Current Awareness Bulletin
Rehabilitation Therapies
November 2018
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**

**Effectiveness of Physiotherapy Interventions on Spasticity in People With Multiple Sclerosis: A Systematic Review and Meta-Analysis.**

**Author(s):** Etoom, Mohammad; Khraiwesh, Yazen; Lena, Francesco; Hawamdeh, Mohannad; Hawamdeh, Ziad; Centonze, Diego; Foti, Calogero

**Source:** American Journal of Physical Medicine & Rehabilitation; Nov 2018; vol. 97 (no. 11); p. 793-807

**Abstract:** The aim of the study was to examine the effectiveness of physiotherapy (PT) interventions on spasticity in people with multiple sclerosis. Design: A systematic search was performed using PRISMA guidance. Studies evaluate the effect of PT interventions on spasticity were included. People with multiple sclerosis, spasticity, disability and PT interventions characteristics were extracted in included studies. Level of evidence was synthesized by the Grade of Recommendation, Assessment, Development and Evaluation approach. Meta-analyses were performed by calculating Hedges g at 95% confidence interval. Results: A total of 29 studies were included in the review, and 25 were included in the meta-analyses. The included PT interventions were exercise therapy, electrical stimulation, radial shock wave therapy, vibration, and standing. The review and meta-analyses showed different evidences of benefits and nonbenefits for PT interventions on some spasticity outcomes. The best quality evidences were for beneficial effects of exercise therapy especially robot gait training and outpatient exercise programs on self-perceived spasticity and muscle tone respectively. The review results were positive regarding the acute effects, follow-up measurements, safety, progressive MS, and nonambulatory people with multiple sclerosis. The included articles were heterogeneous and badly reported in PT interventions and people with multiple sclerosis characteristics. Conclusions: Physiotherapy interventions can be a safe and beneficial option for spasticity in people with multiple sclerosis. No firm conclusion can be drawn on overall spasticity. Further researches in different spasticity aspects are needed.

**Database:** CINAHL

**Timing of physiotherapy following fragility hip fracture: delays cost lives.**

**Author(s):** Frenkel Rutenberg, Tal; Vitenberg, Maria; Haviv, Barak; Velkes, Steven

**Source:** Archives of Orthopaedic & Trauma Surgery; Nov 2018; vol. 138 (no. 11); p. 1519-1524

**Abstract:** Post-operative physiotherapy (PT) following fragility hip fractures is intended to improve balance, gait, and muscle strength for enhanced functional outcomes. This study aims to assess whether postponing initiation of PT affects patients' outcomes during hospitalization and in the first 3 months following discharge. Materials and Methods: A retrospective study comparing consecutive patients, 65 years and older, who were operated for fragility hip fractures between 2011 and 2016, within 48 h from admission, and started PT treatment either in the first post-operative day (POD1) or later (POD2-5). Patients were operated upon soon as medically possible and in accordance with theater availability. All surgeries were performed outside of workday hours (either in the afternoon or during the weekend). Group allocation was established corresponding with the surgical day, as PT services are unavailable during weekends and holidays, and surgeries were performed daily. Primary outcomes were mortality either within hospital or in the post-operative year. Secondary outcomes were in-hospital complications, recurrent hospitalizations, and orthopedic complications within 3 months. Results: 747 patients were included in the study; 525 patients started PT at POD1 and 222 had delayed PT. Patients were operated upon soon as medically possible and in accordance with theater availability. All surgeries were performed outside of workday hours (either in the afternoon or during the weekend). Group allocation was established corresponding with the surgical day, as PT services are unavailable during weekends and holidays, and surgeries were performed daily. Primary outcomes were mortality either within hospital or in the post-operative year. Secondary outcomes were in-hospital complications, recurrent hospitalizations, and orthopedic complications within 3 months. Results: 747 patients were included in the study; 525 patients started PT at POD1 and 222 had delayed PT. Patients' demographics, living arrangements, age-adjusted Charlson's co-morbidity index, mobility, hemoglobin levels, and implant type were comparable. In-hospital mortality was significantly higher for the delayed PT group, 6.8 vs. 3.2% (OR 2.2, 95% CI 1.06-4.42, p value 0.034). One-year mortality, in-hospital complications, and the average number of 3 months' recurrent hospitalizations did not differ between groups. A trend for more orthopedic complications was noted in the delayed PT group (p = 0.099), and patients from this group were
readmitted more often due to orthopedic surgery-related reasons (p = 0.031). Conclusions: Post-operative delay in PT following fragility hip fracture surgery was related to increased risk for in-hospital mortality.

