention with adjunct home therapy. Implications for rehabilitation Parent-centered therapy is considered a cost effective method of speech and language service delivery. However, parent-centered models may be difficult to implement for treatments such as developmental motor speech interventions that require a high degree of skill and training. For children with speech sound disorders and motor speech difficulties, a translated and adapted version of the parent-child observation scale was found to be sufficiently reliable and sensitive to assess changes in the quality of the parent-child interactions during intervention. In developmental motor speech interventions, high-intensity treatment (2×/week/10 weeks) facilitates greater changes in the parent-child interactions than low intensity treatment (1×/week/10 weeks). On one hand, parents may need to attend more than five sessions with the clinician to learn how to observe and address their child’s speech difficulties. On the other hand, children with speech sound disorders may need more than 10 sessions to adapt to structured play settings even when activities and therapy materials are age-appropriate.

Database: Medline

Community Health Workers perceptions in relation to speech and language disorders.

Author(s): Knochenhauer, Carla Cristina Lins Santos; Vianna, Karina Mary de Paiva

Source: CoDAS; Dec 2016 ; p. 0

Abstract: To know the perception of the Community Health Workers (CHW) about the speech and language disorders. Cross-sectional study, which involved a questionnaire with questions related to the knowledge of CHW on speech and language disorders. The research was carried out with CHW allocated in the Centro Sanitary District of Florianópolis. We interviewed 35 CHW, being mostly (80%) female gender, with a average age of 47 years (standard deviation = 2.09 years). From the total number of interviewed professionals, 57% said that they knew the work of the speech therapist, 57% believe that there is no relationship between chronic diseases and speech therapy and 97% who think the participation of Speech, Hearing and Language Sciences is important in primary care. As for capacity development, 88% of CHW claim not to have had any training performed by a speech therapist, 75% of professionals stated they had done the training Estratégia Amamenta e Alimenta Brasil, 57% of the Programa Capital Criança and 41% of the Programa Capital Idoso. The knowledge of CHW about the work of a speech therapist is still limited, but the importance of speech and language disorders is recognized in primary care. The lack of knowledge, with regard to speech and language disorders, may be related to lack of qualification of the CHW in actions and/or continuing education courses that could clarify and educate these professionals to identify and better educate the population in their home visits. This study highlights the need for further research on training actions of these professionals.

Database: Medline

Quality of Mobile Phone and Tablet Mobile Apps for Speech Sound Disorders: Protocol for an Evidence-Based Appraisal.

Author(s): Furlong, Lisa M; Morris, Meg E; Erickson, Shane; Serry, Tanya A

Source: JMIR research protocols; Nov 2016; vol. 5 (no. 4); p. e233

Abstract: Although mobile apps are readily available for speech sound disorders (SSD), their validity has not been systematically evaluated. This evidence-based appraisal will critically review and synthesize current evidence on available therapy apps for use by children with SSD. The main aims are to (1) identify the types of apps currently available for Android and iOS mobile phones and tablets, and (2) to critique their design features and content using a structured quality appraisal tool. This protocol paper presents and justifies the methods used for a systematic review of mobile apps that provide intervention for use by children with SSD. The primary outcomes of interest are (1) engagement, (2) functionality, (3) aesthetics, (4) information quality, (5) subjective quality, and (6) perceived impact.
<table>
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<th>Abstract:</th>
<th>A pattern of ingressive substitutions for word-final sibilants can be identified in a small number of cases in child speech disorder, with growing evidence suggesting it is a phonological difficulty, despite the unusual surface form. Phonological difficulty implies a problem with the cognitive process of organizing speech into sound contrasts. To evaluate phonological therapy approaches in the remediation of non-pulmonic speech errors. Thus, adding to evidence concerning the nature of ingressive substitutions and their remediation whilst highlighting their occurrence within child speech disorder population for practising and training speech and language therapists. Child KO, a boy aged 4;6, was identified through a screening of speech, language and communication needs at his school. Word-final, non-pulmonic-egressive substitutes for fricatives and plosives were identified using the Diagnostic Evaluation of Articulation and Phonology (DEAP). Treatment took place in five, weekly school-based sessions with a care-giver present, and targeted two phonemes /ʃ/ and /ʒ/ in word-final position. Word-final /s/ was monitored throughout to capture any change in other word-final fricatives. Phonemes /g/ and /p/ were used as controls, as no change was expected in word-final plosives as a result of therapy targeting fricatives. Production of single words in the DEAP, pre- and post-therapy were transcribed by two independent therapists, (transcription agreement was 86.6% (pre) and 83.7% (post), with all 140 consonants within the DEAP transcribed), and change in consonants correct was assessed using a Wilcoxon test. Picture description tasks and telling of familiar stories were videoed post-therapy to analyse use of word-final fricative egression in connected speech. Percentage consonants correct in single-words post-treatment was significantly higher than pre-treatment at single-word level. Generalization of target fricatives into connected speech and modest generalization of non-target phonemes occurred. Although ingressive speech sounds are largely absent in the sound system of English, they do occur as speech-sound errors in child speech disorder and respond to phonological therapy within the context of home and school environment. Therefore, training in the phonetic identification of speech sounds outside the system of English is essential. Additionally, non-lexical factors associated with ingestion also influence the child’s intelligibility and should be explored further in future research.</th>
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<td>Database:</td>
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**Ingressive speech errors: a service evaluation of speech-sound therapy in a child aged 4;6.**

