Current Awareness Bulletin

Rehabilitation Therapies

April 2017

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

Contents

Physiotherapy
Occupational Therapy
Speech & Language Therapy
General

Links to the latest issues of key journals and their table of contents
Resources on the web
Help select library stock
Library Catalogue

Trust Libraries and Staff Contact Details

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

The changing landscape of physiotherapy student clinical placements: An exploration of geographical distribution and student performance across settings.

Author(s): Johnston, Catherine; Newstead, Clint; Sanderson, Michael; Wakely, Luke; Osmotherly, Peter

Source: *Australian Journal of Rural Health*; Apr 2017; vol. 25 (no. 2); p. 85-93

Database: CINAHL

Physiotherapy students in rural emergency departments: A NEAT place to learn.

Author(s): Leys, Jacqueline; Wakely, Luke; Thurlow, Kelly; Hyde Page, Rod

Source: *Australian Journal of Rural Health*; Apr 2017; vol. 25 (no. 2); p. 130-131

Database: CINAHL

Comparison of group-based outpatient physiotherapy with usual care after total knee replacement: a feasibility study for a randomized controlled trial.

Author(s): Artz, Neil; Dixon, Samantha; Wylde, Vikki; Marques, Elsa; Beswick, Andrew D.; Lenguerrand, Erik; Blom, Ashley W.; Gooberman-Hill, Rachael

Source: *Clinical Rehabilitation*; Apr 2017; vol. 31 (no. 4); p. 487-499

Database: CINAHL

A Qualitative Study into Egyptian Patients' Satisfaction with Physiotherapy Management of Low Back Pain.

Author(s): Ali, Nancy; May, Stephen

Source: *Physiotherapy Research International*; Apr 2017; vol. 22 (no. 2)

Database: CINAHL
Embedding Evidence-based Practice Education into a Post-graduate Physiotherapy Program: Eight Years of pre-Post Course Evaluations.

Author(s): Perraton, L.; Machotka, Z.; Grimmer, K.; Gibbs, C.; Mahar, C.; Kennedy, K.
Source: Physiotherapy Research International; Apr 2017; vol. 22 (no. 2)
Database: CINAHL

Homeless people could benefit from help by the physiotherapy profession.
Source: Frontline (20454910); Mar 2017; vol. 23 (no. 6); p. 11-11
Database: CINAHL

Innovative physiotherapy techniques in the intubated paediatric patient: MetaNeb®.
Author(s): Ferguson, Alexandra; Fulton, Tessa; Wright, Sarah
Source: Australian Critical Care; Mar 2017; vol. 30 (no. 2); p. 115-116
Database: CINAHL

Which learning activities enhance physiotherapy practice? A systematic review protocol of quantitative and qualitative studies.
Author(s): Leahy, Edmund; Chipchase, Lucy; Blackstock, Felicity
Source: Systematic reviews; Apr 2017; vol. 6 (no. 1); p. 83
Available in full text at Systematic Reviews - from BioMed Central
Available in full text at Systematic Reviews - from National Library of Medicine
Abstract: BACKGROUND Learning activities are fundamental for the development of expertise in physiotherapy practice. Continuing professional development (CPD) encompasses formal and informal learning activities undertaken by physiotherapists. Identifying the most efficient and effective learning activities is essential to enable the profession to assimilate research findings and improve clinical skills to ensure the most efficacious care for clients. To date, systematic reviews on the effectiveness of CPD provide limited guidance on the most efficacious models of professional development for physiotherapists. The aim of this systematic review is to evaluate which learning activities enhance physiotherapy practice.
METHODS A search of Ovid MEDLINE, EMBASE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO (Psychological Abstracts), PEDro, Cochrane Library, AMED and Educational Resources and Information Center (ERIC) will be completed. Citation searching and reference list searching will be undertaken to locate additional studies. Quantitative and qualitative studies will be included if they examine the impact of learning activities on clinician's behaviour, attitude, knowledge, beliefs, skills, self-efficacy, work satisfaction and patient outcomes. Risk of bias will be assessed by two independent researchers. Grading of Recommendations Assessment, Development, and Evaluation (GRADE) and Confidence in the Evidence from Reviews of Qualitative research (CERQual) will be used to synthesise results where a meta-analysis is possible. Where a meta-analysis is not possible, a narrative synthesis will be conducted.SYSTEmatic REVIEW REGISTRATIONPROSPERO CRD42016050157.
Database: Medline

Fatigue and pain limit independent mobility and physiotherapy after hip fracture surgery.
Author(s): Münter, Kristine H; Clemmesen, Christopher G; Foss, Nicolai B; Palm, Henrik; Kristensen, Morten T
Source: Disability and rehabilitation; Apr 2017 ; p. 1-9
Abstract: PURPOSE The patient's ability to complete their planned physiotherapy session after hip fracture surgery has been proposed as an independent predictor for achieving basic mobility independency upon hospital discharge. However, knowledge of factors limiting mobility is sparse. We therefore examined patient reported factors limiting ability to complete planned physiotherapy sessions as well as limitations for not achieving independency in basic mobility early after hip fracture surgery. METHODS A total of 204
consecutive patients with a hip fracture (mean (SD) age of 80 (9.9) years, 47 patients were admitted from a nursing home) were treated in accordance with a multimodal program. The Cumulated Ambulation Score was used to evaluate the patient's independency in three basic mobility activities: getting in and out of bed, sit-to-stand-to-sit from a chair and indoor walking. Pre-defined limitations; pain, motor blockade, dizziness, fatigue, nausea, acute cognitive dysfunction and "other limitations", for not achieving a full Cumulated Ambulation Score or inability to complete planned physiotherapy sessions were noted by the physiotherapist on each of the three first postoperative days. This period was chosen, because of its importance on how well the patients had regained their pre-fracture functional level. RESULTS Fatigue and hip fracture-related pain were the most frequent reasons for patients not achieving an independent basic mobility level (> 85%) or not fully completing their planned physiotherapy (> 42%) on all three days. At hospital discharge (median day 10), only 54% of the patients had regained their pre-fracture basic mobility level. CONCLUSION Based on the patient's perception, fatigue and pain are the most frequent limitations in not achieving independent basic mobility and not completing physiotherapy after hip fracture surgery. This raises questions whether multimodal peri-operative programs can be further optimized to enhance the early recovery of these frail patients. Implications for rehabilitation Early postoperative mobilization is essential for patients undergoing hip fracture surgery to regain the pre-fracture functional level, in not only the short but also in the long term. The most frequent reasons for not achieving an independent Cumulated Ambulation Score or completing physiotherapy, early after hip fracture surgery, are fatigue, pain, and the habitual cognitive status of patients. Knowledge concerning postoperative fatigue is important for rehabilitation professionals and should contribute as an essential factor when planning physiotherapy.

Database: Medline

Is body-weight-supported treadmill training or robotic-assisted gait training superior to overground gait training and other forms of physiotherapy in people with spinal cord injury? A systematic review.

Author(s): Mehrholz, J; Harvey, L A; Thomas, S; Elsner, B

Source: Spinal cord; Apr 2017

Abstract: STUDY DESIGN Systematic review about randomised trials comparing different training strategies to improve gait in people with spinal cord injuries (SCI).OBJECTIVES The aim of this systematic review was to compare the effectiveness of body-weight-supported treadmill training (BWSTT) and robotic-assisted gait training with overground gait training and other forms of physiotherapy in people with traumatic SCI.SETTING Systematic review conducted by researchers from Germany and Australia. METHODS An extensive search was conducted for randomised controlled trials involving people with traumatic SCI that compared either BWSTT or robotic-assisted gait training with overground gait training and other forms of physiotherapy. The two outcomes of interest were walking speed (m s⁻¹) and walking distance (m). BWSTT and robotic-assisted gait training were analysed separately, and data were pooled across trials to derive mean between-group differences using a random-effects model. RESULTS Thirteen randomised controlled trials involving 586 people were identified. Ten trials involving 462 participants compared BWSTT to overground gait training and other forms of physiotherapy, but only nine trials provided usable data. The pooled mean (95% confidence interval (CI)) between-group differences for walking speed and walking distance were -0.03 m s⁻¹ (-0.10 to 0.04) and -7 m (-45 to 31), respectively, favouring overground gait training. Five trials involving 344 participants compared robotic-assisted gait training to overground gait training and other forms of physiotherapy but only three provided usable data. The pooled mean (95% CI) between-group differences for walking speed and walking distance were -0.04 m s⁻¹ (95% CI -0.21 to 0.13) and -6 m (95% CI -86 to 74), respectively, favouring overground gait training. CONCLUSION SBWSTT and robotic-assisted gait training do not increase walking speed more than overground gait training and other forms of physiotherapy do, but their effects on walking distance are not clear.

Database: Medline

Physiotherapists' behaviour, attitudes, awareness, knowledge and barriers in relation to evidence-based practice implementation in Saudi Arabia: a cross-sectional study.

Author(s): Alshehri, Mansour A; Alalawi, Ahmed; Alhasan, Hammad; Stokes, Emma

Source: International journal of evidence-based healthcare; Apr 2017
Abstract: AIM The implementation of evidence-based practice (EBP) is extremely important and plays a vital role in healthcare practice. There have been few studies concerning the level of healthcare provided to patients in Saudi Arabia, using EBP as an indicator. This study is aimed at investigating physiotherapists' behaviour, attitudes, awareness and knowledge about EBP, along with barriers that curb the implementation of EBP.METHODS A sample of convenience was used and an online survey consisting of 14 closed-ended questions was given to both clinical and academic physiotherapists in Saudi Arabia from May to October 2016. Data regarding demographics, behaviour, attitudes, awareness, knowledge, previous formal training and barriers to implementation of EBP were recorded. The data were analysed using IBM SPSS version 19.RESULTS A total of 604 physiotherapists participated in the survey, out of which 385 respondents provided complete data. Nine participants were undergraduate physiotherapy students or not physiotherapists and their responses were excluded. The final number of participants included in data analysis was 376. The majority of the participants were men (60.4%) and most of them had completed their bachelor degree (66.2%). Although most physiotherapists reported a positive attitude towards the use of research in practice, there were many who were unfamiliar with the terms and implementation of EBP. The majority of physiotherapists had no formal EBP training (70.2%) in universities or any authorized training centres. According to the responses collected, the most important barrier to the implementation of EBP was insufficient teaching in previous education (43.1%), followed by lack of research knowledge and skills (36.4%). The study revealed that there was a significant association between physiotherapists’ attitude and their education level, while no significant associations were identified based on other demographic data. In addition, there were significant associations between physiotherapists' awareness and knowledge and demographics such as education level, work setting, job title and previous training in EBP. CONCLUSION There is a prominent gap in terms of understanding and applying the concept of EBP among physiotherapists in Saudi Arabia. Given that the majority of practicing physiotherapists reported no formal training in EBP, there is a need to integrate concepts related to EBP into the undergraduate and graduate curriculum. In addition, strategies must be developed and implemented to encourage practicing physiotherapists for gaining knowledge and proficiency in EBP. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

http://creativecommons.org/licenses/by-nc-nd/4.0.

Database: Medline

Effectiveness of Physiotherapy interventions plus Extrinsic Feedback for neck disorders: A systematic review with meta-analysis.

Author(s): Araujo, Francisco Xavier de; Scholl Schell, Maurício; Ribeiro, Daniel Cury

Source: Musculoskeletal science & practice; Apr 2017; vol. 29 ; p. 132-143

Abstract: PURPOSETo systematically review the effectiveness of Physiotherapy interventions combined with extrinsic feedback (EF) compared to Physiotherapy interventions alone or control for the management of neck pain and disability. METHODS Randomized clinical trials were searched and retrieved from six databases, from inception through August 2016. Risk of bias of included studies was assessed using the PEDro scale. When possible data were pooled and Meta-analyses were conducted. The quality and strength of evidence for each outcome was assessed using the GRADE approach.RESULTS Eight studies (n = 677) were included in the review. The pooled estimates suggested Physiotherapy intervention + EF was not superior to Physiotherapy intervention alone for disability (MD = -0.38; 95%CI = -0.91 to 0.18; I² = 82%), but was superior for pain (MD = -0.37; 95%CI = -0.73 to -0.01; I² = 68%). Physiotherapy intervention + EF was not superior than control for disability scores (SMD = -3.94; 95%CI = -12.06 to 4.18; I² = 92%). Physiotherapy intervention + EF intervention was more effective than control for pain scores at short-term (SMD = -1.44; 95%CI = -2.25 to -0.63; I² = 50%). Most studies did not specify nor use the ideal characteristics of EF.CONCLUSION There is very low quality of evidence that Physiotherapy intervention + EF is more effective than Physiotherapy intervention alone or control for short-term pain, but not for disability. Physiotherapy intervention plus EF was more effective than Physiotherapy alone for acute neck pain, but not for chronic pain or disability. There was high risk of bias within included studies. Future studies are likely to change the estimates of the effects of Physiotherapy intervention plus EF on neck rehabilitation.

Database: Medline
**Rigid shoulder taping with physiotherapy in patients with subacromial pain syndrome: A randomized controlled trial.**

**Author(s):** Apeldoorn, Adri T; Kamper, Steven J; Kalter, Joeri; Knol, Dirk L; van Tulder, Maurits W; Ostelo, Raymond W

**Source:** Journal of rehabilitation medicine; Apr 2017; vol. 49 (no. 4); p. 347-353

Available in full text at Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation) - from EBSCO host

**Abstract:** OBJECTIVE To assess the effectiveness of individualized physiotherapy in combination with rigid taping compared with individualized physiotherapy alone in patients with subacromial pain syndrome. DESIGN A prospective randomized trial with concealed allocation. PATIENTS A total of 140 patients between 18 and 65 years of age from primary physiotherapy settings. METHODS The intervention group received individualized physiotherapy and shoulder taping. The control group received individualized physiotherapy only. Primary outcomes were: pain intensity (numerical rating scale) and functioning (Simple Shoulder Test). Secondary outcomes were: global perceived effect and patient-specific complaints. Data were collected at baseline, and at 4, 12 and 26 weeks' follow-up. RESULTS During the 6-month follow-up period multilevel analysis showed a significant difference between groups favouring the control group on pain intensity (p = 0.02), but not on functioning. Regarding secondary outcomes, a significant difference between groups was found favouring the intervention group for global perceived effect (p = 0.02), but not for patient-specific complaints. CONCLUSION Rigid shoulder taping, as used in this study, cannot be recommended for improving physiotherapy outcomes in people with subacromial pain syndrome.