**Database:** CINAHL

**Effectiveness of a weekend physiotherapy service on short-term outcomes following hip and knee joint replacement surgery: a quasi-experimental study.**

**Author(s):** Haas, Romi; O’Brien, Lisa; Bowles, Kelly-Ann; Haines, Terry

**Source:** Clinical Rehabilitation; Nov 2018; vol. 32 (no. 11); p. 1493-1508

**Abstract:** Objective: To investigate the effect of an acute weekend physiotherapy service compared to no physiotherapy service on short-term outcomes following lower limb joint replacement. Design: Pre-post intervention (quasi-experimental) study nested within two stepped-wedge cluster randomized controlled trials. Setting: Public tertiary hospital in Melbourne, Australia. Subjects: Consecutive patients undergoing hip and knee replacement. Interventions: This study analysed a subgroup of one cluster of the parent trials where acute weekend physiotherapy services were sequentially discontinued in random order from one cluster at a time. Intervention (at the ward level) included six months of existing acute weekend physiotherapy services (Phase 1; n = 130) followed by six months when these services were discontinued (Phase 2; n = 146). Main measures: Acute length of stay and other short-term patient and hospital measures. Results: Availability of weekend physiotherapy was associated with increased odds of discharge directly home (odds ratio (95% confidence interval): 3.151 (1.039–9.555), P = 0.043) and improved mobility (coefficient: 4.301 (1.500–7.101), P = 0.003). However, hospitalization was perceived as less helpful (coefficient: $-1.743 \pm (2.417 \pm 1.069)$, p = 0.013) and acute length of stay was longer, only in multivariable analyses (coefficient: 1.003 (0.105–1.890), P = 0.020) than when weekend physiotherapy services were unavailable. Similar results were observed when examining data according to receipt of weekend physiotherapy services rather than the intervention phase to which each patient was allocated. Conclusion: The weekend physiotherapy service appears to have had beneficial impacts on discharge destination and patient mobility that may outweigh the unfavourable impacts on acute length of stay and patient-perceived helpfulness of hospitalization.

**Database:** CINAHL

**A systematic literature review of physiotherapy and rehabilitation approaches to lower-limb amputation.**

**Author(s):** Ülger, Özlem; Yıldırım Şahan, Tezel; Çelik, Seher Erol

**Source:** Physiotherapy Theory & Practice; Nov 2018; vol. 34 (no. 11); p. 821-834

**Abstract:** Background: Successful use of prostheses after lower-limb amputation (LLA) depends on undergoing physiotherapy and rehabilitation both physically and psychologically. The aim of this systematic literature review is to systematically review the scientific evidence regarding prosthetic rehabilitation and physiotherapy after LLA. Methods: A systematic literature search was conducted using PubMed, Web of Science, Cochrane, CINAHL, EMBASE, SCOPUS, and EMB Reviews databases on December 31, 2015. Studies with the search keywords were identified and independently assessed by reviewers. The search yielded 403 potentially relevant articles after the removal of duplicates. Of these, only nine articles met the inclusion criteria. All studies were original articles, one of which was a randomized controlled study. Different measurement methods were used and positive results in terms of functional status, weight-lifting capacity with prosthesis, walking and balance ability, and acute care process were gained with a physiotherapy program. Conventional methods still possess high importance; however, it is safe to say that virtual reality and software-based programs for rehabilitation are increasingly being developed and getting more and more support. Discussion: LLA rehabilitation is a topic that requires the focus of current and future studies; evidence-based studies are required on the approaches to rehabilitation for specific LLA groups.

**Database:** CINAHL

**The impact of documentation on communication during patient-physiotherapist interactions: A qualitative observational study.**

**Author(s):** Schoeb, Veronika; Hiller, Amy

**Source:** Physiotherapy Theory & Practice; Nov 2018; vol. 34 (no. 11); p. 861-871

**Abstract:** Documentation is an essential component of physiotherapy practice for clinical, legal, and ethical reasons. Research in other healthcare contexts suggests that documentation impacts upon communication in patient-practitioner interactions. Thus, the objective of this qualitative study was to examine how physiotherapists and their patients communicate during episodes of documentation. The research was informed by ethnomethodology and ethnography. In total, 113 patient-physiotherapist interactions were observed in Switzerland and Australia with video-recordings, audio-recordings, and field notes collected as data. Episodes of documentation within these interactions were transcribed, and both verbal and non-verbal communication were analyzed inductively. Analysis identified that communication during documentation was characterized by: pauses in conversation, pre-established order of questioning, minimal eye contact, use of direct communication, and an emphasis on objectivity. The use of documentation was observed to alter the wording of questioning as well as the sequence and flow of conversation between patient and physiotherapist. In addition, the observed communicative features seemed to restrict patient participation, and may hinder the achievement of a patient-centered approach. Recognizing the importance of documentation, we address the challenges that our research highlighted by proposing strategies to assist educators and clinicians to optimize communication with patients when incorporating documentation into practice.
Operationalizing wait lists: Strategies and experiences in three hospital outpatient physiotherapy departments in Montreal.