**Author(s):** Hrastelj, Laura; Knight, Rachael-Anne

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

**Abstract:** Clinical research highlights the importance of massed practice in the rehabilitation of chronic post-stroke aphasia. However, while necessary, massed practice may not be sufficient for ensuring progress in speech-language therapy. Motivated by recent advances in neuroscience, it has been claimed that using language as a tool for communication and social interaction leads to synergistic effects in left perisylvian eloquent areas. Here, we conducted a crossover randomized controlled trial to determine the influence of communicative language function on the outcome of intensive aphasia therapy. Eighteen individuals with left-hemisphere lesions and chronic non-fluent aphasia each received two types of training in counterbalanced order: (i) Intensive Language-Action Therapy (ILAT, an extended form of Constraint-Induced Aphasia Therapy) embedding verbal utterances in the context of communication and social interaction, and (ii) Naming Therapy focusing on speech production per se. Both types of training were delivered with the same high intensity (3.5 h per session) and duration (six consecutive working days), with therapy materials and number of utterances matched between treatment groups. A standardized aphasia test battery revealed significantly improved language performance with ILAT, independent of when this method was administered. In contrast, Naming Therapy tended to benefit language performance only when given at the onset of
the treatment, but not when applied after previous intensive training. The current results challenge the notion that massed practice alone promotes recovery from chronic post-stroke aphasia. Instead, our results demonstrate that using language for communication and social interaction increases the efficacy of intensive aphasia therapy.

**Database:** Medline

### General

**Research-based evidence in stroke rehabilitation: an investigation of its implementation by physiotherapists and occupational therapists.**

**Author(s):** Kristensen, Hanne Kaae; Ytterberg, Charlotte; Jones, Dorrie Lee; Lund, Hans  
**Source:** Disability & Rehabilitation; Dec 2016; vol. 38 (no. 26); p. 2564-2574  
**Database:** CINAHL

**A nurse-led rehabilitation programme (the ProBalance Programme) improves balance and reduces fall risk of community-dwelling older adults: a randomised controlled trial.**

**Author(s):** Gouveia, Bruna R.; Jardim, Helena G.; Martins, Maria M.; Freitas, Duarte L.; Maia, José A.; Rose, Debra J.; Gouveia, Élvio R.  
**Source:** BMC Nursing; Dec 2016; vol. 15 ; p. 3-3  
**Database:** CINAHL

**The effect of the rehabilitation program on balance, gait, physical performance and trunk rotation in Parkinson's disease.**

**Author(s):** Stojek, Joanna; Rudzinska, Monika; Pustulka-Piwnik, Urszula; Szczudlik, Andrzej  
**Source:** Aging Clinical & Experimental Research; Dec 2016; vol. 28 (no. 6); p. 1169-1177  
**Database:** CINAHL

**Impact of Exercise-Based Cardiac Rehabilitation.**

**Author(s):** SAGUIL, AARON; RENSBERRY, MATTHEW  
**Source:** American Family Physician; Dec 2016; vol. 94 (no. 11); p. 882-883  
**Publication Date:** Dec 2016  
**Database:** CINAHL

**Comparing Comorbidity Indices to Predict Post-Acute Rehabilitation Outcomes in Older Adults.**

**Author(s):** Kumar, Amit; Graham, James E.; Karmarkar, Amol M.; Ottenbacher, Kenneth J.; Resnik, Linda; Tan, Alai; Deutsch, Anne  
**Source:** American Journal of Physical Medicine & Rehabilitation; Dec 2016; vol. 95 (no. 12); p. 889-898  
**Database:** CINAHL