**Database:** Medline

---

**Physiotherapy and Speech and Language therapy intervention for chronic cough.**

**Author(s):** Birring, Surinder S; Floyd, Sarah; Reilly, Charles C; Siu Pan Cho, Peter

**Source:** Pulmonary pharmacology & therapeutics; Apr 2017

**Abstract:** There are few effective pharmacological therapies available to treat refractory chronic cough. Functional MRI studies of the brain have recently shown that patients with chronic cough have dysfunctional inhibitory control of cough. Self-management therapies delivered by physiotherapists or speech therapists are effective at suppressing cough. They enable patients to consciously suppress the urge to cough. The intervention consists of education, laryngeal hygiene, cough suppression and distraction measures and behaviour modification. The efficacy of Physiotherapy and Speech And Language Intervention (PSALTI) has been confirmed in two randomised control trials. In one trial, there was a 41% reduction in cough frequency with PSALTI, assessed objectively with the Leicester Cough Monitor, and a clinically significant improvement in quality of life. Importantly, the improvement in cough was sustained when therapy was discontinued. The addition of the Speech Pathology Treatment to neuromodulator drug therapy, Pregabalin has also been evaluated in a clinical trial. There was a clinically significant improvement in quality of life, and this was sustained when therapy was discontinued. The mechanism of action of PSALTI is not known and this should be investigated in future. Further studies are needed to identify the components of PSALTI that deliver the most benefit, and determine whether PSALTI is effective in cough associated with other chronic lung disorders.

**Database:** Medline

---

**The effectiveness and satisfaction of web-based physiotherapy in people with spinal cord injury: a pilot randomised controlled trial.**

**Author(s):** Coulter, E H; McLean, A N; Hasler, J P; Allan, D B; McFadyen, A; Paul, L

**Source:** Spinal cord; Apr 2017; vol. 55 (no. 4); p. 383-389

**Abstract:** STUDY DESIGN A pilot randomised controlled trial. OBJECTIVES The aims of this study were to evaluate the effectiveness and participant satisfaction of web-based physiotherapy in people with spinal cord injury (SCI). SETTING Community patients of a national spinal injury unit in a university teaching hospital, Scotland, UK. METHODS Twenty-four participants were recruited and randomised to receive 8 weeks of web-based physiotherapy (intervention), twice per week, or usual care (control). Individual exercise programmes were prescribed based on participants' abilities. The intervention was delivered via a website (www.webbasedphysio.com) and monitored and progressed remotely by the physiotherapist. RESULTS Participants logged on to the website an average of 1.4±0.8 times per week. Between-group
differences, although not significant, were more pronounced for the 6-min walk test. Participants were positive about using web-based physiotherapy and stated that they would be happy to use it again and would recommend it to others. Overall, it was rated as either good or excellent. CONCLUSIONS Web-based physiotherapy was feasible and acceptable for people with SCI. Participants achieved good compliance with the intervention and rated the programme highly and beneficial for health and well-being at various states after injury. The results of this study warrant further work with a more homogeneous sample.

SPONSORSHIP This study was funded by the Queen Elizabeth National Spinal Injuries Unit, Glasgow, UK.

Database: Medline

-----------------------------------------------

**Impact of Type-2 Diabetes Time Since Diagnosis on Elderly Women Gait and Functional Status.**

**Author(s):** da Cruz Anjos, Daniela Maria; de Souza Moreira, Bruno; Pereira, Daniele Sirineu; Picorelli, Alexandra Miranda Assumpção; Pereira, Danielle Aparecida Gomes; Kirkwood, Renata Noce; Dias, Rosângela Corrêa; Pereira, Leani Souza Máximo

**Source:** Physiotherapy research international : the journal for researchers and clinicians in physical therapy; Apr 2017; vol. 22 (no. 2)

**Abstract:** BACKGROUND AND PURPOSE The gait, mobility and lower-limb strength alterations of diabetic elderly women without symptoms of diabetic neuropathy in different periods of the chronic disease can contribute to an early functional diagnosis, allowing prevention of adverse outcomes like falls and disability. This could also contribute to the development of interventions, cures and physiotherapy practice for this population. The aim of this study was to verify the impact of type-2 diabetes mellitus time since diagnosis on gait and functional status of elderly women METHODS Eighty-two diabetic elderly women without neuropathic symptoms participated and divided in two groups: 1) 49 elderly (71.4 ± 4.8 years) with less than 10 years of type-2 diabetes mellitus diagnosis, and 2) 33 elderly (70 ± 4.5 years) with 10 or more years of type-2 diabetes mellitus diagnosis. Outcomes were spatiotemporal gait parameters (speed, cadence, step length, base of support, stance time, swing time, and double support time) assessed through GAITRite® system, and functional status assessed using the Timed Up and Go test and five times sit-to-stand test. To compare spatiotemporal gait variables and performance on functional tests between groups, multivariate analysis of variance and Mann-Whitney test were performed, respectively. RESULTS The group with 10 or more years of diagnosis showed lower gait speed and smaller step length (112.3 cm/s; 59.2 cm) compared with the group with less than 10 years of diagnosis (122.9 cm/s; 62.4 cm). In relation to Timed Up and Go test and five times sit-to-stand test, there were no statistically significant differences between the groups. CONCLUSION Type-2 diabetes mellitus time since diagnosis has a negative impact on gait speed and step length, but not on functional status of the elderly women.

Database: Medline

-----------------------------------------------

**A Qualitative Study into Egyptian Patients' Satisfaction with Physiotherapy Management of Low Back Pain.**

**Author(s):** Ali, Nancy; May, Stephen

**Source:** Physiotherapy research international : the journal for researchers and clinicians in physical therapy; Apr 2017; vol. 22 (no. 2)

**Abstract:** BACKGROUND AND PURPOSE There is strong evidence suggesting that patient satisfaction may improve therapy outcomes independent of the treatment given. Thus the aim of this study is to explore Egyptian patients' expectations and satisfaction with physical therapy management of low back pain. METHODS A qualitative study design involving two focus groups and 10 semi-structured interviews; all discussions were audio recorded, transcribed verbatim and analysed using a Framework analysis approach. RESULTS The five final themes were about outcome of the treatment episode, the therapist characteristics, their ability to provide patient education, the service provision and involvement in the decision-making process. CONCLUSION The therapeutic encounter between patients and therapists in an episode of back care is complex and reflects the multidimensional nature of patient satisfaction. Participants had several criteria according to which they evaluated the quality of care and were able to determine when these criteria were met or not during physiotherapy.

Database: Medline
A comparison of patient education practices and perceptions of novice and experienced physiotherapists in Australian physiotherapy settings.

Author(s): Forbes, Roma; Mandrusiak, Allison; Smith, Michelle; Russell, Trevor

Source: *Musculoskeletal science & practice*; Apr 2017; vol. 28; p. 46-53

Abstract: BACKGROUND Patient education is an integral component of physiotherapy practice. Little is known about the differences in reported use and perception of patient education between experienced and novice physiotherapists. Understanding these differences has important implications for training approaches and physiotherapy practice. OBJECTIVES To compare how experienced and novice physiotherapists report frequency of patient education practices and their perceptions of the importance of these practices. DESIGN AND METHODS A web-based purpose-designed survey was developed, piloted and administered to practicing physiotherapists through direct email. Of 305 complete responses, two subgroups were explored for comparative analysis: 'novice' (≤5 years' experience, n = 52); and 'experienced' (>11 years' experience, n = 204). RESULTS The experienced group rated 14 of 15 educational items higher than the novice group in relation to frequency of use and perceived importance. Experienced physiotherapists reported a significantly higher frequency of using one-to-one discussion, personalised handouts and explicitly seeking patient understanding (p < 0.05). Novice physiotherapists perceived more barriers to patient education, particularly those related to characteristics of the patient (p < 0.05). CONCLUSION Experienced physiotherapists report higher use of self-management education and education content that is patient-centred. Experienced therapists report a higher frequency of seeking explicit patient understanding to evaluate their teaching than novice physiotherapists and perceive fewer patient-related barriers to their practice. These findings are important when considering teaching and learning of patient education skills. Students or novice physiotherapists may benefit from strategies to facilitate patient-centred education, self-management education, evaluation approaches and strategies to manage barriers.

Database: Medline

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Validity and reliability of Internet-based physiotherapy assessment for musculoskeletal disorders: a systematic review.

Author(s): Mani, Suresh; Sharma, Shobha; Omar, Baharudin; Paungmali, Aatit; Joseph, Leonard

Source: *Journal of telemedicine and telecare*; Apr 2017; vol. 23 (no. 3); p. 379-391

Abstract: Purpose The purpose of this review is to systematically explore and summarise the validity and reliability of telerehabilitation (TR)-based physiotherapy assessment for musculoskeletal disorders. Method A comprehensive systematic literature review was conducted using a number of electronic databases: PubMed, EMBASE, PsycINFO, Cochrane Library and CINAHL, published between January 2000 and May 2015. The studies examined the validity, inter- and intra-rater reliabilities of TR-based physiotherapy assessment for musculoskeletal conditions were included. Two independent reviewers used the Quality Appraisal Tool for studies of diagnostic Reliability (QAREL) and the Quality Assessment of Diagnostic Accuracy Studies (QUADAS) tool to assess the methodological quality of reliability and validity studies respectively. Results A total of 898 hits were achieved, of which 11 articles based on inclusion criteria were reviewed. Nine studies explored the concurrent validity, inter- and intra-rater reliabilities, while two studies examined only the concurrent validity. Reviewed studies were moderate to good in methodological quality. The physiotherapy assessments such as pain, swelling, range of motion, muscle strength, balance, gait and functional assessment demonstrated good concurrent validity. However, the reported concurrent validity of lumbar spine posture, special orthopaedic tests, neurodynamic tests and scar assessments ranged from low to moderate. Conclusion TR-based physiotherapy assessment was technically feasible with overall good concurrent validity and excellent reliability, except for lumbar spine posture, orthopaedic special tests, neurodynamic tests and scar assessment.

Database: Medline

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

A cross-sectional evaluation examining the use of the Achilles tendinopathy toolkit by physiotherapists in British Columbia, Canada.

Author(s): Ezzat, Allison M; Schneeberg, Amy; Huisman, Elise S; White, Lynita D; Kennedy, Carol; Levesque, Lenerdene A; Scott, Alex; Hoens, Alison M

Source: *Disability and rehabilitation*; Apr 2017; vol. 39 (no. 7); p. 671-676
Abstract: PURPOSE To evaluate the awareness and use of the Achilles tendinopathy toolkit (ATT), a knowledge translation (KT) strategy supporting evidence-informed management of midportion Achilles Tendinopathy (AT), by British Columbian physiotherapists (PTs). Secondarily, to assess PTs strategies for AT management by examining the association between exploring the ATT and following best practice in clinical care as recommended by the ATT.METHODS Members of the Physiotherapy Association of British Columbia (BC) completed an online cross-sectional survey collecting information on demographics; awareness and exposure; perceptions, usability and applicability to clinical practice; knowledge; and attitudes. A clinical vignette assessed if respondents adhered to recommendations made by the ATT. Multivariable logistic regression examined the association between exploring the ATT and following its recommendations. RESULTS Of 238 participants, 81% (n = 154) were aware of the ATT and of those 53% (n = 81) explored its contents. Time was the most frequent barrier. Bi-variable analyses showed those who explored the ATT had over double the odds of following the best practice (odds ratio = OR = 2.8; 95% confidence interval = 95% CI = 1.3-6.0). This did not remain significant in the final adjusted model (OR = 2.2; 95% CI = 0.9-5.4).CONCLUSIONS Evaluation of KT strategies is critical. This study revealed high awareness and moderate use of the ATT. Future work should consider the impact of toolkits on patient outcomes. Implications for Rehabilitation A toolkit is a novel knowledge translation (KT) strategy designed to provide accessible evidence-informed resources to facilitate best practice by clinicians. The evaluation of the Achilles tendinopathy toolkit (ATT) revealed favourable findings regarding the impact of this KT strategy on the knowledge and attitudes of British Columbia (BC) PTs and the possibility of a positive impact on best practice in clinical care. This research suggests toolkits are a feasible and meaningful KT strategy to provide clinicians with valuable synthesized resources that have the potential to benefit patient outcomes.

Database: Medline

Comparison of group-based outpatient physiotherapy with usual care after total knee replacement: a feasibility study for a randomized controlled trial.

Author(s): Artz, Neil; Dixon, Samantha; Wylde, Vikki; Marques, Elsa; Beswick, Andrew D; Lenguerrand, Erik; Blom, Ashley W; Gooberman-Hill, Rachael

Source: Clinical rehabilitation; Apr 2017; vol. 31 (no. 4); p. 487-499

Abstract: OBJECTIVE To evaluate the feasibility of conducting a randomized controlled trial comparing group-based outpatient physiotherapy with usual care in patients following total knee replacement. DESIGN A feasibility study for a randomized controlled trial. SETTING One secondary-care hospital orthopaedic centre, Bristol, UK. PARTICIPANTS A total of 46 participants undergoing primary total knee replacement. INTERVENTIONS The intervention group were offered six group-based exercise sessions after surgery. The usual care group received standard postoperative care. Participants were not blinded to group allocation. OUTCOME MEASURES Feasibility was assessed by recruitment, reasons for non-participation, attendance, and completion rates of study questionnaires that included the Lower Extremity Functional Scale and Knee Injury and Osteoarthritis Outcome Score. RESULTS Recruitment rate was 37%. Five patients withdrew or were no longer eligible to participate. Intervention attendance was high (73%) and 84% of group participants reported they were 'very satisfied' with the exercises. Return of study questionnaires at six months was lower in the usual care (75%) than in the intervention group (100%). Mean (standard deviation) Lower Extremity Functional Scale scores at six months were 45.0 (20.8) in the usual care and 57.8 (15.2) in the intervention groups. CONCLUSION Recruitment and retention of participants in this feasibility study was good. Group-based physiotherapy was acceptable to participants. Questionnaire return rates were lower in the usual care group, but might be enhanced by telephone follow-up. The Lower Extremity Functional Scale had high responsiveness and completion rates. Using this outcome measure, 256 participants would be required in a full-scale randomized controlled trial.