**Author(s):** Laliberté, Maude; E.Feldman, Debbie; Williams-Jones, Bryn; Hunt, Matthew

**Source:** Physiotherapy Theory & Practice; Nov 2018; vol. 34 (no. 11); p. 872-881

**Abstract:** In Canada, limited resources and increasing demand place pressure on the public healthcare system, something that is likely to increase. In this context, wait lists in outpatient physiotherapy departments (OPD) will get longer, system inefficiencies will arise, and frustrations and ethical concerns will be experienced by patients and staff. To better understand the perceptions of OPD staff regarding priority setting, treatment frequency, treatment duration, and wait list management strategies, we conducted an Interpretive Description study involving semi-structured interviews in three OPDs in Montreal. Participants discussed factors that influenced their decision making about who was prioritized to receive care, strategies that were used to respond to an imbalance between needs and resources in the OPDs and procedures to manage wait lists to help improve access to care. While clinical needs are central in approaches to prioritization, other non-clinical factors relating to the patient, the physiotherapist, and the institution also influence decisions. We examine these findings through the lens of complexity theory, providing insight into opportunities and obstacles for the implementation of management strategies in OPDs. These strategies will need to be carefully evaluated in order to create evidence-based guidelines for wait list management in other settings.

**Database:** CINAHL

Physiotherapy supervision of home trainers in interprofessional reablement teams.

**Author(s):** Eliassen, Marianne; Henriksen, Nils O; Moe, Siri

**Source:** Journal of inter professional care; Nov 2018 ; p. 1-7

**Abstract:** Physiotherapists (PTs) in reablement are responsible for the supervision of support personnel, referred to as home trainers (HTs), who carry out training and initiatives. There is a lack of knowledge about the significance of physiotherapy supervision in re-ablement. The aim of this study was to explore the content of PTs' supervision of HTs in reablement teams. We conducted fieldwork in seven reablement teams in Norwegian municipalities. The methods included observations of practice and individual in-depth interviews with PTs and HTs. We analysed data thematically through an iterative inductive-deductive process. The results were generated in a social constructionist perspective and situated learning theory guided the analyses. Analyses revealed that supervision included elements of instruction, demonstration and reflection. However, practices varied widely across different teams, especially regarding the reflection aspect, which was highlighted as essential for learning. Frequent meetings, both formal and informal, were essential to enable learning through reflection. This paper identifies and discusses fundamental elements of PTs’ supervision practice in reablement teams, which is also relevant for similar interprofessional settings. Managers of reablement programs should be aware of the powerful impact that organizational conditions have on the practice of supervision.

**Database:** Medline

What areas of functioning are influenced by aquatic physiotherapy? Experiences of parents of children with cerebral palsy

**Author(s):** Güeita-Rodríguez, Javier; García-Muro, Francisco; Rodríguez-Fernández, Ángel L.; Lambeck, Johan; Fernández-de-las-Peñas, Cesar; Palacios-Ceña, Domingo

**Source:** Developmental Neurorehabilitation; Nov 2018 ; vol. 21 (no. 8); p. 506-514

**Abstract:** Objectives: To explore the experiences regarding aquatic physiotherapy among parents of children with cerebral palsy and to identify a list of relevant intervention categories for aquatic physiotherapy treatments. Methods: We conducted semi-structured interviews and focus groups using the components of the International Classification of Functioning, Disability and Health (ICF) as a frame of reference to explore and code experiences regarding aquatic physiotherapy. A non-probabilistic purposive sampling strategy was used. Content analysis methods and ICF linking processes were used to analyze data. Results: From the parents’ perspective ( n = 34), both the Body Functions and Activities and Participation components were mainly influenced by aquatic physiotherapy. Also, parents described Environmental Factors acting as barriers affecting progress during therapy. Conclusions: Parents identified a wide range of categories influenced by aquatic physiotherapy. Social and contextual aspects were highlighted, as well as a series of changes related to the illness as a result of treatment.