**The Interdisciplinary Rehabilitation Care Team and the Role of Physical Therapy in Survivor Exercise.**

**Author(s):** McNeely, Margaret L.; Dolgoy, Naomi; Al Onazi, Mona; Suderman, Kirsten  
**Source:** Clinical Journal of Oncology Nursing; Dec 2016; vol. 20 (no. 6); p. 8-16  
**Database:** CINAHL

**Behavioral self-management strategies for practice and exercise should be included in neurologic rehabilitation trials and care.**

**Author(s):** Dobkin, Bruce H.  
**Source:** Current Opinion in Neurology; Dec 2016; vol. 29 (no. 6); p. 693-699  
**Database:** CINAHL

**The relationship between perceived injustice and the working alliance: a cross-sectional study of patients with persistent pain attending multidisciplinary rehabilitation.**

**Author(s):** Scott, Whitney; Milioto, Maria; Trost, Zina; Sullivan, Michael J. L.  
**Source:** Disability & Rehabilitation; Dec 2016; vol. 38 (no. 24); p. 2365-2373
Are web-based questionnaires accepted in patients attending rehabilitation?

Author(s): Engan, Harald K.; Hilmarsen, Christina; Sittlinger, Sverre; Sandmæl, Jon Arne; Skanke, Frode; Oldervoll, Line M.
Source: Disability & Rehabilitation; Dec 2016; vol. 38 (no. 24); p. 2406-2412

Outcome of Rehabilitation and Swallowing Therapy after Percutaneous Endoscopic Gastrostomy in Dysphagia Patients.

Author(s): Toh Yoon, Ezekiel; Hirao, Jun; Minoda, Naoko; Toh Yoon, Ezekiel Wong
Source: Dysphagia (0179051X); Dec 2016; vol. 31 (no. 6); p. 730-736

Abstract: The objective of this study was to investigate the outcomes of rehabilitation (with swallowing therapy) after percutaneous endoscopic gastrostomy (PEG) in patients with neurogenic dysphagia. Forty-seven patients (29 males and 18 females) who were transferred to the rehabilitation ward of our hospital after receiving PEG tube placements during a 5-year period were enrolled in this study. Patients' demographic data, comorbidities, nutritional statuses, and laboratory biomarkers before the PEG procedure were collected. Rehabilitation (with swallowing therapy) outcomes such as changes in Functional Independence Measure (FIM) and dysphagia grade (using Fujishima's classification) were evaluated. Significant improvements in FIM scores and dysphagia grades after rehabilitation therapy were observed. Twenty-seven patients (57.4%) were discharged with some oral intake and 10 patients (21.3%) were discharged PEG-free (defined as the PEG tube not being used or removed). Factors associated with being discharged with some oral intake were increase in FIM score (adjusted OR 1.10, 95% CI 1.02-1.19) and higher baseline dysphagia grade (adjusted OR 1.88, 95% CI 1.04-3.39). Factors associated with being discharged PEG-free were longer rehabilitation period (OR 1.03, 95% CI 1.01-1.04), absence of respiratory disorders (OR 0.12, 95% CI 0.03-0.35), and increase in FIM score (OR 1.17, 95% CI 1.08-1.28). Changes in dysphagia grade were significantly correlated with changes in FIM score (r (2) = 0.46, p < 0.0001), indicating that improvement of FIM scores through general rehabilitation therapy may play an important role in the treatment of dysphagia.

The use of commercial video games in rehabilitation: a systematic review.

Author(s): Bonnechère, Bruno; Jansen, Bart; Omelina, Lubos; Van Sint Jan, Serge
Source: International Journal of Rehabilitation Research; Dec 2016; vol. 39 (no. 4); p. 277-290

Counseling Theories and Techniques for Rehabilitation and Mental Health Professionals.

Author(s): Harlacher, Uwe
Source: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation); Dec 2016; vol. 48 (no. 10); p. 915-915

Efficacy of Occupational Therapy Task-oriented Approach in Upper Extremity Post-stroke Rehabilitation.

Author(s): Almhdawi, Khader A.; Mathiowetz, Virgil G.; White, Matthew; delMas, Robert C
Source: Occupational Therapy International; Dec 2016; vol. 23 (no. 4); p. 444-456

Patient-centeredness and its impact on patient satisfaction and treatment outcomes in medical rehabilitation.