Database: Medline

Occupational Therapy

Patient-mediated interventions are an under-utilised approach to increasing knowledge translation in occupational therapy.

Author(s): Laver, Kate

Source: Australian Occupational Therapy Journal; Apr 2017; vol. 64 (no. 2); p. 89-90
Human rights in occupational therapy education: A step towards a more occupationally just global society.

**Author(s):** Crawford, Emma; Aplin, Tammy; Rodger, Sylvia  
**Source:** Australian Occupational Therapy Journal; Apr 2017; vol. 64 (no. 2); p. 129-136  
**Database:** CINAHL

It is not yet established whether occupational therapy for people after total hip arthroplasty is effective in improving outcomes or reducing the risk of adverse events.

**Author(s):** Laver, Kate; Summers, Bianca  
**Source:** Australian Occupational Therapy Journal; Apr 2017; vol. 64 (no. 2); p. 200-201  
**Database:** CINAHL

Social enterprise: a model of recovery and social inclusion for occupational therapy practice in the UK.

**Author(s):** Stickley, Anna Joy; Hall, Kelly J.  
**Source:** Mental Health & Social Inclusion; Apr 2017; vol. 21 (no. 2); p. 91-101  
Available in full text at Mental Health and Social Inclusion - from Emerald Insight  
**Database:** CINAHL

Global community of occupational therapy in our Centenary year . . . .

**Author(s):** Sinclair, Kit  
**Source:** WFOT Bulletin; Apr 2017; vol. 73 (no. 1); p. 1-2  
**Database:** CINAHL

Occupational therapy in positive youth development.

**Author(s):** Zajac, Eva Maria  
**Source:** WFOT Bulletin; Apr 2017; vol. 73 (no. 1); p. 29-35  
**Database:** CINAHL

Psychometric properties of the Norwegian self-efficacy for therapeutic mode use (N-SETMU).

**Author(s):** Bonsaksen, Tore; Carstensen, Tove  
**Source:** Scandinavian journal of occupational therapy; Apr 2017 ; p. 1-6  
**Abstract:** BACKGROUND According to the Intentional Relationship Model (IRM), the intentional use of relational approaches in therapy (therapeutic modes) is essential for obtaining successful relationships to clients. There have been no attempts to combine the IRM with self-efficacy theory, and instruments for measuring self-efficacy for therapeutic mode use are lacking. AIM This study aimed to examine the component structure and internal consistency of the Norwegian version of the Self-Efficacy for Therapeutic Mode Use (N-SETMU).METHODS Occupational therapy students (n = 111) from two education programs completed the N-SETMU along with sociodemographic information. Principal Components Analysis (PCA) was performed and component extraction was controlled using Parallel Analysis. Internal consistency was assessed with Cronbach's α and inter-item correlations. RESULTS All items on the N-SETMU loaded on the same latent dimension, tentatively called Self-Efficacy for Therapeutic Mode Use. Cronbach’s α for all scales ranged 0.73-0.82.CONCLUSIONSThe N-SETMU is a unidimensional measure of self-efficacy for
therapeutic mode use in general. The N-SETMU may be a useful tool for occupational therapy research and audits focusing on occupational therapists' use of therapeutic modes in client interactions.

Database: Medline

-----------------------------------------

Collaborative Occupational Therapy: Teachers' Impressions of the Partnering for Change (P4C) Model.

Author(s): Wilson, A L; Harris, S R
Source: Physical & occupational therapy in pediatrics; Apr 2017 ; p. 1-13
Abstract: AIMS Occupational therapists (OTs) often face barriers when trying to collaborate with teachers in school-based settings. Partnering for change (P4C), a collaborative practice model designed to support children with developmental coordination disorder, could potentially support all students with special needs. Therefore, the aim of this study was to explore how teachers experience OT services delivered using the P4C model to support children with a variety of special needs. METHODS P4C was implemented at one elementary school in Courtenay, British Columbia. Eleven teachers participated in two focus groups and a one-on-one interview to gather descriptive, qualitative data. Grounded theory techniques were used for data analysis. RESULTS Four themes (collaborating in the thick of it all, learning and taking risks, managing limited time and resources, and appreciating responsive OT support) represented teachers' experiences of P4C. CONCLUSIONS Teachers strongly preferred collaborative OT services based on the P4C model. Students with a variety of special needs were supported within their classrooms as teachers learned new strategies from the OT and found ways to embed these strategies into their daily routines.

Database: Medline

-----------------------------------------

Self-reported health and safety awareness improves prediction of level of care needs in Veterans discharged from a post-acute unit.

Author(s): Stelmokas, Julija; Bieliauskas, Linas A; Kitchen Andren, Katherine A; Hogikyan, Robert; Alexander, Neil B
Source: PM & R : the journal of injury, function, and rehabilitation; Apr 2017
Abstract: OBJECTIVES Evaluate the differential value of a self-reported health and safety awareness measure relative to other medical, psychosocial, and cognitive factors in predicting level of care (LOC) needs following hospital discharge. DESIGN Retrospective medical record review. SETTING Community Living Center Post-Acute Care (CLC-PAC) unit at a Veterans Affairs (VA) hospital. PARTICIPANTS 175 Veterans admitted to the VA hospital or directly to the CLC-PAC from home. METHODS Cognitive status was assessed with the Mini-Mental State Examination, Digit Span Backward subtest, Trail Making Test (Part B) and Hopkins Verbal Learning Test-Revised. Self-report of health and safety awareness was measured using the Independent Living Scales Health and Safety (ILS-HS) subscale. Additional demographic and admission-related variables were coded, along with medical comorbidity using Charlson Comorbidity Index and depression using the DSM-IV-TR Depression Checklist. MAIN OUTCOME MEASUREMENTS Increased level of care was collected from social work and occupational therapy notes and defined as increased assistance with activities of daily living or nursing home placement comparing pre-hospitalization to CLC-PAC discharge. RESULTS 19% (N=34) of residents required increased LOC on CLC-PAC discharge. The ILS-HS was a significant predictor of increased LOC above and beyond age and MMSE score; for each standard deviation decrease in ILS-HS there was an increased likelihood of higher LOC (OR=0.54, 95% CI=0.35-0.83). Other neuropsychological tests (memory, executive functioning) did not significantly improve the model. CONCLUSIONS The inclusion of the ILS-HS to a standard cognitive screen (MMSE) can improve prediction of increased LOC. While select aspects of memory and executive functioning independently contribute to increased LOC prediction, the ILS-HS likely measures a unique aspect of cognitive functioning that may be specific to discharge planning needs in CLC-PAC residents.

Database: Medline

-----------------------------------------

Student perspectives of a Student-Led Groups Program model of professional practice education in a brain injury rehabilitation unit.

Author(s): Patterson, Freyr; Fleming, Jennifer; Marshall, Kathryn; Ninness, Nadine
Source: Australian occupational therapy journal; Apr 2017
**Abstract:** BACKGROUND/AIM Professional practice education is a core and essential component of occupational therapy training. With increasing numbers of education programmes and more students requiring professional practice placements, development of innovative models of professional practice education has emerged, but these require investigation. The aim of this study was to investigate student experiences and perceptions of the Student-Led Groups Program model of professional practice education in an inpatient brain injury rehabilitation unit.

**METHODS** A qualitative approach, guided by phenomenological theory was used. Participants were 15 students who had completed a professional practice placement in the Student-Led Groups Program. Data were collected using in-depth semi-structured interviews and analysed thematically.

**RESULTS** Three over-arching themes emerged from the data; balance of support and freedom, development of clinical skills and missed opportunities. Students described how the structure of the placement facilitated independent learning and autonomy that was balanced with support from clinicians and student peers. Students perceived that they had developed a breadth of clinical skills and also had missed some learning opportunities in this professional practice placement structure. **CONCLUSIONS** Overall student perceptions of the Student-Led Groups Program were positive, supporting the continued use of this model of professional practice education in this setting. The results highlight the value of structured and consistent approaches for supervision, including the use of formal approaches to peer supervision in the initial stages of learning.

**Database:** Medline

---

**Can smartphones measure momentary quality of life and participation? A proof of concept using experience sampling surveys with university students.**

**Author(s):** Liddle, Jacki; Wishink, Anna; Springfield, Liz; Gustafsson, Louise; Ireland, David; Silburn, Peter

**Source:** Australian occupational therapy journal; Apr 2017

**Abstract:** BACKGROUND Understanding quality of life and participation is a key aspect of occupational therapy research. The use of smartphones to deliver experience-sampling surveys may provide an accessible way to monitor these outcomes. This study used smartphone-based experience sampling methods (ESM) to investigate factors influencing momentary quality of life (mQOL) of university students.

**METHODS** A convenience sample of students at an Australian university participated. Using a custom smartphone application, ESM surveys were sent six to eight times, every second day, over a week. Participants indicated their mQOL, occupational participation, occupational enjoyment, social context and location via surveys and provided demographic and health information in a single self-report questionnaire. The relationship between mQOL and variables was analysed at the survey level using logistic regression.

**RESULTS** Forty students completed 391 surveys. Higher mQOL was significantly related to participation in productive occupations ($z = 3.48; P = 0.001$), moderate ($z = 4.00; P < 0.001$) or high occupational enjoyment ($z = 7.06; P < 0.001$), being with someone ($z = 2.15, P = 0.031$), being at home ($z = 2.49; P = 0.013$) and an excellent self-rated health status ($z = 2.35; P = 0.019$). The magnitude of differences in mQOL was small. **CONCLUSION** This study suggests that mQOL amongst university students relates to personal, environmental and occupational factors. The use of smartphone-based ESM appears to be a practical approach for investigating participation and QOL. Further research utilising a more diverse sample, analysing at the individual level, and using ESM in conjunction with other methodologies is recommended.

**Database:** Medline

---

**Simulation in Occupational Therapy Curricula: A literature review.**

**Author(s):** Bennett, Sally; Rodger, Sylvia; Fitzgerald, Cate; Gibson, Libby

**Source:** Australian occupational therapy journal; Apr 2017

**Abstract:** BACKGROUND/AIM Simulated learning experiences are increasingly being used in health-care education to enhance student engagement and provide experiences that reflect clinical practice; however, simulation has not been widely investigated in occupational therapy curricula. The aim of this paper was to: (i) describe the existing research about the use and evaluation of simulation over the last three decades in occupational therapy curricula and (ii) consider how simulation has been used to develop competence in students.

**METHODS** A literature review was undertaken with searches of MEDLINE, CINAHL and ERIC to locate articles that described or evaluated the use of simulation in occupational therapy curricula.

**RESULTS/FINDINGS** Fifty-seven papers were identified. Occupational therapy educators have used the full scope of simulation modalities, including written case studies (22), standardised patients (13), video
case studies (15), computer-based and virtual reality cases (7), role-play (8) and mannequins and part-task trainers (4). Ten studies used combinations of these modalities and two papers compared modalities. Most papers described the use of simulation for foundational courses, as for preparation for fieldwork, and to address competencies necessary for newly graduating therapists. The majority of studies were descriptive, used pre-post design, or were student's perceptions of the value of simulation. CONCLUSION Simulation-based education has been used for a wide range of purposes in occupational therapy curricula and appears to be well received. Randomised controlled trials are needed to more accurately understand the effects of simulation not just for occupational therapy students but for longer term outcomes in clinical practice.

Database: Medline

Physical and Occupational Therapy from the Acute to Community Setting Following Stroke: Predictors of Use, Continuity of Care, and Timeliness of Care.

Author(s): Freburger, Janet K; Li, Dongmei; Johnson, Anna; Fraher, Erin

Source: Archives of physical medicine and rehabilitation; Apr 2017

Abstract: OBJECTIVE To identify predictors of therapist use (any use, continuity of care, and timing of care) in the acute care hospital and community (home or outpatient) for patients discharged home following stroke. DESIGN Retrospective cohort analysis of Medicare claims (2010-2013) linked to hospital-level and county-level data. SETTING Acute care hospital and community. PARTICIPANTS Patients who survived the first 30 days at home after being discharged from an acute care hospital following stroke (N=23,413).INTERVENTIONS Not applicable. MAIN OUTCOME MEASURES Physical and occupational therapist use in acute care and community settings; continuity of care across the inpatient and home or the inpatient and outpatient settings; and early therapist use in the home or outpatient setting. Multivariate logistic and multinomial logistic regression analyses were conducted to identify hospital-level, county-level, and sociodemographic characteristics associated with therapist use, continuity, and timing, controlling for clinical characteristics. RESULTS Seventy-eight percent of patients received therapy in the acute care hospital, but only 40.8% received care in the first 30 days after discharge. Hospital nurse staffing was positively associated with inpatient and outpatient therapist use and continuity of care across settings. Primary care provider supply was associated with inpatient and outpatient therapist use, continuity of care, and early therapist care in the home and outpatient setting. Therapist supply was associated with continuity of care and early therapist use in the community. There was consistent evidence of sociodemographic disparities in therapist use. CONCLUSIONS Therapist use following stroke varies in the community and for specific sociodemographic subgroups and may be underutilized. Inpatient nurse staffing levels and primary care provider supply were the most consistent predictors of therapist use, continuity of care, and early therapist use.