**Database:** PsycINFO

Occupational Therapy

The Integrative Therapy Nurse: A Valuable Player in Symptom Management.

**Author(s):** Boyd, Hallie

**Source:** AJN American Journal of Nursing; Nov 2018; vol. 118 (no. 11); p. 64-69

**Abstract:** The author, an RN with board certification in therapeutic massage and bodywork, describes how she implemented an integrative therapy initiative on the spinal cord injury and disorders unit at a Veterans Affairs medical
center, resulting in decreased pain and increased relaxation among the veterans who participated. With the support of colleagues and hospital management, the author, an RN with board certification in therapeutic massage and bodywork, developed and implemented the role of the integrative therapy nurse on the spinal cord injury and disorders unit at the Minneapolis Veterans Affairs Medical Center. The goal of this initiative was to provide patients with additional nonpharmacologic options for addressing their symptoms through the creation of an integrative therapy nurse role within the existing interdisciplinary team of physicians, NPs, psychologists, registered dieticians, physical therapists, occupational therapists, speech pathologists, and staff nurses. This article outlines the process of creating this role, discusses implications for practice, and reports the outcomes of three years of its implementation. The outcomes of decreased pain and increased relaxation among the veterans who participated in this initiative warrant its further expansion to additional clinical settings.

Database: CINAHL

Cluster-randomised controlled trial of an occupational therapy intervention for children aged 11–13 years, designed to increase participation to prevent symptoms of mental illness.

Author(s): Pearson, Janet; Hocking, Clare; Tokolahi, Ema; Vandal, Alain C.; Kersten, Paula

Source: Child & Adolescent Mental Health; Nov 2018; vol. 23 (no. 4); p. 313-327

Available at Child and Adolescent Mental Health - from Wiley Online Library All Journals Login with Athens Account

class="gray"

Abstract: Background: The impact of occupational therapy on mental health outcomes for children is largely unexplored. The aim of this study was to investigate an evidence-based occupational therapy intervention designed to increase participation in daily occupations to prevent symptoms of mental illness for children and run in schools. Methods: The study used a pragmatic, cluster-randomised controlled trial design with two arms. Fourteen clusters (schools), equating to 151 child participants, were stratified by school decile-rank category and block randomised. Blinding of participants post-randomisation was not feasible; however, outcomes assessors were blinded. Outcomes were measured at baseline, after the parallel and crossover phases, and at follow-up; and were anxiety symptoms (primary), depression symptoms, self-esteem, participation and wellbeing. Intention-to-treat analysis was applied and mixed linear modelling was used to account for clusters and repeated measures, and to adjust for covariates identified. Results: This trial found significant positive effects of the intervention on child-rated satisfaction with their occupational performance and teacher-rated child anxiety. No evidence was found to support the effect of the intervention on anxiety and depression symptoms, self-esteem and wellbeing. Conclusions: This was the first known cluster-randomised controlled trial to investigate an occupational therapy intervention promoting emotional wellbeing in a non-clinical sample of children. No compelling evidence was found to support the use of the intervention in schools in its current format, however, results were promising that the focus on occupations influenced participation. Recommendations are made to redesign the intervention as an embedded intervention in the classroom, cotaught by teachers and including parental involvement.

Database: CINAHL

Persons With Dementia and Their Caregivers' Perceptions About Occupational Therapy and Telehealth: A Qualitative Descriptive Study.

Author(s): Nissen, Ranelle M.; Hersch, Gayle; Tietze, Mari; Chang, Pei-Fen J.

Source: Home Healthcare Now; Nov 2018; vol. 36 (no. 6); p. 369-378

Abstract: Occupational therapy (OT) services provided in the home to a person with dementia can decrease caregiver burden by targeting home modifications, functional performance, and safety. One method to deliver these services is through telehealth. The use of telehealth is expanding rapidly, but there is a current lack of evidence to support the use of telehealth to deliver OT services to persons with dementia. The purpose of this study was to identify the perceptions of persons with dementia and their caregivers about the use of telehealth to receive OT services. A qualitative descriptive design was used. Results provided themes in three domains: dementia journey, skills for technology use, and perceptions of OT. Each participant identified a unique journey through awareness, challenges, and adaptive strategies as they adjusted to a life with dementia. The skills for technology focused on current usage and perceptions about technology. Participants had limited knowledge of OT but did appreciate the role it has in dementia care. The themes identified in the study provide support for further exploration of the use of telehealth in OT for persons with dementia and their caregivers.