Author(s): Plewnia, Anne; Bengel, Jürgen; Körner, Mirjam
Source: Patient Education & Counseling; Dec 2016; vol. 99 (no. 12); p. 2063-2070

Abstract: Objective: To examine the impact of patient-centeredness for patient satisfaction and treatment outcomes. Method: A multicenter cross-sectional survey study with patients (n=1033) in nine medical rehabilitation centers in Germany was conducted. Data was analyzed with multiple linear regression. Predictors were patient-centeredness (CCRQ-15) and patients age, employment and therapeutic indication; outcomes were patient satisfaction and treatment outcomes (changes in living conditions and health status). Results: The regression model could explain 54%
of variance in patient satisfaction. The strongest predictor was decision-making/communication ($\beta=0.34$). In treatment outcome, 19% of variance of changes in living conditions and 21% of variance of changes in state of health could be explained. The strongest predictor in both variables was self-management/empowerment ($\beta=0.40$ and 0.32, respectively).

Conclusion: The results emphasize the relevance of patient-centered treatments for patient satisfaction and treatment results. The evidence is provided for the first time in medical rehabilitation. Practice Implications: Further studies should consider multilevel modeling and diverse survey methods. Continued implementation and evaluation of patient-centeredness in the medical rehabilitation treatment are recommended measures. Promoting shared decision-making, effective clinician-patient communication, and increased patient empowerment are essential, e.g. by patient education programs or staff training in shared decision-making.

Database: CINAHL

### Considering the Role of Physical Therapists Within the Treatment and Rehabilitation of Individuals With Eating Disorders: An International Survey of Expert Clinicians.

**Author(s):** Soundy, Andy; Stubbs, Brendon; Probst, Michel; Gyllensten, Amanda Lundvik; Skjaerven, Liv Helvik; Catalan-Matamoros, Daniel; Vancampfort, Davy

**Source:** Physiotherapy Research International; Dec 2016; vol. 21 (no. 4); p. 237-246

**Database:** CINAHL

### Patient involvement in own rehabilitation after early discharge.

**Author(s):** Hørdam, Britta; Boolsen, Merete Watt

**Source:** Scandinavian journal of caring sciences; Dec 2016

**Abstract:** A European Union Commission report in 2015 concluded that the concept of patient involvement refers specially to the right of patients to have a central position in the healthcare process (EU Commission 2012, http://ec.europa.eu/public_opinion/archives/quali/ql_5937_patient_en.pdf). Recent research suggests that patient involvement after hip replacement is a very effective strategy in older adults with regard to improving walking ability and reducing pain and thereby lessening loss of physical, mental and social aspects of the quality of life. The growing number of older adults all over the world will increase the need for hip surgery. Older adults' involvement in own rehabilitation improves their health and quality of life after hip replacement. To involve and coach older adults with a hip replacement to self-care after early discharge in transition between hospital and home. Empirical data were collected by carrying out three randomised clinical trials (RCT) focusing on self-rated health and involvement of patients undergoing total hip replacement in three Danish orthopaedic clinics. Based on power calculation, 260 patients (mean age 67.5 years) were invited to participate. In this third study in 2010-2013, patients were randomised to either an intervention group or a control group. Randomised clinical trials (RCT). Questionnaire SF-36 a generic tool measuring patients' self-rated health status and quality of life. All patients filled out SF-36 before surgery and again 3, 6, 9 and 12 months after surgery. Patients in the intervention group had an additional follow-up 1, 3 and 7 weeks after discharge by nurses from orthopaedic clinic in hospital. The nurses used a semi-structured interview guide as intervention model to coach, counsel and involve patients to improve their self-care and planned rehabilitation after hip replacement. Older adults benefit through involvement based on an intervention model of expectations, measurement of self-rated health and quality of life. The results of the randomised trials one and two documented that patients' self-rated health status in the intervention group reached their habitual level 3 months after hip replacement vs. 9 months in the control group. Since our working hypothesis 'patient involvement in own rehabilitation improves health and quality of life after hip replacement' was found valid, our ambition is now based on results from this third study to contribute to further research and development within patient involvement. To follow new evidence-based research, results concluded that walking ability is very necessary in order to increase physical activity to benefit the health of older adults and prevent disease.

Database: Medline

### Hither and thither: How do we innovate?

**Author(s):** Frank, Robert G

**Source:** Rehabilitation psychology; Dec 2016

**Abstract:** The Dembo-Wright Lecture provided a forum to discuss how innovation occurs in general and in rehabilitation psychology. The 21st Century will rely upon the creation and enhancement of knowledge. Universities, industries and professional disciplines are challenged to develop models that nurture their development of knowledge jobs that create new systems or products. A new model of nurturing innovation: The Rainforest, relies upon creating ecosystems that bring together and support the critical groups allowing instances that propel
spontaneous growth of sustainable enterprises. Over the last 3 decades, rehabilitation psychology has seen disruptive-yet productive-innovation when thought leaders in the field have introduced ideas that move the discipline to entirely new areas of discussion. For rehabilitation psychology, consideration of new models of practice that address the huge needs of the developing world are warranted. The complexity of nurturing innovation in differing environments must be addressed. Progress to date indicates that understanding and defining the interface between machines and humans will be critical to the future of rehabilitation psychology.