Database: Medline

Occupational therapy, physical therapy and speech-language pathology in the neonatal intensive care unit: Patterns of therapy usage in a level IV NICU.

Author(s): Ross, Katherine; Heiny, Elizabeth; Conner, Sandra; Spener, Patricia; Pineda, Roberta

Source: Research in developmental disabilities; Apr 2017; vol. 64 ; p. 108-117

Abstract: OBJECTIVES 1) To describe the use of occupational therapy (OT), physical therapy (PT) and speech-language pathology (SLP) services in a level IV neonatal intensive care unit (NICU), 2) to describe predictors of early therapy usage, and 3) to test the hypothesis that more NICU-based therapy will relate to better neurobehavioral outcomes. METHODS Seventy-nine infants born ≤32 weeks gestation had therapy interventions, as standard of care, tracked across NICU hospitalization. Infants received neurobehavioral testing prior to NICU discharge. RESULTS All (100%) received OT and PT, and 41 (51%) received SLP. The average age at initiation of OT, PT, and SLP was 30.4±1.4, 30.3±1.4, and 35.9±2.3 weeks postmenstrual age, respectively. Infants received therapy an average of 1.8±.4, 1.8±.4 and 1.1±.5 times per week for OT, PT and SLP, respectively. There were 56 different therapeutic interventions performed. There was overlap in the interventions provided by different NICU therapists; however, interventions unique to each discipline were identified. More therapy was not related to better neurobehavioral outcomes, but rather more frequent therapy could be attributed to more complex medical conditions (p<0.05). CONCLUSION Early therapy services in the NICU can start early in gestation and continue...
Home- and Community-Based Occupational Therapy Improves Functioning in Frail Older People: A Systematic Review.

Author(s): De Coninck, Leen; Bekkering, Geertruida E; Bouckaert, Leen; Declercq, Anja; Graff, Maud J L; Aertgeerts, Bert

Source: Journal of the American Geriatrics Society; Apr 2017

Abstract: OBJECTIVES The objective is to assess the effectiveness of occupational therapy to improve performance in daily living activities in community-dwelling physically frail older people. DESIGN We conducted a systematic review and meta-analysis. We included randomized controlled trials reporting on occupational therapy as intervention, or as part of a multidisciplinary approach. This systematic review was carried out in accordance with the Cochrane methods of systematic reviews of interventions. MEASUREMENTS Meta-analyses were performed to pool results across studies using the standardized mean difference. The primary outcome measures were mobility, functioning in daily living activities, and social participation. Secondary outcome measures were fear of falling, cognition, disability, and number of falling persons. RESULTS Nine studies met the inclusion criteria. Overall, the studies were of reasonable quality with low risk of bias. There was a significant increase in all primary outcomes. The pooled result for functioning in daily living activities was a standardized mean difference of -0.30 (95% CI -0.50 to -0.11; P = .002), for social participation -0.44 (95% CI -0.69, -0.19; P = .0007) and for mobility -0.45 (95% CI -0.78 to -0.12; P = .007). All secondary outcomes showed positive trends, with fear of falling being significant. No adverse effects of occupational therapy were found. CONCLUSION There is strong evidence that occupational therapy improves functioning in community-dwelling physically frail older people.

Database: Medline
personal relevance) and a good fit with the occupational therapy intervention process model. IRR found adequate level of agreement (α = .76). The OCIA has demonstrated initial basic psychometrics for observation of rehabilitation-focused interventions with older adults.

**Database:** Medline

-------------------------------------------------------------------

**International Occupational Therapy Research Priorities.**

**Author(s):** World Federation of Occupational Therapists; Mackenzie, Lynette; Coppola, Susan; Alvarez, Liliana; Cibule, Lolita; Maltsev, Sergey; Loh, Siew Yim; Llambo, Tecla; Ikiugu, Moses N; Pihlar, Zdenka; Sriphetcharawut, Sarinya; Baptiste, Sue; Ledgerd, Richard

**Source:** OTJR : occupation, participation and health; Apr 2017; vol. 37 (no. 2); p. 72-81

**Abstract:** Occupational therapy is a global profession represented by the World Federation of Occupational Therapists (WFOT). International research priorities are needed for strategic guidance on global occupational therapy practice. The objective of this study was to develop international research priorities to reflect global occupational therapy practice. A Delphi study using three rounds of electronic surveys, distributed to WFOT member organizations and WFOT accredited universities, was conducted. Data were analyzed after each round, and priorities were presented for rating and ranking in order of importance. Forty-six (53%) out of 87 WFOT member countries participated in the Delphi process. Eight research priorities were confirmed by the final electronic survey round. Differences were observed in rankings given by member organizations and university respondents. Despite attrition at Round 3, the final research priorities will help to focus research efforts in occupational therapy globally. Follow-up research is needed to determine how the research priorities are being adopted internationally.

**Database:** Medline

-------------------------------------------------------------------

**Evidence-Based Interventions for Increasing Work Participation for Persons With Various Disabilities.**

**Author(s):** Smith, Diane L; Atmatzidis, Katie; Capogreco, Marisa; Lloyd-Randolfi, Dominic; Seman, Victoria

**Source:** OTJR : occupation, participation and health; Apr 2017; vol. 37 (no. 2)

**Abstract:** Title I of the Americans With Disabilities Act prohibits discrimination in employment; however, 26 years later, employment rates for persons with disabilities hover at 34%. This systematic review investigates the effectiveness of evidence-based interventions to increase employment for people with various disabilities. Forty-six articles met the inclusion criteria for evidence-based interventions. The majority of studies assessed interventions for persons with mental health disabilities. Strong evidence was found for ongoing support and work-related social skills training prior to and during competitive employment for persons with mental health disabilities. Moderate evidence supported simulation and use of assistive technology, especially apps for cueing and peer support to increase work participation for persons with intellectual disabilities, neurological/cognitive disabilities, and autism spectrum disorder. Many of the strategies to increase work participation were appropriate for occupational therapy intervention. Suggestions were made for research, specifically looking at more rigorous evaluation of strategies in the long term.

**Database:** Medline

-------------------------------------------------------------------

**It is not yet established whether occupational therapy for people after total hip arthroplasty is effective in improving outcomes or reducing the risk of adverse events.**

**Author(s):** Laver, Kate; Summers, Bianca

**Source:** Australian occupational therapy journal; Apr 2017; vol. 64 (no. 2); p. 200-201

**Database:** Medline

-------------------------------------------------------------------

**Communities of practice: A means to support occupational therapists’ continuing professional development. A literature review.**

**Author(s):** Barry, Margot; Kuijer-Siebelink, Wietske; Nieuwenhuis, Loek; Scherpbier-de Haan, Nynke
Abstract: BACKGROUND This literature review investigates what research reports about the contribution that communities of practice (CoPs) can make in the continuing professional development (CPD) of qualified occupational therapists. METHODS Academic databases (CINAHL, MEDLINE and ERIC) were searched and articles were included based on pre-determined criteria. Five articles were included in the review. RESULTS The CoPs in the reviewed articles provided opportunities for knowledge sharing, knowledge translation, reflection on action and learning through boundary crossing. The presence of professionals with diverse perspectives was an important ingredient that facilitated CPD. CONCLUSION Research into the use of CoPs in occupational therapy is sparse. CoPs could provide a CPD forum for occupational therapists whether online or face to face. Practitioners are encouraged to participate in CoPs. Further research into the use of CoPs is recommended.

Database: Medline

-------------------------------------------------------------------

Practice education: A snapshot from Australian university programmes.

Author(s): Gustafsson, Louise; Brown, Ted; McKinstry, Carol; Caine, Anne-Maree

Source: Australian occupational therapy journal; Apr 2017; vol. 64 (no. 2); p. 159-169

Abstract: BACKGROUND/AIM Practice education is an integral component of the learning process for occupational therapy students. The dramatic increase in Australian occupational therapy programmes and students enrolled over the last decade is placing exponential demands on universities and practice education providers to meet accreditation and registration requirements. This study aimed to explore practice education from the perspectives of Australian occupational therapy university programmes. METHODS A purpose-designed survey was emailed to the heads of all Australian occupational therapy programmes. The survey gathered qualitative and quantitative data on courses offered, number of students, practice education hours and models, practice education administration and funding, and challenges for stakeholders. All data were summarised and are presented descriptively. RESULTS Responses were received from 21 (95.5%) Australian university occupational therapy programmes, with a total enrolment of 5569 undergraduate and 659 graduate-entry masters students. Practice education hours were predominantly in the later years of study and used an apprenticeship model for supervision. There was a trend for observation, simulation and service-learning experiences to be placed in the early years of programmes. Participants reported that the increasing student numbers presented difficulties within the changing clinical contexts. There was a call to re-examine the 1000-hour requirement for practice education. CONCLUSION Practice education is a critical issue for Australian occupational therapy. Increasing student numbers place mounting financial and resource demands on education programmes and practice education providers. There is a need for a national, collaborative approach to develop guidelines and processes to ensure sustainability relating to practice education.

Database: Medline

-------------------------------------------------------------------

Human rights in occupational therapy education: A step towards a more occupationally just global society.

Author(s): Crawford, Emma; Aplin, Tammy; Rodger, Sylvia

Source: Australian occupational therapy journal; Apr 2017; vol. 64 (no. 2); p. 129-136

Abstract: BACKGROUND/AIM Education on human rights will place occupational therapists in a strong position to address societal inequities that limit occupational engagement for many client groups. The imminent changes to the Minimum Standard for the Education of Occupational Therapists engender efforts towards social change and will require university-level human rights education. This education might enhance the profession’s influence on disadvantaged social structures in order to effect social change. To contribute to the evidence base for social change education in occupational therapy, this research aims to understand the knowledge, skills, confidence and learning experiences of occupational therapy students who completed a human rights course. METHODS Final year occupational therapy students responded to questionnaires which included listing human rights, a human rights scale measuring knowledge and confidence for working towards human rights, and open questions. Numbers of rights listed, knowledge scores and confidence scores were calculated. Responses to the open questions were thematically analysed. RESULTS After completing a human rights course, students had good knowledge and moderate confidence to work with human rights. Three themes were identified including ‘learning about human rights’, ‘learning about structural, societal and global perspectives on occupational engagement’ and ‘learning how
occupational therapists can work with groups, communities and populations: becoming articulate and empowered'. CONCLUSIONS Human rights education fosters the development of occupational therapists who are skilled, knowledgeable, confident and empowered to address occupational injustices, according to these research findings. To develop a more occupationally just global society, education that considers iniquitous social structures and human rights is necessary.

Database: Medline

Impact of an international workplace learning placement on personal and professional development.

Author(s): Davies, Kerryn; Curtin, Michael; Robson, Kristy
Source: Australian occupational therapy journal; Apr 2017; vol. 64 (no. 2); p. 121-128
Abstract: BACKGROUND/AIM Workplace learning (WPL) placements are a mandatory part of occupational therapy courses. There is some evidence that suggests WPL placements in international settings are beneficial for students' learning, and personal and professional development. The aim of this study was to explore the impact an international WPL placement in Vietnam had on the perceived personal and professional development of a group of Australian occupational therapy graduates. METHODS Interpretative phenomenological analysis was used to explore the perceptions of how participation in the Charles Sturt University School of Community Health's Vietnam placement influenced the personal and professional development of occupational therapy graduates. Individual semi-structured interviews were conducted with nine graduates who participated in the Vietnam placement when they were final year occupational therapy students. Interviews were audio-recorded, transcribed verbatim and individually analysed to identify key themes. FINDINGS Two major themes emerged from the analysis: becoming resourceful, resilient and confident, and becoming respectful of difference. The participants indicated that participation in the Vietnam placement had a positive impact on their personal and professional development. CONCLUSION Participants indicated that the Vietnam placement enabled them to develop their resourcefulness, resilience, reasoning skills, cultural competence, confidence and independence, beyond what they felt would have achieved on a domestic placement. For these reasons these participants found the placement a beneficial and worthwhile experience.

Database: Medline

Patient-mediated interventions are an under-utilised approach to increasing knowledge translation in occupational therapy.

Author(s): Laver, Kate
Source: Australian occupational therapy journal; Apr 2017; vol. 64 (no. 2); p. 89-90
Database: Medline

Evidence-based interventions for increasing work participation for persons with various disabilities: A systematic review

Author(s): Smith, Diane L.; Atmatzidis, Katie; Capogreco, Marisa; Lloyd-Randolfi, Dominic; Seman, Victoria
Source: OTJR: Occupation, Participation and Health; Apr 2017; vol. 37 (no. 2)
Abstract: Title I of the Americans With Disabilities Act prohibits discrimination in employment; however, 26 years later, employment rates for persons with disabilities hover at 34%. This systematic review investigates the effectiveness of evidence-based interventions to increase employment for people with various disabilities. Forty-six articles met the inclusion criteria for evidence-based interventions. The majority of studies assessed interventions for persons with mental health disabilities. Strong evidence was found for ongoing support and work-related social skills training prior to and during competitive employment for persons with mental health disabilities. Moderate evidence supported simulation and use of assistive technology, especially apps for cueing and peer support to increase work participation for persons with intellectual disabilities, neurological/ cognitive disabilities, and autism spectrum disorder. Many of the strategies to increase work participation were appropriate for occupational therapy intervention. Suggestions were made for research, specifically looking at more rigorous evaluation of strategies in the long term.
Outcomes and perceptions of annotated video feedback following psychomotor skill laboratories

Author(s): Truskowski, S.; VanderMolen, J.
Source: Journal of Computer Assisted Learning; Apr 2017; vol. 33 (no. 2); p. 97-105

Abstract: This study sought to explore the effectiveness of annotated video technology for providing feedback to occupational therapy students learning transfers, range of motion and manual muscle testing. Fifty-seven first-year occupational therapy students were split into two groups. One received annotated video feedback during a transfer lab and traditional feedback during an upper extremity assessment lab. The second group received the opposite forms of feedback during the same labs. Students completed an online survey regarding their perceptions of learning based on the type of feedback received, including both numerical and open-ended questions. Students receiving annotated feedback scored significantly higher on the transfer practical. There was no statistically significant difference in the outcomes of the upper extremity practical. Annotated video feedback appears to significantly improve student learning when video content and feedback matches the skill to be assessed. Despite these findings, students have mixed perceptions of this form of feedback.