Database: CINAHL

Exploring similarities and differences among the self-reported academic integrity of Australian occupational therapy domestic and international students.

Author(s): Brown, Ted; Bourke-Taylor, Helen; Isbel, Stephen; Gustafsson, Louise; McKinstry, Carol; Logan, Alexandra; Etherington, Jamie

Source: Nurse Education Today; Nov 2018; vol. 70 ; p. 13-19

Abstract: Background Research into the prevalence of dishonest academic behaviours suggests that such behaviours may be extensive among international students in higher education. To compare the academic integrity of domestic and international occupational therapy students and identify possible contributors to students' engagement in dishonest academic behaviours. A quantitative cross-sectional study using a survey containing several
standardised scales was used to collect the data. Five Australian universities. Participants 701 occupational therapy students. Students completed a self-report questionnaire comprising demographic questions and six standardised scales: Academic Dishonesty Scale; Academic Dishonesty in the Classroom Setting Scale (ADCS); Academic Dishonesty in the Clinical/Practice Education Setting Scale; Moral Development Scale for Professionals; Academic Dishonesty Tendency Scale; and Perceived Academic Sources of Stress. One-way analysis of variance (ANOVA) was conducted to compare the scores of domestic and international students on academic dishonesty factors, moral development, and perceived sources of academic stress. Results Significant differences between domestic and international students were observed on age; grade point average; hours per week spent in paid work; moral practice; tendency towards cheating; tendency towards cheating in research assignments; pressures to perform; and self-perception. No significant differences were found on students’ self-reported scores on academic dishonesty in academic classroom education contexts, fieldwork practice education settings or perceived stresses of workload and examinations and time restraints. The reported incidences of dishonest academic behaviours in the classroom and fieldwork settings were low for all occupational therapy students, irrespective of origin and were comparable to findings from cohorts of other health professional students. However, concomitant with existing research, international students were found to have a greater tendency to engage in dishonest behaviours particularly on research assignments. This may be reflective the socio-cultural issues and external pressures that international students experience. Further study in this area is recommended. Highlights • Similarities and differences of self-reported academic integrity in domestic and international occupational therapy students were explored • Low incidences of dishonest academic behaviours across both domestic and international students were reported • There were significant differences between the two student groups on moral practice; and tendency towards cheating in research assignments • Results indicated that gaps exist in international students’ knowledge of what constitutes academic integrity • There is a need for educators to be aware of the cultural stresses and external pressures experienced by international students.

Database: CINAHL

Occupational Therapy Treatment to Improve Upper Extremity Function in Individuals with Early Systemic Sclerosis: A Pilot Study.

Author(s): Murphy, Susan L; Barber, Mary Whitehouse; Homer, Kate; Dodge, Carole; Cutter, Gary R; Khanna, Dinesh

Source: Arthritis care & research; Nov 2018; vol. 70 (no. 11); p. 1653-1660

Abstract: OBJECTIVE To determine the feasibility and preliminary effects of occupational therapy to improve upper extremity function in patients with early systemic sclerosis (SSc; scleroderma) who have upper extremity contractures. METHODS A single-group pilot clinical rehabilitation trial was conducted at the University of Michigan Scleroderma Center. Patients with SSc and ≥1 upper extremity contracture (n = 21) participated in a total of 8 weekly in-person occupational therapy sessions. The therapy consisted of thermal modalities, tissue mobilization, and upper extremity mobility exercises. The participants were instructed to perform upper extremity exercises at home between sessions. Feasibility was measured by the percent enrollment as well as session attendance and session duration. The primary outcome measure was the Shortened Disabilities of the Arm, Shoulder and Hand measure (QuickDASH); secondary and exploratory outcomes included the Patient-Reported Outcomes Measurement Information System (PROMIS) physical function measures; objective measures of upper extremity mobility, strength, and coordination; and skin thickening. Linear mixed models were used to determine the effects of treatment on the primary and secondary outcomes. RESULTS Fifty percent of potentially eligible subjects (24 of 48) were interested in participating. Twenty-one (88%) of the 24 subjects were enrolled, and 19 (91%) of these 21 subjects completed all sessions. The mean ± SD age of the participants was 47.9 ± 16.1 years; 100% had diffuse SSC, and the mean disease duration was 3.1 years. At 8 weeks, participants had statistically significant improvement in the QuickDASH and PROMIS physical function measure (P = 0.0012 and P = 0.004, respectively). Approximately one-half of participants in the sample achieved improvement in the QuickDASH and PROMIS measure that exceeded minimally important differences. CONCLUSION In-person treatment sessions were feasible in the patients with SSc and resulted in statistically significant and clinically meaningful improvements in upper extremity and physical function. In future studies, the effects of SSc should be compared with those in a control condition, and the durability of treatment effects should be examined.