Database: Medline

"Whenever I can I push myself to go to work": a qualitative study of experiences of sickness presenteeism among workers with rheumatoid arthritis.

Author(s): Holland, Paula; Collins, Alison M

Source: Disability and rehabilitation; Dec 2016 ; p. 1-10

Abstract: UK government policy emphasizes the importance of continuing to work for recovery from poor health, yet sickness presenteeism (going to work whilst ill) is commonly regarded as having negative consequences for organizations and individuals. Our study explores experiences of working after onset of rheumatoid arthritis (RA), a chronic musculoskeletal disorder characterized by high rates of work disability. An exploratory qualitative study consisting of in-depth interviews and six-month follow-up with 11 men and women with RA employed at disease onset. We expand upon previous models of sickness presenteeism by distinguishing between presenteeism that occurs voluntarily (wanting to work despite illness) and involuntarily (feeling pressured to work when ill). RA onset affected participants' ability to work, yet motivation to remain working remained high. The implementation of workplace adjustments enabled participants to stay working and restore their work capacity. Conversely, managers' misinterpretation of organizational sickness absence policies could lead to involuntary presenteeism or delayed return to work, conflicting with the notion of work as an aid to recovery. Workplace adjustments can facilitate voluntary sickness presenteeism. To reduce work disability and sickness absence, organizational policies should be sufficiently flexible to accommodate the needs of workers with fluctuating conditions. Implications for rehabilitation Individuals with rheumatoid arthritis (RA) are at high risk of work disability. Individuals' motivation to remain in work following onset of RA remains high, yet sickness presenteeism (working while ill) has received largely negative attention. It is important to distinguish between voluntary and involuntary forms of sickness presenteeism. Workplace adjustments facilitate voluntary sickness presenteeism (wanting to work despite illness) and improve job retention and productivity among workers with RA. Involuntary presenteeism (feeling pressured to work while ill) may occur if organizational policies are not sufficiently flexible to accommodate the needs of workers with RA.

Database: Medline

Addressing challenges for youths with mobility devices in winter conditions.

Author(s): Morales, Ernesto; Lindsay, Sally; Edwards, Geoffrey; Howell, Lori; Vincent, Claude; Yantzi, Nicole; Gauthier, Véronique

Source: Disability and rehabilitation; Dec 2016 ; p. 1-7

Abstract: Winter-related research about the experience of navigating in the urban context has mostly focused on the elderly population with physical disabilities. The aim of this project was to explore potential design solutions to enhance young people's mobility devices and the built environment to improve accessibility and participation in winter. A multi-method qualitative design process included the following steps: (1) in-depth interviews; (2) photo elicitation; (3) individual co-design sessions; and (4) group co-design sessions (i.e., focus group). The participants were 13 youths (nine males and four females), aged 12-21, who used a wheelchair (12 power chair users and one manual wheelchair), for some with their parents, others without their parents, according to the parents' willingness to participate or not in the study (n = 13). The first two authors conducted group co-design sessions with mechanical engineers and therapists/clinicians in two Canadian cities to discuss the feasibility of the designs. Results (findings): The youths and their parents reported different winter-related challenges and proposed specific design solutions to enhance their participation and inclusion in winter activities. Seven of these designs were presented at two group co-design sessions of therapists/clinicians and engineers. Two designs were found to be feasible: (1) a traction device for wheelchairs in snow and (2) a mat made of rollers to clean snow and dirt from tires. The results of this research highlight the frustrations and challenges youths who use wheelchairs encounter in winter and a need for new solutions to ensure greater accessibility in winter. Therapists/clinicians and designers should address winter-related accessibility problems in areas with abundant snow. Implications for Rehabilitation Several studies show that current urban contexts do not necessarily respond accurately to the needs of individuals with limited mobility. Winter-related research about the experience of navigating in the urban context is limited and has mostly focused on the elderly
population with physical disabilities. Our results clearly show that youth who use mobility devices want to be able to
get around in the snow, wander outdoors, play and enjoy social participation in activities with their peers and friends.
Our findings provide a starting point for the development of additional studies to seek a better understanding of the
person-environment interaction in winter conditions, with tangible results in the form of better design solutions.
Clinicians and designers must address such issues in northern countries and areas where snow is abundant.