A multidisciplinary model for treating complex trauma in early childhood

Author(s): Ryan, Katherine; Lane, Shelly J.; Powers, Denise
Source: International Journal of Play Therapy; Apr 2017; vol. 26 (no. 2); p. 111-123
Available in full text at International Journal of Play Therapy - from ProQuest

Abstract: Current neurodevelopmental research suggests that chronic and highly stressful environments and experiences, occurring during early development, have a strong negative impact on the neural architecture and overall brain development in young children. Evidence based practice suggests interventions which provide safe, relational, playful, regulatory directed, and repetitive sensory/motor qualities, geared to the developmental age of the child, will best meet child and family needs. Optimally meeting the needs of these children and their caregivers with a neurobiologically based approach requires a multidisciplinary team approach. Here we describe our multidisciplinary practice model and present the case of a "graduate" of our program. Our model is based on Perry’s neurosequential model of therapeutics approach to clinical reasoning, and emphasizes the healing power of safe relationships and the use of regulatory activities designed to activate specific brain regions. We also incorporate trauma informed play therapy to support relationship building and self-regulation, strengths-based and trauma informed early childhood education, occupational therapy emphasizing sensory integration for self-regulation, and caregiver therapy. We suggest that this multidisciplinary, multifaceted model of intervention for preschoolers with serious emotional disorders related to the developmental trauma is healing to both the child and caregiver and assists the child to reenter the educational system with more adaptive self-regulation tools and social emotional tools.

Speech & Language Therapy

Promoting lexical learning in the speech and language therapy of children with cochlear implants.

Author(s): Ronkainen, Riitta; Laakso, Minna; Lonka, Eila; Tykkyläinen, Tuula
Source: Clinical Linguistics & Phonetics; Apr 2017; vol. 31 (no. 4); p. 266-282
Database: CINAHL
Content analysis of the professional journal of the royal college of speech and language therapists, iii: 1966–2015—into the 21st century

Author(s): Armstrong, Linda; Stansfield, Jois; Bloch, Steven

Source: International Journal of Language & Communication Disorders; Apr 2017

Abstract: Background Following content analyses of the first 30 years of the UK speech and language therapy professional body's journal, this study was conducted to survey the published work of the speech (and language) therapy profession over the last 50 years and trace key changes and themes. Aim To understand better the development of the UK speech and language therapy profession over the last 50 years. Methods & Procedures All volumes of the professional journal of the Royal College of Speech and Language Therapists published between 1966 and 2015 (British Journal of Communication Disorders, European Journal of Communication Disorders and International Journal of Language and Communication Disorders) were examined using content analysis. The content was compared with that of the same journal as it appeared from 1935 to 1965. Outcomes & Results The journal has shown a trend towards more multi-authored and international papers, and a formalization of research methodologies. The volume of papers has increased considerably. Topic areas have expanded, but retain many of the areas of study found in earlier issues of the journal. Conclusions & Implications The journal and its articles reflect the growing complexity of conditions being researched by speech and language therapists and their professional colleagues and give an indication of the developing evidence base for intervention and the diverse routes which speech and language therapy practice has taken over the last 50 years.

Database: PsycINFO

Professionals' perspectives on delivering conversation therapy in clinical practice

Author(s): Sirman, Nicola; Beeke, Suzanne; Cruice, Madeline

Source: Aphasiology; Apr 2017; vol. 31 (no. 4); p. 465-494

Abstract: Background: Aphasia and other acquired language impairments have the potential to impact greatly on quality of life by disrupting everyday conversation. Different intervention approaches are available to speech and language therapists (SLTs), such as targeting the language impairment itself and/or addressing activity or participation barriers. Conversation therapy is one approach that is gaining in popularity, with a growing evidence base. However, it is not clear how SLTs currently use conversation approaches and what factors may influence delivery. Aims: To investigate how SLTs (i) define conversation therapy, (ii) deliver it in clinical practice, and identify (iii) any challenges faced. Methods & Procedures: An online survey and focus group explored how SLTs working in the south east of England currently deliver conversation therapy to support people with a range of communication disorders, in particular aphasia. Data were analysed using descriptive statistics and thematic content analysis. Outcomes & Results: A total of 50 SLTs completed the survey and 6 participants attended the focus group. Conversation therapy was found to be widely employed by participants, however there was considerable variation in the approaches used, and a number of major challenges were raised. SLTs reported delivering conversation therapy with a range of client groups and preferably working with the client and partner together. Conversation goals predominantly reflected an approach based on: (i) strategy use and/or total communication (TC), and (ii) Conversation Analysis. Three overarching themes around conversation therapy emerged from the focus group: (1) What is conversation therapy? (2) showing it works, and (3) complexities of delivering it. SLTs acknowledged the benefit of conversation therapy but felt they lacked the tools and skills needed to deliver it. Conclusions: SLTs wanted to use conversation therapy and desired clear outcome measures to demonstrate its effectiveness, but were not accessing the available evidence base, highlighting the ongoing difficulty of translating research into clinical practice. Whilst these data are limited by the small number of participants, the study provides a first view of how conversation therapy is articulated in practice. Further investigation of conversation therapy delivery is warranted with a larger sample of SLTs based across the United Kingdom, as is comparison with practice in other countries.

Database: PsycINFO

‘Now it is about me having to learn something …’ partners’ experiences with a Dutch conversation partner training programme (PACT)

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

Database: PsycINFO

Movement cognition and narration of the emotions treatment versus standard speech therapy in the treatment of children with borderline intellectual functioning: a randomized controlled trial.

Author(s): Blasi, V; Baglio, G; Baglio, F; Canevini, M P; Zanette, M

Source: BMC psychiatry; Apr 2017; vol. 17 (no. 1); p. 146

Available in full text at BMC Psychiatry - from BioMed Central

Abstract: BACKGROUND Borderline intellectual functioning (BIF) is defined as a "health meta-condition… characterized by various cognitive dysfunctions associated with an intellectual quotient (IQ) between 71 and 85 which determines a deficit in the individual's functioning both in the restriction of activities and in the limitation of social participation". It can be caused by many factors, including a disadvantaged background and prematurity. BIF affects 7-12% of primary school children that show academic difficulties due to poor executive functioning. In many children with BIF, language, movement and social abilities are also affected, making it difficult to take part in daily activities. Dropping out of school and psychological afflictions such as anxiety and depression are common in children with BIF. This study investigates whether an intensive rehabilitation program that involves all of the areas affected in children with BIF (Movement, Cognition and Narration of emotions, MCNT) is more effective than Standard Speech Therapy (SST).METHODS This is a multicenter interventional single blind randomized controlled study. Children aged between 6 to 11 years who attend a mainstream primary school and have multiple learning difficulties, behavioral problems and an IQ ranging between 85 to 70 have been enrolled. Participants are randomly allocated to one of three groups. The first group receives individual treatment with SST for 45 min, twice a week for 9 months. The second group receives the experimental treatment MCNT for 3 h per day, 5 days/week for 9 months and children work in small groups. The third group consists of children on a waiting list for the SST for nine months. DISCUSSION BIF is a very frequent condition with no ad hoc treatment. Over the long term, there is a high risk to develop psychiatric disorders in adulthood. Due to its high social impact, we consider it very important to intervene during childhood so as to intercept the remarkable plasticity of the developing brain. TRIAL REGISTRATION "Study Let them grow: A new intensive and multimodal Treatment for children with borderline intellectual functioning based on Movement, Cognition and Narration of emotions", retrospectively registered in ISRCTN Register with ISRCTN81710297 at 2017-01-09.

Database: Medline

Electropalatography and its correlation to tongue movement ultrasonography in speech analysis.

Author(s): Barberena, Luciana da Silva; Portalete, Caroline Rodrigues; Simoni, Simone Nicolini de; Prates, Ana Cristina Melo; Keske-Soares, Márcia; Mancopes, Renata

Source: CoDAS; Apr 2017; vol. 29 (no. 2); p. e20160106
Physiotherapy and Speech and Language therapy intervention for chronic cough.

Author(s): Birring, Surinder S; Floyd, Sarah; Reilly, Charles C; Siu Pan Cho, Peter

Source: *Pulmonary pharmacology & therapeutics*; Apr 2017

Abstract: There are few effective pharmacological therapies available to treat refractory chronic cough. Functional MRI studies of the brain have recently shown that patients with chronic cough have dysfunctional inhibitory control of cough. Self-management therapies delivered by physiotherapists or speech therapists are effective at suppressing cough. They enable patients to consciously suppress the urge to cough. The intervention consists of education, laryngeal hygiene, cough suppression and distraction measures and behaviour modification. The efficacy of Physiotherapy and Speech And Language Intervention (PSALTI) has been confirmed in two randomised control trials. In one trial, there was a 41% reduction in cough frequency with PSALTI, assessed objectively with the Leicester Cough Monitor, and a clinically significant improvement in quality of life. Importantly, the improvement in cough was sustained when therapy was discontinued. The addition of the Speech Pathology Treatment to neuromodulator drug therapy, Pregabalin has also been evaluated in a clinical trial. There was a clinically significant improvement in quality of life, and this was sustained when therapy was discontinued. The mechanism of action of PSALTI is not known and this should be investigated in future. Further studies are needed to identify the components of PSALTI that deliver the most benefit, and determine whether PSALTI is effective in cough associated with other chronic lung disorders.

Database: Medline

-----------------------------------------

Occupational therapy, physical therapy and speech-language pathology in the neonatal intensive care unit: Patterns of therapy usage in a level IV NICU.

Author(s): Ross, Katherine; Heiny, Elizabeth; Conner, Sandra; Spener, Patricia; Pineda, Roberta

Source: *Research in developmental disabilities*; Apr 2017; vol. 64 ; p. 108-117

Abstract: OBJECTIVES 1) To describe the use of occupational therapy (OT), physical therapy (PT) and speech-language pathology (SLP) services in a level IV neonatal intensive care unit (NICU), 2) to describe predictors of early therapy usage, and 3) to test the hypothesis that more NICU-based therapy will relate to better neurobehavorial outcomes. METHODS Seventy-nine infants born ≤32 weeks gestation had therapy interventions, as standard of care, tracked across NICU hospitalization. Infants received neurobehavorial testing prior to NICU discharge. RESULTS All (100%) received OT and PT, and 41 (51%) received SLP. The average age at initiation of OT, PT, and SLP was 30.4±1.4, 30.3±1.4, and 35.9±2.3 weeks postmenstrual age, respectively. Infants received therapy an average of 1.8±.4, 1.8±.4 and 1.1±.5 times per week for OT, PT and SLP, respectively. There were 56 different therapeutic interventions performed. There was overlap in the interventions provided by different NICU therapists; however, interventions unique to each discipline were identified. More therapy was not related to better neurobehavorial outcomes, but rather more frequent therapy could be attributed to more complex medical conditions (p<0.05). CONCLUSION Early therapy services in the NICU can start early in gestation and continue
routinely until NICU discharge in order to optimize outcomes. These findings can aid our understanding of how neonatal therapy services are implemented in a level IV NICU.

**Database:** Medline

---

**Cognitive-linguistic effort in multidisciplinary stroke rehabilitation: Decreasing vs. increasing cues for word retrieval.**

**Author(s):** Choe, Yu-Kyong; Foster, Tammie; Asselin, Abigail; LeVander, Meagan; Baird, Jennifer

**Source:** Neuropsychological rehabilitation; Apr 2017; vol. 27 (no. 3); p. 318-348

**Abstract:** Approximately 24% of stroke survivors experience co-occurring aphasia and hemiparesis. These individuals typically attend back-to-back therapy sessions. However, sequentially scheduled therapy may trigger physical and mental fatigue and have an adverse impact on treatment outcomes. The current study tested a hypothesis that exerting less effort during a therapy session would reduce overall fatigue and enhance functional recovery. Two stroke survivors chronically challenged by non-fluent aphasia and right hemiparesis sequentially completed verbal naming and upper-limb tasks on their home computers. The level of cognitive-linguistic effort in speech/language practice was manipulated by presenting verbal naming tasks in two conditions: Decreasing cues (i.e., most-to-least support for word retrieval), and Increasing cues (i.e., least-to-most support). The participants completed the same upper-limb exercises throughout the study periods. Both individuals showed a statistically significant advantage of decreasing cues over increasing cues in word retrieval during the practice period, but not at the end of the practice period or thereafter. The participant with moderate aphasia and hemiparesis achieved clinically meaningful gains in upper-limb functions following the decreasing cues condition, but not after the increasing cues condition. Preliminary findings from the current study suggest a positive impact of decreasing cues in the context of multidisciplinary stroke rehabilitation.

**Database:** Medline

---

**The effect of visual feedback and training in auditory-perceptual judgment of voice quality.**

**Author(s):** Barsties, Ben; Beers, Mieke; Ten Cate, Liesbeth; Van Ballegooijen, Karin; Braam, Lilian; De Groot, Merel; Van Der Kant, Marieke; Kruitwagen, Cas; Maryn, Youri

**Source:** Logopedics, phoniatrics, vocology; Apr 2017; vol. 42 (no. 1); p. 1-8

**Abstract:** The aim of the present investigation was to evaluate the effect of visual feedback on rating voice quality severity level and the reliability of voice quality judgment by inexperienced listeners. For this purpose two training programs were created, each lasting 2 hours. In total 37 undergraduate speech-language therapy students participated in the study and were divided into a visual plus auditory-perceptual feedback group (V+AF), an auditory-perceptual feedback group (AF), and a control group with no feedback (NF). All listeners completed two rating sessions judging overall severity labeled as grade (G), roughness (R), and breathiness (B). The judged voice samples contained the concatenation of continuous speech and sustained phonation. No significant rater reliability changes were found in the pre- and posttest between the three groups in every GRB-parameter (all p > 0.05). There was a training effect seen in the significant improvement of rater reliability for roughness within the NF and AF groups (all p < 0.05), and for breathiness within the V + AF group (p < 0.01). The rating of the severity level of roughness changed significantly after the training in the AF and V + AF groups (p < 0.01), and the breathiness severity level changed significantly after the training in the V + AF group (p < 0.01). The training of V + AF and AF may only minimally influence the reliability in the judgment of voice quality but showed significant influence on rating the severity level of GRB parameters. Therefore, the use of both visual and auditory anchors while rating as well as longer training sessions may be required to draw a firm conclusion.