Database: Medline

The self and dance movement therapy – a narrative approach

Author(s): Kronsted, Christian

Source: Phenomenology and the Cognitive Sciences; Nov 2018

Abstract: Within the last fifty years as philosophy, psychology, and cognitive science have moved towards increasingly more embodied theoretical frameworks, there has been growing interest in Dance Movement Therapy (DMT). DMT has been shown to be effective in mitigating negative symptoms in several psychopathologies including PTSD, autism, and schizophrenia. Further, DMT generally helps participants gain a stronger sense of agency and connection with their body. However, it has been argued that it is not always clear what constitutes these changes in DMT participants. I argue that we can better understand the empirical and phenomenological results of DMT across psychopathologies if we adapt an enactive embodied approach to cognition. I use the framework of embodied enactive cognition and narrative theories of the self to develop an account of DMT as a form of narrative change. I
claim that through the acquisition of new bodily skill and bodily awareness, DMT can cause changes to the participant's narrative self-understanding.

**Database:** PsycINFO

**Speech Language Therapy**

**Relationship between perceived social support and patient-reported communication outcomes across communication disorders: a systematic review.**

**Author(s):** Eadie, Tanya; Kapsner-Smith, Mara; Bolt, Susan; Sauder, Cara; Yorkston, Kathryn; Baylor, Carolyn

**Source:** International Journal of Language & Communication Disorders; Nov 2018; vol. 53 (no. 6); p. 1059-1077

**Abstract:** Background: Beyond the severity of voice, speech and language impairments, one potential predictor of communication success across adult populations with communication disorders may be perceived social support: the expectation that others will provide support if needed. Despite the preponderance of intervention approaches that assume a positive relationship between perceived social support and patient-reported communication success, the evidence base for these relationships is limited. Aims: The aim of this systematic review is to explore relationships between measures of perceived social support and patient-reported communication outcomes in adult populations with communication disorders. Methods & Procedures: The PRISMA guidelines were followed in the conduct and reporting of this review. Electronic databases including PubMed, PsycINFO and CINAHL were systematically searched up to 19 May 2017. Additional data were obtained for two studies. All the included studies were appraised using the Critical Appraisal Skills Program (CASP) tools. Given the heterogeneous nature of the studies, data synthesis was narrative for the quantitative studies. A meta-ethnographic approach was used to synthesize qualitative data. Outcomes & Results: Eight quantitative and four qualitative studies met eligibility criteria. All quantitative studies met eight of eight quality criteria. For the qualitative studies, one study met nine of nine quality criteria; the remaining three studies met three, seven and eight quality criteria. Of the eight included quantitative studies, six independent data sets were used. Results revealed no significant relationships between perceived social support and communication outcomes in three studies (two aphasia with one data set, one Parkinson's disease), while perceived social support was a weak, but significant predictor in two studies (one multiple sclerosis, one head and neck cancer). Three additional studies (two aphasia with one data set; one Parkinson's disease) found that relationships were initially weak, but strengthened over time to become moderate. Results from qualitative studies (one head and neck cancer, two aphasia, one multiple sclerosis) revealed that perceived social support acted as a facilitator, and absent or misguided support acted as a barrier to communication outcomes. Skilful, responsive family members were able to facilitate better quality of communicative interactions, whereas lack of social support, or negative attitudes and behaviours of other people, were barriers. Conclusions & Implications: While perceived social support may affect communication outcomes in adults with communication disorders, current measures may not adequately capture these constructs. Results have implications for future research and interventions for speech and language therapists.

**Database:** CINAHL

**Profound Hearing Loss: Addressing Barriers to Hearing Healthcare.**

**Author(s):**

**Source:** Seminars in Hearing; Nov 2018; vol. 39 (no. 4); p. 428-436

**Abstract:** The impact of profound hearing loss on infants and adults is variable and greatly influenced by improved audition derived from hearing aids and cochlear implants. However, barriers to healthcare, hearing healthcare in particular, can offset the benefits provided by these sensory devices. Common barriers include cost, location, availability of trained professionals, acceptance of the hearing loss, language and cultural differences, secondary disabilities, and mental health issues. These barriers and their distinct presentations vary somewhat by age, language, and where people live (urban vs. rural), and can interfere with receiving testing and devices in a timely manner. They also can limit auditory, speech and language therapies, and interfere with acceptance of the hearing loss and devices. Rehabilitation should focus on eliminating or reducing the adverse impact of these barriers on patients and their families. Some of which can be done through professional training and multidisciplinary activities, counseling, and community outreach.