Database: Medline

Understanding disability and the 'social determinants of health': how does disability affect peoples' social
determinants of health?

Author(s): Frier, Amanda; Barnett, Fiona; Devine, Sue; Barker, Ruth

Source: Disability and rehabilitation; Dec 2016 ; p. 1-10

Abstract: The purpose of this study was to investigate how an individual's social determinants of health are affected
by the acquisition of physical disability in adulthood. The secondary aim was to report the described facilitators and
barriers to living with a disability. This qualitative study used an exploratory, descriptive approach. Nine individuals
with a neurologically derived disability were purposively recruited from a rehabilitation center in northern
Queensland. Participation in the study involved semi-structured interviews. QSR NVivo was used for the data analysis
process. Changes to social determinants of health resulting from the acquisition of disability had substantial flow-on
consequences in all aspects of life for the individual and those close to them. Income had the greatest influence over
the other social determinant of health. Following the acquisition of disability, the reduced inflow and increased
outflow of finances had subsequent negative effects on housing, transport and social interactions, and also personal
relationships. When considering changes to the social determinants of health resulting from disability acquisition, it
is impractical to view these changes and those affected in isolation. Consideration of this multidimensional effect on
life associated with the acquisition of disability will be useful in disability research, advocacy and support services.
Implications for Rehabilitation Social determinants of health are known to have a direct influence on health status. As
social determinants of health decrease, morbidity and mortality rates increase. Following the acquisition of disability,
there is a decline in social determinants of health. This decline affects quality of life for individuals' with a disability,
and those closest to them. The effects of declining social determinants of health may inhibit the rehabilitation
process. Thus, it is important to acknowledge the multifaceted impact the acquisition of disability has on peoples' lives, and the consequences this may have for their rehabilitation.

Database: Medline

Reaction time for processing visual stimulus in a computer-assisted rehabilitation environment.

Author(s): Sanchez, Yerly; Pinzon, David; Zheng, Bin

Source: Disability and rehabilitation. Assis tive technology; Dec 2016 ; p. 1-5

Abstract: To examine the reaction time when human subjects process information presented in the visual channel
under both a direct vision and a virtual rehabilitation environment when walking was performed. Visual stimulus
included eight math problems displayed on the peripheral vision to seven healthy human subjects in a virtual
rehabilitation training (computer-assisted rehabilitation environment (CAREN)) and a direct vision environment.
Subjects were required to verbally report the results of these math calculations in a short period of time. Reaction
time measured by Tobii Eye tracker and calculation accuracy were recorded and compared between the direct vision
and virtual rehabilitation environment. Performance outcomes measured for both groups included reaction time,
reading time, answering time and the verbal answer score. A significant difference between the groups was only
found for the reaction time (p = .004). Participants had more difficulty recognizing the first equation of the virtual
environment. Participants reaction time was faster in the direct vision environment. This reaction time delay should
be kept in mind when designing skill training scenarios in virtual environments. This was a pilot project to a series of
studies assessing cognition ability of stroke patients who are undertaking a rehabilitation program with a virtual
training environment. Implications for rehabilitation Eye tracking is a reliable tool that can be employed in
rehabilitation virtual environments. Reaction time changes between direct vision and virtual environment.

Database: Medline

Assistive technology as reading interventions for children with reading impairments with a one-year
follow-up.

Author(s): Lindeblad, Emma; Nilsson, Staffan; Gustafson, Stefan; Svensson, Idor

Source: Disability and rehabilitation. Assis tive technology; Dec 2016 ; p. 1-12

Abstract: This pilot study investigated the possible transfer effect on reading ability in children with reading
Individuals with High Functioning Autism (HFA) experience high levels of underemployment and unemployment, resulting in negative economic, social, and health outcomes. Given what is known about labor market participation difficulties experienced by women generally, and the paucity of research concerning women with HFA, this systematic review synthesized what is known about the labor market experiences of women with HFA. A systematic review of the literature concerning adult females with HFA in relation to the workplace yielded 1947 results; 11 met inclusion criteria being based on original data, but not necessarily focusing solely on women. The total number participants with HFA across all studies was 731 (M = 66.45, SD = 95.44, Mdn = 18.00) aged between 18 and