**Database:** Medline

---

**Prosody Perception and Production in Children with Hearing Loss and Age- and Gender-Matched Controls.**

**Author(s):** Kalathottukaren, Rose Thomas; Purdy, Suzanne C; Ballard, Elaine

**Source:** Journal of the American Academy of Audiology; Apr 2017; vol. 28 (no. 4); p. 283-294
Abstract: BACKGROUND Auditory development in children with hearing loss, including the perception of prosody, depends on having adequate input from cochlear implants and/or hearing aids. Lack of adequate auditory stimulation can lead to delayed speech and language development. Nevertheless, prosody perception and production in people with hearing loss have received less attention than other aspects of language. The perception of auditory information conveyed through prosody using variations in the pitch, amplitude, and duration of speech is not usually evaluated clinically. PURPOSE This study (1) compared prosody perception and production abilities in children with hearing loss and children with normal hearing; and (2) investigated the effect of age, hearing level, and musicality on prosody perception. RESEARCH DESIGN Participants were 16 children with hearing loss and 16 typically developing controls matched for age and gender. Fifteen of the children with hearing loss were tested while using amplification (n = 9 hearing aids, n = 6 cochlear implants). Six receptive subtests of the Profiling Elements of Prosody in Speech-Communication (PEPS-C), the Child Paralanguage subtest of Diagnostic Analysis of Nonverbal Accuracy 2 (DANVA 2), and Contour and Interval subtests of the Montreal Battery of Evaluation of Amusia (MBEA) were used. Audio recordings of the children's reading samples were rated using a perceptual prosody rating scale by nine experienced listeners who were blinded to the children’s hearing status. STUDY SAMPLE Thirty two children, 16 with hearing loss (mean age = 8.71 yr) and 16 age- and gender-matched typically developing children with normal hearing (mean age = 8.87 yr).DATA COLLECTION AND ANALYSIS Assessments were completed in one session lasting 1-2 hours in a quiet room. Test items were presented using a laptop computer through loudspeaker at a comfortable listening level. For children with hearing loss using hearing instruments, all tests were completed with hearing devices set at their everyday listening setting. RESULTS All PEPS-C subtests and total scores were significantly lower for children with hearing loss compared to controls (p < 0.05). The hearing loss group performed more poorly than the control group in recognizing happy, sad, and fearful emotions in the DANVA 2 subtest. Musicality (composite MBEA scores and musical experience) was significantly correlated with prosody perception scores, but this link was not evident in the regression analyses. Regression modeling showed that age and hearing level (better ear pure-tone average) accounted for 55.4% and 56.7% of the variance in PEPS-C and DANVA 2 total scores, respectively. There was greater variability for the ratings of pitch, pitch variation, and overall impression of prosody in the hearing loss group compared to control group. Prosody perception (PEPS-C and DANVA 2 total scores) and ratings of prosody production were not correlated. CONCLUSIONS Children with hearing loss aged 7-12 yr had significant difficulties in understanding different aspects of prosody and were rated as having more atypical prosody overall than controls. These findings suggest that clinical assessment and speech-language therapy services for children with hearing loss should be expanded to target prosodic difficulties. Future studies should investigate whether musical training is beneficial for improving receptive prosody skills.

Database: Medline

Comparing dysphagia therapy in head and neck cancer patients in Australia with international healthcare systems.

Author(s): Lawson, Nadine; Krisciunas, Gintas P; Langmore, Susan E; Castellano, Kerlly; Sokoloff, William; Hayatbakhsh, Reza

Source: International journal of speech-language pathology; Apr 2017; vol. 19 (no. 2); p. 128-138

Abstract: PURPOSE The Australian healthcare system has invested heavily in multidisciplinary cancer care teams. Despite such investments, guidelines that clearly delineate standard of care dysphagia treatment are lacking and services provided to Head and Neck Cancer (HNC) patients are not always consistent. There is little consensus regarding the frequency and intensity of dysphagia therapy. This is largely due to a lack of well-designed clinical trials that establish the efficacy of any dysphagia therapy in this patient population. The aim of this study was to evaluate HNC dysphagia therapy patterns among Australian speech-language pathologists (SLPs).METHODA 22 question internet-based survey was administered to a web-based professional interest group. Results were analysed by institution type and individual clinical experience. RESULT A response rate of 46% was achieved (67 out of 144 surveyed). This survey identified several aspects of dysphagia management that were provided uniformly in addition to many aspects of care that showed a lack of consensus. CONCLUSION By comparing the results of this survey with existing international best-evidence treatment guidelines, the development of uniform Australian guidelines may be facilitated. However, more authoritative data on dysphagia treatment efficacy is needed to provide uniform evidence-based HNC dysphagia treatment guidelines.

Database: Medline
Cognitive-linguistic effort in multidisciplinary stroke rehabilitation: Decreasing vs. increasing cues for word retrieval

Author(s): Choe, Yu-kyong; Foster, Tammie; Asselin, Abigail; LeVander, Meagan; Baird, Jennifer

Source: Neuropsychological Rehabilitation; Apr 2017; vol. 27 (no. 3); p. 318-348

Abstract: Approximately 24% of stroke survivors experience co-occurring aphasia and hemiparesis. These individuals typically attend back-to-back therapy sessions. However, sequentially scheduled therapy may trigger physical and mental fatigue and have an adverse impact on treatment outcomes. The current study tested a hypothesis that exerting less effort during a therapy session would reduce overall fatigue and enhance functional recovery. Two stroke survivors chronically challenged by non-fluent aphasia and right hemiparesis sequentially completed verbal naming and upper-limb tasks on their home computers. The level of cognitive-linguistic effort in speech/language practice was manipulated by presenting verbal naming tasks in two conditions: Decreasing cues (i.e., most-to-least support for word retrieval), and Increasing cues (i.e., least-to-most support). The participants completed the same upper-limb exercises throughout the study periods. Both individuals showed a statistically significant advantage of decreasing cues over increasing cues in word retrieval during the practice period, but not at the end of the practice period or thereafter. The participant with moderate aphasia and hemiparesis achieved clinically meaningful gains in upper-limb functions following the decreasing cues condition, but not after the increasing cues condition. Preliminary findings from the current study suggest a positive impact of decreasing cues in the context of multidisciplinary stroke rehabilitation.

Database: PsycINFO

Promoting lexical learning in the speech and language therapy of children with cochlear implants

Author(s): Ronkainen, Riitta; Laakso, Minna; Lonka, Eila; Tykkyläinen, Tuula

Source: Clinical Linguistics & Phonetics; Apr 2017; vol. 31 (no. 4); p. 266-282

Abstract: 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.

Database: PsycINFO

Contribution of spoken language and socio-economic background to adolescents’ educational achievement at age 16 years

Author(s): Spencer, Sarah; Clegg, Judy; Stackhouse, Joy; Rush, Robert

Source: International Journal of Language & Communication Disorders; 2017; vol. 52 (no. 2); p. 184-196

Abstract: Background: Well-documented associations exist between socio-economic background and language ability in early childhood, and between educational attainment and language ability in children with clinically referred language impairment. However, very little research has looked at the associations between language ability, educational attainment and socio-economic background during adolescence, particularly in populations without language impairment. Aims: To investigate: (1) whether adolescents with higher educational outcomes overall had higher language abilities; and (2) associations between adolescent language ability, socio-economic background and educational outcomes, specifically in relation to Mathematics, English Language and English Literature GCSE grade. Method & Procedures: A total of 151 participants completed five standardized language assessments measuring vocabulary, comprehension of sentences and spoken paragraphs, and narrative skills and one nonverbal assessment when between 13 and 14 years old. These data were compared with the participants’ educational achievement obtained upon leaving secondary education (16 years old). Univariate logistic regressions...
were employed to identify those language assessments and demographic factors that were associated with achieving a targeted A–C grade in English Language, English Literature and Mathematics General Certificate of Secondary Education (GCSE) at 16 years. Further logistic regressions were then conducted to examine further the contribution of socio-economic background and spoken language skills in the multivariate models. Results & Outcomes: Vocabulary, comprehension of sentences and spoken paragraphs, and mean length utterance in a narrative task along with socio-economic background contributed to whether participants achieved an A–C grade in GCSE Mathematics and English Language and English Literature. Nonverbal ability contributed to English Language and Mathematics. The results of multivariate logistic regressions then found that vocabulary skills were particularly relevant to all three GCSE outcomes. Socio-economic background only remained important for English Language, once language assessment scores and demographic information were considered. Conclusions & Implications: Language ability, and in particular vocabulary, plays an important role for educational achievement. Results confirm a need for ongoing support for spoken language ability throughout secondary education and a potential role for speech and language therapy provision in the continuing drive to reduce the gap in educational attainment between groups from differing socio-economic backgrounds.

Database: PsycINFO

---

**General**

**Falls in people with Parkinson's disease: A prospective comparison of community and home-based falls.**

**Author(s):** Lamont, Robyn M; Morris, Meg E; Menz, Hylton B; McGinley, Jennifer L; Brauer, Sandra G

**Source:** Gait & posture; Apr 2017; vol. 55 ; p. 62-67

**Abstract:** BACKGROUND Falls are common and debilitating in people with Parkinson's disease (PD) and restrict participation in daily activities. Understanding circumstances of falls in the community and at home may assist clinicians to target therapy more effectively. OBJECTIVE To compare the characteristics of community and home fallers and the circumstances that contribute to falls in people living with PD. METHODS People with mild-moderately severe PD (n=196) used a daily falls diary and telephone hotline to report prospectively the occurrence, location and circumstances of falls over 14 months. RESULTS 62% of people with PD fell, with most falling at least once in the community. Compared to people who fell at home, the community-only fallers had shorter durations of PD (p=0.012), less severe disease (p=0.008) and reported fewer falls in the year prior to the study (p=0.003). Most falls occurred while people were ambulant, during postural transitions and when medication was working well. Community-based falls were frequently attributed to environmental factors such as challenging terrains (p<0.001), high attention demands (p=0.029), busy or cluttered areas (p<0.001) and tasks requiring speed (p=0.020). Physical loads were more often present in home than community-based falls (p=0.027). CONCLUSION Falls that occur in the community typically affect people with earlier PD and less severe disease than home-based falls. Individuals experiencing community-based falls may benefit from physiotherapy to manage challenging environments and high attention demands.

Database: Medline

---

**Wearable Sensor-Based Biofeedback Training for Balance and Gait in Parkinson Disease: A Pilot Randomized Controlled Trial.**

**Author(s):** Carpinella, Ilaria; Cattaneo, Davide; Bonora, Gianluca; Bowman, Thomas; Martina, Laura; Montesano, Angelo; Ferrarin, Maurizio

**Source:** Archives of physical medicine and rehabilitation; Apr 2017; vol. 98 (no. 4); p. 622

**Abstract:** OBJECTIVES To analyze the feasibility and efficacy of a novel system (Gamepad [GAMing Experience in PArkinson's Disease]) for biofeedback rehabilitation of balance and gait in Parkinson disease (PD). DESIGN Randomized controlled trial. SETTING Clinical rehabilitation gym. PARTICIPANTS Subjects with PD (N=42) were randomized into experimental and physiotherapy without feedback groups. INTERVENTIONS Both groups underwent 20 sessions of training for balance and gait. The experimental group performed tailored functional tasks using Gamepad. The system, based on wearable inertial sensors, provided users with real-time visual and acoustic feedback about their movement during the exercises. The physiotherapy group underwent individually structured physiotherapy without feedback. MAIN OUTCOME
MEASURES Assessments were performed by a blinded examiner preintervention, postintervention, and at 1-month follow-up. Primary outcomes were the Berg Balance Scale (BBS) and 10-m walk test (10MWT). Secondary outcomes included instrumental stabilometric indexes and the Tele-healthcare Satisfaction Questionnaire. RESULTS Gamepad was well accepted by participants. Statistically significant between-group differences in BBS scores suggested better balance performances of the experimental group compared with the physiotherapy without biofeedback group both posttraining (experimental group-physiotherapy without biofeedback group: mean, 2.3±3.4 points; P=.047) and at follow-up (experimental group-physiotherapy without biofeedback group: mean, 2.7±3.3 points; P=.018). Posttraining stabilometric indexes showed that mediolateral body sway during upright stance was significantly reduced in the experimental group compared with the physiotherapy without biofeedback group (experimental group-physiotherapy without biofeedback group: -1.6±1.5mm; P=.003). No significant between-group differences were found in the other outcomes. CONCLUSIONS Gamepad-based training was feasible and superior to physiotherapy without feedback in improving BBS performance and retaining it for 1 month. After training, 10MWT data were comparable between groups. Further development of the system is warranted to allow the autonomous use of Gamepad outside clinical settings, to enhance gait improvements, and to increase transfer of training effects to real-life contexts.

Database: Medline

Exercise training on skill-related physical fitness in adolescents with intellectual disability: A systematic review and meta-analysis.