**Database:** CINAHL

**Portable audiometric screening platforms used in low-resource settings: a review.**

**Author(s):** Jayawardena, A; Waller, B; Edwards, B; Larsen-Reindorf, R; Esinam Anomah, J; Frimpong, B; Gina, A; Netterville, J; Saunders, J; Basura, G J

**Source:** The Journal of laryngology and otology; Nov 2018; p. 1-6

**Abstract:** BACKGROUND Millions of people across the world suffer from disabling hearing loss. Appropriate interventions lead to improved speech and language skills, educational advancement, and improved social integration. A major limitation to improving care is identifying those with disabling hearing loss in low-resource countries. OBJECTIVES This review article summarises information on currently available hearing screening platforms and technology available from published reports and the authors' personal experiences of hearing loss identification in low-resource areas of the world. The paper reviews the scope and capabilities of portable hearing screening platforms, including the pros and cons of each technology and how they have been utilised in low-resource environments.
CONCLUSION Portable hearing screening tools are readily available to assess hearing loss in low-resource areas. Each technology has advantages and limitations that should be considered when identifying the optimal methods to assess needs in each country.

**Database:** Medline

**Speech Language Pathology Rehabilitation.**

**Author(s):** Pietsch, Kristine; Lyon, Tiffany; Dhillon, Vaninder K

**Source:** The Medical clinics of North America; Nov 2018; vol. 102 (no. 6); p. 1121-1134

**Abstract:** The speech language pathologist has a vital management role in patients with voice and swallow concerns, as well as stroke patients and patients with fluency problems. This article summarizes the variety of speech and swallow rehabilitation that adult patients may require or seek. The case examples allow the reader to base the clinical decision-making process within the context of a patient presentation and elucidate the role of speech and language pathology services for the primary care provider in order to refer patients with symptoms and concerns to the right provider early in their medical care.

**Database:** Medline

**Diagnosis and management of conductive hearing loss in children with trisomy 21.**

**Author(s):** Stewart, Robbie; Gallagher, Donna; Leyden, Peter

**Source:** Journal of paediatrics and child health; Nov 2018; vol. 54 (no. 11); p. 1242-1245

**Abstract:** AIM The objective of this study is to review the prevalence and degree of hearing loss in children with trisomy 21, their response to intervention and the presence of concomitant pathologies. The project will also highlight the experiences of the children from their parents’ and guardians’ perspective and the link between perceived service quality and an objective improvement in their hearing after rehabilitation. METHODS All patients with trisomy 21 who were referred to district general otolaryngology outpatient clinics between 2014 and 2016 were included. A retrospective analysis of the medical notes and audiograms along with a qualitative questionnaire to the children's parents was utilised to gather the information. RESULTS The study showed that 77% (17/22) of children suffered from hearing loss, with a moderate degree being most prevalent. The majority of patients (14/17, 82%) were managed conservatively, undergoing a period of watchful waiting (9/17, 53%) or receiving hearing aids (5/17, 30%) and 3 of 17 (17%) were managed with grommet insertion. The improvement in hearing with hearing aids was comparable with grommet insertion and hearing aids scored highest in the post-intervention qualitative assessment with grommet insertion scoring the lowest. CONCLUSIONS Functional hearing has been shown to be key in developing speech and language skills. In children with trisomy 21, behavioural and anatomical abnormalities make the diagnosis and intervention technically more challenging. This study demonstrates that in the absence of other otological symptoms, hearing loss can be managed effectively and with the least distress to the children with hearing aids.