**Database:** Medline

**Integrative group-based cognitive rehabilitation efficacy in multiple sclerosis: a randomized clinical trial.**

**Author(s):** Rilo, Oiane; Peña, Javier; Ojeda, Natalia; Rodríguez-Antigüedad, Alfredo; Mendibe-Bilbao, Mar; Gómez-Gastiasoro, Ainara; DeLuca, John; Chiaravalloti, Nancy; Ibarretxe-Bilbao, Naroa

**Source:** Disability and rehabilitation; Dec 2016 ; p. 1-9

**Abstract:** This study aimed to determine the efficacy of the integrative group-based cognitive rehabilitation programme, REHACOP, on improving cognitive functions in multiple sclerosis (MS). Forty-two MS patients were randomized to the treatment programme REHACOP (n = 21) or waiting list control condition (n = 21). The REHACOP group received cognitive rehabilitation in group format for three months focused on attention, processing speed, learning and memory, language, executive functioning, and social cognition. Patients completed a neuropsychological assessment at baseline and follow-up, which included tests of attention, processing speed, working memory, verbal memory, verbal fluency, and executive functioning. Repeated measures multivariate analysis of covariance (MANCOVA) was used to determine the efficacy of the cognitive rehabilitation programme. Group x Time interactions revealed significant improvements in the REHACOP group as compared with the control group for processing speed (p = 0.011, np(2) = 0.16), working memory (p = 0.014, np(2) = 0.15), verbal memory (p = 0.025, np(2) = 0.13), and executive functioning (p = 0.024, np(2) = 0.13), showing medium-large effect sizes. Patients receiving REHACOP showed improvements in several cognitive domains. This preliminary study thus provides evidence supporting the efficacy of this integrative group-based cognitive rehabilitation intervention in MS. Future research should confirm these findings, examine the impact of the treatment on everyday life functioning and explore the presence of brain changes associated with cognitive rehabilitation. Implications for rehabilitation This study provides initial evidence for integrative group-based cognitive rehabilitation efficacy in MS patients through the implementation of the REHACOP cognitive rehabilitation programme. Patients received cognitive rehabilitation for three months (3 one-hour-sessions per week) focused on training attention, learning and memory, language, executive functioning, and social cognition. Patients attending REHACOP sessions showed medium to large and statistically significant improvements in processing speed, working memory, verbal memory, and executive functioning.

**Database:** Medline

**Challenges for females with high functioning autism in the workplace: a systematic review.**

**Author(s):** Hayward, Susan M; McVilly, Keith R; Stokes, Mark A

**Source:** Disability and rehabilitation; Dec 2016 ; p. 1-10

**Abstract:** Individuals with High Functioning Autism (HFA) experience high levels of underemployment and unemployment, resulting in negative economic, social, and health outcomes. Given what is known about labor market participation difficulties experienced by women generally, and the paucity of research concerning women with HFA, this systematic review synthesized what is known about the labor market experiences of women with HFA. A systematic review of the literature concerning adult females with HFA in relation to the workplace yielded 1947 results; 11 met inclusion criteria being based on original data, but not necessarily focusing solely on women. The total number participants with HFA across all studies was 731 (M = 66.45, SD = 95.44, Mdn = 18.00) aged between 18 and
Physiotherapists are well placed to promote a physically active lifestyle and are valued and trusted messengers of physical activity (PA) by people with SCI. Therefore this study aimed to explore the perceptions of physiotherapists in SCI rehabilitation on PA for people with SCI, and what is done to promote PA. Semi-structured interviews were completed with 18 neurological physiotherapists (2-22 years experience) from SCI centres in the United Kingdom and Ireland. Framed by interpretivism, an inductive thematic analysis was conducted. Three themes were identified: (1) perceived importance of PA; (2) inconsistent PA promotion efforts; and (3) concern regarding community PA. This article makes a significant contribution to the literature by identifying that although physiotherapists value PA, active promotion of PA remains largely absent from their practice. To enable physiotherapists to promote and prescribe PA as a structured and integral component of their practice, effective knowledge strategies need designing and implementing at the macro, meso, and micro levels of healthcare. Implications for Rehabilitation Physiotherapists are well placed to promote a physically active lifestyle and are perceived as valued and trusted messengers of physical activity (PA). The importance of PA for patients with spinal cord injury (SCI) is valued by physiotherapists yet PA promotion is largely absent from their practice. Physiotherapists lack specific education and training on PA and SCI and hold certain beliefs which restrict their promotion of PA. Knowledge translation across the macro, meso, and micro levels of healthcare are essential to facilitate effective PA promotion.

Database: Medline
The role of the physical environment in conversations between people who are communication vulnerable and health-care professionals: a scoping review.