Author(s): Jeng, Shiau-Chian; Chang, Chia-Wei; Liu, Wen-Yu; Hou, Yu-Jen; Lin, Yang-Hua
Source: Disability and health journal; Apr 2017; vol. 10 (no. 2); p. 198-206
Abstract: BACKGROUND Skill-related fitness (SRF) is a component of physical fitness related to sports or occupational performance. Adolescents with intellectual disability (ID) can take advantage of SRF for enhancing work performance and enjoying participation with peers in leisure activities. However, few studies have examined the benefits of exercise on SRF in adolescents with ID.OBJECTIVE This study synthesized the results from the reviewed studies and determined whether exercise training improves SRF in adolescents with ID.METHODS We searched ten electronic databases and used the Physiotherapy Evidence Database (PEDro) scale to assess the methodological quality of included studies. This study pooled quantitative data where possible in statistical meta-analyses. Therefore, the results of our systematic review and meta-analyses should be interpreted with caution.

Database: Medline

Modulation of the sensorimotor system by sustained manual pressure stimulation.

Author(s): Hok, Pavel; Opavský, Jaroslav; Kutín, Miroslav; Tüdös, Zbyněk; Kaňovský, Petr; Hluštík, Petr
Source: Neuroscience; Apr 2017; vol. 348 ; p. 11-22
Abstract: In Vojta physiotherapy, also known as reflex locomotion therapy, prolonged peripheral pressure stimulation induces complex generalized involuntary motor responses and modifies subsequent behavior, but its neurobiological basis remains unknown. We hypothesized that the stimulation would induce sensorimotor activation changes in functional magnetic resonance imaging (fMRI) during sequential finger opposition. Thirty healthy volunteers (mean age 24.2) underwent two randomized fMRI sessions involving manual pressure stimulation applied either at the right lateral heel according to Vojta, or at the right lateral ankle (control site). Participants were scanned before and after the stimulation when performing auditory-paced sequential finger opposition with their right hand. Despite an extensive activation decrease following both stimulation paradigms, the stimulation of the heel specifically led to an increase in task-related activation in the predominantly contralateral pontomedullary reticular formation and bilateral posterior cerebellar hemisphere and vermis. Our findings suggest that sustained pressure stimulation of the foot is associated with differential short-term changes in hand motor task-related activation depending on the stimulation. This is the first evidence for brainstem modulation after peripheral pressure stimulation,
suggesting that the after-effects of reflex locomotion physiotherapy involve a modulation of the pontomedullary reticular formation.

**Pre-surgery exercise and post-operative physical function of people undergoing knee replacement surgery: A systematic review and meta-analysis of randomized controlled trials.**

**Author(s):** Peer, Maria A; Rush, Robert; Gallacher, Peter D; Gleeson, Nigel

**Source:** Journal of rehabilitation medicine; Apr 2017; vol. 49 (no. 4); p. 304-315

Available in full text at Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation) - from EBSCO host

**Abstract:** OBJECTIVE To summarize the evidence regarding the effectiveness and dose-response characteristics of pre-operative exercise programmes on post-operative physical function following total knee arthroplasty. DATA SOURCES CINAHL, Cochrane Library, PubMed, SPORT Discus and EMBASE. STUDY SELECTION Randomized controlled trials were eligible if they provided full description of physiological stress (i.e. mode, frequency, intensity and duration). DATA EXTRACTION Data extraction and evaluation were performed by one reviewer. Methodological quality of the selected studies was assessed using the Physiotherapy Evidence Database scale. DATA SYNTHESIS Twelve candidate studies were identified, but only 3 papers satisfied all inclusion criteria: 2 studies evaluated the effect of resistance training and 1 trial investigated proprioceptive training. The latter study elicited significantly enhanced post-operative gains in function for indices of standing balance (overall stability index: Hedges’ g = -1; anteroposterior stability index: Hedges’ g = -1.15; 6 weeks post-surgery). Results of meta-analysis based on the findings of 2 studies showed that, compared with controls, prehabilitative exercise involving resistance training offered no additional gains in isometric quadriceps muscle strength at 6 and 12 weeks post-operatively. CONCLUSION Despite a potential for efficacy of exercise-based conditioning, this review highlights the scarcity of robust dose-response evidence to guide the formulation of total knee arthroplasty prehabilitation effectively.

**Rehabilitation Services Use and Patient Reported Outcomes among Older Adults in the United States.**

**Author(s):** Gell, Nancy M; Mroz, Tracy M; Patel, Kushang V

**Source:** Archives of physical medicine and rehabilitation; Apr 2017

**Abstract:** OBJECTIVES To characterize rehabilitation service use among community-dwelling older adults in the United States by identifying predictors of rehabilitation utilization, patient-reported functional improvement and rehabilitation goal attainment. DESIGN Cross-sectional analysis of the 2015 National Health and Aging Trends Study, which used an age-stratified, multistage sampling design and oversampled non-Hispanic Blacks and the oldest old (≥85 years). SETTING Standardized, in-person home interviews and physical performance testing. PARTICIPANTS A nationally representative sample of community-dwelling Medicare beneficiaries (N=7487), ages ≥65 years. INTERVENTIONS Not applicable. MAIN OUTCOME MEASURE(S) Rehabilitation services use (physical therapy, occupational therapy, speech therapy) across all settings in the past year, patient-reported functional improvement and patient-reported rehabilitation goal attainment. RESULTS Twenty percent of older adults reported rehabilitation use in the past year. In a multivariable model, rehabilitation use was significantly lower among Black non-Hispanics and higher among those with higher education, chronic medical conditions, pain, history of falls, and severe limitations in physical performance. Overall, 72% reported functional improvement during rehabilitation and 75% reported meeting their goals by discharge. Improved function was associated with longer duration of rehabilitation. A significantly lower percentage of older adults with bothersome pain and severe physical limitations reported meeting rehabilitation goals. CONCLUSIONS The majority of older adults who received rehabilitation reported functional improvement and meeting rehabilitation goals. However, social disparities were evident with lower rehabilitation utilization among non-Hispanic Blacks and those with less education. Importantly, functional improvement and goal attainment did not vary by demographics or diagnoses. Longer duration of rehabilitation and improved pain management may be necessary for functional improvement and goal attainment.
Effect of daily use of electronic checklist on physical rehabilitation consultations in critically ill patients.

Author(s): Ali, Rashid; Cornelius, Patrick J; Herasevich, Vitaly; Gajic, Ognjen; Kashyap, Rahul

Source: Journal of critical care; Apr 2017; vol. 38 ; p. 357-361

Abstract: RATIONALE In intensive care unit (ICU) practice, great emphasis is placed on the functional stabilization of the major organ systems, sometimes at the expense of physical rehabilitation. Checklists have shown to be an effective tool for standardizing care models. Our aim was to study the effect of the use of an electronic checklist on occupational therapy/physical therapy (OT-PT) consults in critically ill patients. METHODS A retrospective observational study of all adults admitted for the first time in an academic medical ICU in year 2014 was conducted. The patient demographics, outcomes, checklist use, and physical therapy consults were collected from Electronic Medical Records (EMR). RESULTSA total of 2399 unique patients were admitted to the medical ICU, 55% were male and median (IQR) age was 65 (52-77) years. A total of 17% of patients received OT-PT consults among patients with checklist use (N=1897), and among non-checklist user (N=502), it was 7.6%. The total time of OT-PT administered in the ICU was 48 vs 31 min, p=0.08. The patients who received the daily electronic checklist had high medical acuity but had lower ICU mortality. Hospital mortality was found to be no different. CONCLUSIONS The use of the electronic checklist in the ICU was associated with increased number of the OT-PT consults.

Factors Impacting Sense of Community Among Adults With Brain Injury

Author(s): Ditchman, Nicole; Chan, Fong; Haak, Christopher; Easton, Amanda B.

Source: Rehabilitation Psychology; Apr 2017

Available in full text at Rehabilitation Psychology - from ProQuest

Abstract: Purpose: Despite increasing interest in examining community outcomes following disability, sense of community (SOC) has received relatively no attention in the rehabilitation literature. SOC refers to feelings of belonging and attachment one has for a community and is of particular relevance for people with brain injury who are at increased risk of social isolation. The aim of this study was to investigate factors contributing to SOC for individuals with brain injury. Method: Members from 2 brain injury associations (n = 98) participated in this survey-based study. Hierarchical regression analysis was used to explore demographic, disability-related, community and social participation variables’ impact on SOC with regard to one’s town or city. Follow-up mediation analyses were conducted to explore relationships among social self-efficacy, support network, neighboring behavior, and SOC. Results: Findings indicated that disability-related and community variables accounted for over 40% of the variance in SOC. Size of social support network was the only significant independent contributor to SOC variance. Follow-up analyses provided support for (a) the partial mediating effect of social support network size on the relationship between social self-efficacy and SOC, and (b) the mediating effect of neighboring behavior on the relationship between social self-efficacy and social support network size. Conclusions: Findings from this study highlight the particular importance of self-efficacy, social support, and neighboring behaviors in promoting SOC for people with brain injury. Recommendations are provided to advance research efforts and inform intervention approaches to improve the felt experience of community among people with brain injury.

(PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) Impact statement

Impacts and Implications—Although community participation is gaining attention as an important outcome consideration following disability, indicators such as individuals’ felt experience of community, known as sense of community, have received less attention in the rehabilitation literature. This study is the first to examine predictors of sense of community for adults with brain injury. Integrating research and theory from the community psychology and brain injury literature, a conceptual model for examining salient factors promoting sense of community is presented. Findings from this study highlight the particular importance of self-efficacy, social support, and prosocial neighboring behaviors in promoting sense of community for people with brain injury. Recommendations based on these findings will advance research efforts related to sense of community and inform intervention approaches to improve rehabilitation outcomes for people with brain injury. This study calls attention to the importance of considering sense of community when assessing community participation outcomes for people with brain injury, and
Change in Explicit and Implicit Motivation Toward Physical Activity and Sedentary Behavior in Pulmonary Rehabilitation and Associations With Postrehabilitation Behaviors

**Author(s):** Chevance, Guillaume; Héraud, Nelly; Varray, Alain; Boiché, Julie

**Source:** Rehabilitation Psychology; Apr 2017

Available in full text at Rehabilitation Psychology - from ProQuest

**Abstract:** Objective: The aim of this study was twofold: (a) to determine whether Theory of Planned Behavior (TPB) variables and implicit attitudes toward physical activity and sedentary behavior would change during a 5-week pulmonary rehabilitation (PR) program, and (b) to investigate the relationships between behavioral intentions, implicit attitudes, physical activity, and sedentary behavior in postrehabilitation. Design: Out of 142 patients with respiratory disease included in this study, 119 completed 2 questionnaires measuring TPB variables with regard to physical activity and sedentary behavior, and an Implicit Association Test (IAT) measuring implicit attitudes toward physical activity in contrast to sedentary behavior. The TPB questionnaires and the IAT were administered at the beginning (Time 1) and the end of the program (Time 2). Six months after the program (Time 3), 62 patients provided self-reported measures of their recreational physical activity and screen-based, leisure-time sedentary behavior. Results: Over the course of pulmonary rehabilitation, perceived behavioral control and intentions toward physical activity increased, as did social norms and perceived behavioral control toward sedentary behavior; implicit attitudes were also more positive toward physical activity. Implicit attitudes at the end of PR (Time 2) were significantly associated with postrehabilitation physical activity (Time 3). Conclusions: TPB variables toward physical activity and sedentary behavior as well as implicit attitudes were enhanced during PR. At 6 months, implicit attitudes were significantly associated with physical activity. These results suggest that motivation, particularly implicit attitudes, should be targeted in future behavioral interventions in order to optimize the effects of rehabilitation on physical activity maintenance. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) Impact statementImpact and Implications—Understanding the maintenance of an active lifestyle after pulmonary rehabilitation is challenging. This study is the first to explore the role of both implicit and explicit motivational variables as outcomes of pulmonary rehabilitation and predictors of postrehabilitation behaviors. The study highlighted that certain, but not all, explicit and implicit motivational variables could be enhanced during pulmonary rehabilitation. However, only implicit motivational factors were significantly associated with postrehabilitation physical activity in this study. Results suggest to consider both explicit and implicit motivation as an important outcome in pulmonary rehabilitation context. Implicit motivational processes could be a relevant determinant to target in future experimental studies and behavioral interventions.

Disability Identity Development: A Systematic Review of the Literature

**Author(s):** Forber-Pratt, Anjali J.; Lyew, Dominique A.; Mueller, Carlyln; Samples, Leah B.

**Source:** Rehabilitation Psychology; Apr 2017

Available in full text at Rehabilitation Psychology - from ProQuest

**Abstract:** Purpose/Objective: The purpose of this systematic review was to synthesize existing empirical research on disability identity development. This review is organized to present the demographics of participants and types of disabilities represented in the existing data, measures of disability identity development and theoretical models of disability identity development. Method: Electronic databases (EBSCO, PsycINFO, ERIC, and Sociological Abstracts) were searched for all peer reviewed empirical studies published between 1980 and 2017. Articles were excluded if they were theoretical and/or did not include participants with disabilities, or focused on a disability-specific community identity rather than general disability identity. Results: Empirical articles (N = 41) were included in the final review. An overwhelming majority (75.6%) were qualitative in nature, with only 22% of the articles reviewed being quantitative and only 1 that utilized a mixed methods design. The results suggest that disability identity can be considered a unique phenomenon that shapes persons’ ways of seeing themselves, their bodies, and their way of interacting with the world. Conclusions/Implications: Disability identity development has the
potential to become an important factor in developing effective interventions and/or therapies. Identity development is a fundamentally social process, and identities are formed through mirroring, modeling, and recognition through available identity resources, and so it is imperative that able-bodied professionals (i.e., rehabilitation professionals, therapists, teachers and caregivers) working with individuals with disabilities become aware of this developmental process to be able to better support individuals along this journey. (PsycINFO Database Record (c) 2017 APA, all rights reserved) （Source: journal abstract）

Impact statement

Impact and Implications—The results suggest that disability identity can be considered a unique phenomenon that shapes persons’ ways of seeing themselves, their bodies, their ways of interacting with the world and adapting to his or her disability. The phenomenon of disability identity development has been studied primarily through qualitative methods that focus on individual experiences. There is a great need for more rigorous large-scale studies as well as better measurement tools to assess disability identity development. Few studies investigated preventative or predictive variables that account for or hinder the development of a person’s disability identity. By better exploring this, interventions and therapies could be more appropriately tailored and timed to allow for maximal benefits for the person with a disability. Rehabilitation professionals are on the frontlines with helping newly diagnosed and/or injured individuals and are often the connector to the broader disability community, therefore, it is paramount that these professionals have a better understanding of the psychological process of disability identity development to better meet their clients’ needs in an affirming way.