**Author(s)**: Stans, Steffy E A; Dalemans, Ruth J P; de Witte, Luc P; Smeets, Hester W H; Beurskens, Anna J

**Source**: Disability and rehabilitation; Dec 2016 ; p. 1-12

**Abstract**: The role of the physical environment in communication between health-care professionals and persons with communication problems is a neglected area. This study provides an overview of factors in the physical environment that play a role in communication during conversations between people who are communication vulnerable and health-care professionals. A scoping review was conducted using the methodological framework of Arksey and O’Malley. The PubMed, PsycINFO, CINAHL and Cochrane Library databases were screened, and a descriptive and thematic analysis was completed. Sixteen publications were included. Six factors in the physical environment play a role in conversations between people who are communication vulnerable and health-care professionals: (1) lighting, (2) acoustic environment, (3) humidity and temperature, (4) setting and furniture placement, (5) written information, and (6) availability of augmentative and alternative communication (AAC) tools. These factors indicated barriers and strategies related to the quality of these conversations. Relatively small and simple strategies to adjust the physical environment (such as adequate lighting, quiet environment, providing pen and paper) can support people who are communication vulnerable to be more involved in conversations. It is recommended that health-care professionals have an overall awareness of the potential influence of environmental elements on conversations. Implications for rehabilitation: The physical environment is an important feature in the success or disturbance of communication. Small adjustments to the physical environment in rehabilitation can contribute to a communication-friendly environment for conversations with people who are communication vulnerable. Professionals should consider adjustments with regard to the following factors in the physical environment during conversations with people who are communication vulnerable: lighting, acoustic environment, humidity and temperature, setting and furniture placement, written information, and availability of AAC (augmentative and alternative communication tools).

**Database**: Medline

Parent-child interaction in motor speech therapy.

**Author(s)**: Namasivayam, Aravind Kumar; Jethava, Vibhuti; Pukonen, Margit; Huynh, Anna; Goshulak, Debra; Kroll, Robert; van Lieshout, Pascal

**Source**: Disability and rehabilitation; Dec 2016 ; p. 1-6

**Abstract**: This study measures the reliability and sensitivity of a modified Parent-Child Interaction Observation scale (PCIOs) used to monitor the quality of parent-child interaction. The scale is part of a home-training program employed with direct motor speech intervention for children with speech sound disorders. Eighty-four preschool age children with speech sound disorders were provided either high- (2×/week/10 weeks) or low-intensity (1×/week/10 weeks) motor speech intervention. Clinicians completed the PCIOs at the beginning, middle, and end of treatment. Inter-rater reliability (Kappa scores) was determined by an independent speech-language pathologist who assessed videotaped sessions at the midpoint of the treatment block. Intervention sensitivity of the scale was evaluated using a Friedman test for each item and then followed up with Wilcoxon pairwise comparisons where appropriate. We obtained fair-to-good inter-rater reliability (Kappa = 0.33-0.64) for the PCIOs using only video-based scoring. Child-related items were more strongly influenced by differences in treatment intensity than parent-related items, where a greater number of sessions positively influenced parent learning of treatment skills and child behaviors. The adapted PCIOs is reliable and sensitive to monitor the quality of parent-child interactions in a 10-week block of motor speech intervention with adjunct home therapy. Implications for rehabilitation: Parent-centered therapy is considered a cost-effective method of speech and language service delivery. However, parent-centered models may be difficult to implement for treatments such as developmental motor speech interventions that require a high degree of skill and training. For children with speech sound disorders and motor speech difficulties, a translated and adapted version of the parent-child observation scale was found to be sufficiently reliable and sensitive to assess changes in the quality of the parent-child interactions during intervention. In developmental motor speech interventions, high-intensity treatment (2×/week/10 weeks) facilitates greater changes in the parent-child interactions than low-intensity treatment (1×/week/10 weeks). On one hand, parents may need to attend more than five sessions with the clinician to learn how to observe and address their child’s speech difficulties. On the other hand, children with speech sound disorders may need more than 10 sessions to adapt to structured play settings even when activities and therapy materials are age-appropriate.

**Database**: Medline
Problematising risk in stroke rehabilitation.

Author(s): Egan, Mary Y.; Kessler, Dorothy; Ceci, Christine; Laliberté-Rudman, Debbie; McGrath, Colleen; Sikora, Lindsey; Gardner, Paula

Source: Disability & Rehabilitation; Nov 2016; vol. 38 (no. 23); p. 2334-2344


Database: CINAHL

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