Database: PsycINFO

-------------------------------------------------------------------

Time Course of Motor Gains Induced by Music-Supported Therapy After Stroke: An Exploratory Case Study

Author(s): Grau-Sánchez, Jennifer; Ramos, Neus; Duarte, Esther; Särkämö, Teppo; Rodriguez-Fornells, Antoni

Source: Neuropsychology; Apr 2017

Available in full text at Neuropsychology - from ProQuest

Abstract: Objective: Previous studies have shown that Music-Supported Therapy (MST) can improve the motor function and promote functional neuroplastic changes in motor areas; however, the time course of motor gains across MST sessions and treatment periods remain unknown. The aim of this study was to explore the progression of the rehabilitation of motor deficits in a chronic stroke patient for a period of 7 months. Method: A reversal design (ABAB) was implemented in a chronic stroke patient where no treatment was provided in the A periods and MST was applied in the B periods. Each period comprised of 4 weeks and an extensive evaluation of the motor function using clinical motor tests and 3D movement analysis was performed weekly. During the MST periods, a keyboard task was recorded daily. A follow-up evaluation was performed 3 months after the second MST treatment. Results: Improvements were observed during the first sessions in the keyboard task but clinical gains were noticeable only at the end of the first treatment and during the second treatment period. These gains were maintained in the follow-up evaluation. Conclusions: This is the first study examining the pattern of motor recovery progression in MST, evidencing that gradual and continuous motor improvements are possible with the repeated application of MST training. Fast-acquisition in specific motor abilities was observed at the beginning of the MST training but generalization of these improvements to other motor tasks took place at the end or when another treatment period was provided. (PsycINFO Database Record (c) 2017 APA, all rights reserved) （Source: journal abstract）

Impact statement

General Scientific Summary—This study examined the progression of the motor and functional gains of a chronic stroke patient treated with Music-Supported Therapy during 2 different periods. The patient showed significant clinical motor improvements at the end of the first and second treatment periods. Some of these gains were maintained over time in a follow-up evaluation performed at 3 months.

Database: PsycINFO

-------------------------------------------------------------------

Acute effects of exercise posture on executive function in transient ischemic attack patients

Author(s): Faulkner, James; Stoner, Lee; Grigg, Rebecca; Fryer, Simon; Stone, Keeron; Lambrick, Danielle

Source: Psychophysiology; Apr 2017
Abstract: In patients with stroke or transient ischemic attacks (TIA), a decline in executive function may limit an individual's ability to process motor tasks and relearn motor skills. The purpose of this study was to assess the acute effect of exercise posture (seated vs. supine cycle ergometry) on executive function and prefrontal cortex perfusion in patients with TIA. Eleven TIA patients (65 ± 10 years) and 15 age-matched, healthy controls (HC; 62 ± 7 years) completed two exercise tests to maximal capacity (one seated, one supine) and two 30-min submaximal exercise tests (one seated, one supine). Executive function was assessed prior to and following (1.5 min post, 15 min post) the submaximal exercise tests using a Stroop task. Prefrontal cortex perfusion (total hemoglobin) was continuously recorded using near-infrared spectroscopy. There was no Posture (seated, supine) × Group (TIA, HC) interaction for the Stroop task (p > .05). HC completed Stroop tasks significantly faster than TIA (51.9[SD = 10.3] vs. 64.2[8.5] s, respectively), while Stroop completion time significantly improved between baseline and 1.5 min post (61.3[10] vs. 58.1[9.4] s, respectively) and 1.5 min post and 15 min post (54.8[8.9] s). Posture and group had no significant influence on prefrontal cortex perfusion (p > .05). In summary, executive function improves to a similar extent in TIA and age-matched, healthy controls following an acute bout of exercise, regardless of exercise posture. As acute improvements in executive function were maintained for 15 min, there could be an important window of opportunity for assigning executive tasks following exercise rehabilitation for patients with TIA.

Database: PsycINFO

Beyond These Walls: Can Psychosocial Clubhouses Promote the Social Integration of Adults With Serious Mental Illness in the Community?

Author(s): Gumber, Shinakkee; Stein, Catherine H.

Source: Psychiatric Rehabilitation Journal; Apr 2017

Available in full text at Psychiatric Rehabilitation Journal - from ProQuest

Abstract: Objective: The study examined factors associated with community integration experiences of adults with serious mental illness who were members of psychosocial rehabilitation clubhouses in New York City. Method: Ninety-two clubhouse members completed an online survey. The study examined relative contribution of adults’ reports of individual factors (self-reported psychiatric symptoms, self-esteem), community supports (self-reported employment status and perceived family support), and the clubhouse environment (self-reported time spent in the clubhouse, clubhouse supportiveness, and practical orientation) in accounting for variation in members’ reports of social integration within the clubhouse and within the larger community. Results: Hierarchical linear regression results suggest a differential pattern of variables associated with participants’ experience of social integration within the clubhouse versus outside the clubhouse with the larger non-mental-health consumers. Adults’ reports of more time spent in the clubhouse and perceptions of clubhouse environment as having a more practical orientation were associated with adults’ reports of greater social integration within the clubhouse. In contrast, greater self-esteem and being independently employed were associated with greater social integration outside the clubhouse. Perceived family support was associated with higher levels of social integration both within and outside the clubhouse setting. Conclusion and Implication for Practice: Greater social integration of clubhouse members both in and outside the clubhouse environment is essential in understanding community integration. Recommendations for the clubhouse model to improve community integration experiences of its members are discussed.

Database: PsycINFO

Mindful creativity matters: Trajectories of reported functioning after severe traumatic brain injury as a function of mindful creativity in patients’ relatives: A multilevel analysis

Author(s): Haller, Chiara S.; Bosma, Colin M.; Kapur, Kush; Zafonte, Ross; Langer, Ellen J.

Source: Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation; Apr 2017; vol. 26 (no. 4); p. 893-902

Abstract: Objective: The objective of the present investigation was to examine the association of mindful creativity with the trajectory of recovery (emotional, interpersonal, cognitive, and total functioning) of patients with severe TBI. Methods: This was drawn from a subsample of an adult prospective cohort study on severe TBI in Switzerland; patients and their relatives were assessed at 3, 6, and 12 months (patients N = 176, relatives N = 176). Predictor measures were assessed using Mindful Creativity Scale—short form and time (trajectory of functioning of the patient over time). Outcome measures were assessed using
A preliminary investigation into the psychometric properties of the Dublin Extrapersonal Neglect Assessment (DENA): A novel screening tool for extrapersonal neglect

Author(s): Cunningham, Libby J.; O'Rourke, Killian; Finlay, Ciara; Gallagher, MaryBeth

Source: Neuropsychological Rehabilitation; Apr 2017; vol. 27 (no. 3); p. 349-368

Abstract: Extrapersonal neglect is one clinical manifestation that can occur following stroke. Existing neglect assessment procedures have been criticised for lengthy administration and do not assess how extrapersonal space is affected. This study investigated the psychometric properties of a new, time-efficient screening tool for extrapersonal neglect. Full ethical approval was granted and consent obtained from 50 participants with first-time stroke. Participants were screened for extrapersonal neglect on two consecutive days by two raters using the Dublin Extrapersonal Neglect Assessment (DENA) to test inter-rater reliability. Construct validity of the DENA was investigated by comparing the DENA to the Catherine Bergego Scale (CBS). Additional analyses were calculated between the DENA and the extrapersonal items of the CBS (CBS-E). The kappa statistic, intraclass correlation coefficients (ICCs) and Bland Altman analyses were calculated to determine excellent inter-rater reliability (ICC 0.971, κ = .876) and significant correlation between the DENA and the CBS and CBS-E (ICC 0.870, 0.934, κ = .793, .833, respectively). Bland Altman analyses demonstrated acceptable levels of agreement between the DENA raters, and the DENA and CBS, with no systematic differences evident. The DENA provides clinicians with a quick and psychometrically sound screening tool for extrapersonal neglect to ensure this impairment is addressed in stroke rehabilitation.

Cognitive-linguistic effort in multidisciplinary stroke rehabilitation: Decreasing vs. increasing cues for word retrieval

Author(s): Choe, Yu-kyong; Foster, Tammie; Asselin, Abigail; LeVander, Meagan; Baird, Jennifer

Source: Neuropsychological Rehabilitation; Apr 2017; vol. 27 (no. 3); p. 318-348

Abstract: Approximately 24% of stroke survivors experience co-occurring aphasia and hemiparesis. These individuals typically attend back-to-back therapy sessions. However, sequentially scheduled therapy may trigger physical and mental fatigue and have an adverse impact on treatment outcomes. The current study tested a hypothesis that exerting less effort during a therapy session would reduce overall fatigue and enhance functional recovery. Two stroke survivors chronically challenged by non-fluent aphasia and right hemiparesis sequentially completed verbal naming and upper-limb tasks on their home computers. The level of cognitive-linguistic effort in speech/language practice was manipulated by presenting verbal naming tasks in two conditions: Decreasing cues (i.e., most-to-least support for word retrieval), and Increasing cues (i.e., least-to-most support). The participants completed the same upper-limb exercises throughout the study periods. Both individuals showed a statistically significant advantage of decreasing cues over increasing cues in word retrieval during the practice period, but not at the end of the practice period or thereafter. The participant with moderate aphasia and hemiparesis achieved clinically meaningful gains in upper-limb functions following the decreasing cues condition, but not after the increasing cues condition. Preliminary findings from the current study suggest a positive impact of decreasing cues in the context of multidisciplinary stroke rehabilitation.
Toward a successful vocational rehabilitation in adults with disabilities: Does residential arrangement matter?

**Author(s):** Langi, F. L. Fredrik G.; Oberoi, Ashmeet; Balcazar, Fabricio E.

**Source:** Journal of Prevention & Intervention in the Community; Apr 2017; vol. 45 (no. 2); p. 124-137

**Abstract:** The objective of this study was to assess whether successful vocational rehabilitation (that is, obtaining employment) among people with disabilities was affected by residential arrangement. Five groups of residential placement were considered: individuals living in a private residence, community or group residential, correctional and rehabilitation facilities, nursing home/mental health facilities, and homeless/shelter/other type of residential arrangement. The study involved a total of 46,570 vocational rehabilitation consumers aged 18 to 65 at referral in a Midwestern state. Statistical modeling was performed using quasibinomial logistic regression. It was found that compared to individuals living in private residences, those in correctional or rehabilitation facilities were at increased odds of successful rehabilitation, whereas those living in homeless/shelter/other residential arrangement and those living in nursing homes/mental health facilities were in significantly decreased odds of being rehabilitated. Individuals living in community or group residential, however, had no statistical difference in vocational rehabilitation outcomes compared to individuals living in private residences. The implications for rehabilitation research and practice are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

Clinical tools designed to assess motor abilities in children with cerebral palsy

**Author(s):** Pavão, Silvia L.; Silva, Fernanda P. S.; Dusing, Stacey C.; Rocha, Nelci Adriana C. F.

**Source:** Developmental Neurorehabilitation; Apr 2017; vol. 20 (no. 3); p. 149-159

**Abstract:** Objective: This systematic review aimed to list the tools used by rehabilitation professionals to test motor abilities in children with cerebral palsy (CP), to determine if these tools have psychometric properties specifically measured for CP, and to identify the main characteristics of these tools. Method: Web of Science, PEDro, PubMed/MEDLINE, Science Direct, and SciELO databases were searched to identify the tools. PubMed/MEDLINE was then searched to identify the studies assessing those tools’ psychometric properties. The agreement-based standards for the selection of health measurement tools and the Terwee criteria were used to assess the quality and the results of each included study, respectively. Results: Eighteen tools were identified. The psychometric properties of many of the tools used with children with CP have not been evaluated for this population. Conclusion: The psychometric properties evaluated often have a poor methodological quality of measurement. Overall, we suggest the tools with most empirical support to evaluate children with CP.

**Database:** PsycINFO
Resources on the web

www.evidence.nhs.uk

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).

Browse the Library catalogue

http://cwpt.wordpress.ptfs-europe.co.uk

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

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
<table>
<thead>
<tr>
<th>Library Name</th>
<th>Address</th>
<th>Telephone Number</th>
<th>Email Address</th>
<th>Library Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sciences Library</td>
<td>Caludon Centre, Clifford Bridge Road, Coventry</td>
<td>02476 967928</td>
<td><a href="mailto:caludon.library@covwarkpt.nhs.uk">caludon.library@covwarkpt.nhs.uk</a></td>
<td>Lynne Kimberley</td>
</tr>
<tr>
<td>Manor Court Library</td>
<td>Jepson House, Nuneaton</td>
<td>02476 321 561</td>
<td><a href="mailto:manorcourt.library@covwarkpt.nhs.uk">manorcourt.library@covwarkpt.nhs.uk</a></td>
<td>Janine Patrick</td>
</tr>
<tr>
<td>Brian Oliver Centre Library</td>
<td>Brooklands, Marston Green, Solihull</td>
<td>0121 329 4923</td>
<td><a href="mailto:brooklands.library@covwarkpt.nhs.uk">brooklands.library@covwarkpt.nhs.uk</a></td>
<td>Denise Howell</td>
</tr>
<tr>
<td>Education Centre Library</td>
<td>St Michael’s Hospital, Warwick</td>
<td>01926 406749</td>
<td><a href="mailto:stmichaels.library@covwarkpt.nhs.uk">stmichaels.library@covwarkpt.nhs.uk</a></td>
<td>Claire Bradley</td>
</tr>
</tbody>
</table>