**Database:** Medline

**Speech and language characteristics in individuals with nonsyndromic submucous cleft palate-A systematic review.**

**Author(s):** Boyce, Jessica O; Kilpatrick, Nicky; Morgan, Angela T

**Source:** Child: care, health and development; Nov 2018; vol. 44 (no. 6); p. 818-831

**Abstract:** BACKGROUND Up to 80% of individuals with unrepaired submucous cleft palate (SMCP) experience speech difficulties secondary to velopharyngeal insufficiency. Language delays are reported in the broader cleft lip and/or palate population, suggesting that individuals with SMCP may also be at risk. However, contemporary understanding of this population remains limited as there has been no systematic examination of the literature. This review aims to systematically review and document the speech and language characteristics of individuals with nonsyndromic SMCP and, in addition, to identify factors reported to impact speech and language outcomes. METHOD This review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Five databases were comprehensively searched using keywords and indexed headings. Included studies had to report speech or language outcomes of individuals with nonsyndromic SMCP. Risk of bias and methodological design quality were examined using tools from the Scottish Intercollegiate Guidelines Network. Relevant data were extracted for analysis. RESULTS Eighteen studies met inclusion criteria, yielding 598 participants. Study results showed that individuals with unrepaired nonsyndromic SMCP may have speech difficulties secondary to velopharyngeal insufficiency including increased nasal resonance and palatalized or glottal articulation. Lower age at primary surgical repair led to better postsurgical speech outcomes. There is a paucity of literature outlining motor or phonological aspects of speech and receptive or expressive language abilities of this population. CONCLUSION Individuals with nonsyndromic SMCP present with speech difficulties similar to those experienced by individuals with overt cleft palate. Health care professionals should be aware of possible presenting symptoms and consider early SMCP diagnoses where appropriate. Further research is needed to specify the broader communication profile in this population.

**Database:** Medline

**Short-term memory span in aphasia: Insights from speech-timing measures**

**Author(s):** Salis, Christos; Martin, Nadine; Meehan, Sarah V.; McCaffery, Kevin

**Source:** Journal of Neurolinguistics; Nov 2018; vol. 48 ; p. 176-189
Abstract: Auditory-verbal short-term memory impairments are part and parcel of aphasia and interfere with linguistic processing. To date, the science about short-term memory impairments in aphasia has been generated and dominated by studying measures of accuracy, that is, span length. Because accuracy is expressed through speech, examining the speech-timing characteristics of persons with aphasia as they engage in spoken recall could reveal insights about the manner in which accuracy is achieved. Six speech-timing measures (e.g., response durations, pause durations) were elicited from the speech waveform of word span tasks from twelve people with aphasia. Speech-timing measures were compared to neurotypical control participants. Speech-timing performance between erroneous and correct responses in the aphasia group was also examined. Across all measures, people with aphasia produced considerably longer speech-timing patterns in comparison to control participants. Memory load affected some measures in people with aphasia and control participants. Speech-timing in correct response trials was shorter than responses in erroneous trials. Memory span correlated only with one measure, namely, speech time (defined as the sum of each individual word duration in a response). Speech time also correlated with the following measures: Aphasia severity (Aphasia Quotient of the Western Aphasia Battery), spontaneous speech, and language comprehension (also measured by the Western Aphasia Battery). Some protracted speech-timing patterns in the aphasia group may be explained by a deregulation of activation-decay patterns. However, in the absence of further evidence from people with aphasia, possible issues around the sensitivity of some speech-timing measures limit firmer conclusions. Speech-timing measures are response-time measures, which have not been systematically studied in studies of short-term or working memory in aphasia and as such, can push the current boundaries of knowledge of short-term and working memory impairments in aphasia, not only in stroke-related aphasia but also other neurological conditions.

Database: PsycINFO

Connected speech and language in mild cognitive impairment and Alzheimer's disease: A review of picture description tasks

Author(s): Mueller, Kimberly D.; Hermann, Bruce; Mecollari, Jonilda; Turkstra, Lyn S.
Source: Journal of Clinical and Experimental Neuropsychology; Nov 2018; vol. 40 (no. 9); p. 917-939

Abstract: Introduction: The neuropsychological profile of people with mild cognitive impairment (MCI) and Alzheimer’s disease (AD) dementia includes a history of decline in memory and other cognitive domains, including language. While language impairments have been well described in AD dementia, language features of MCI are less well understood. Connected speech and language analysis is the study of an individual’s spoken discourse, usually elicited by a target stimulus, the results of which can facilitate understanding of how language deficits typical of MCI and AD dementia manifest in everyday communication. Among discourse genres, picture description is a constrained task that relies less on episodic memory and more on semantic knowledge and retrieval, within the cognitive demands of a communication context. Understanding the breadth of evidence across the continuum of cognitive decline will help to elucidate the areas of strength and need in terms of using this method as an evaluative tool for both cognitive changes and everyday functional communication. Method: We performed an extensive literature search of peer-reviewed journal articles that focused on the use of picture description tasks for evaluating language in persons with MCI or AD dementia. We selected articles based on inclusion and exclusion criteria and described the measures assessed, the psychometric properties that were reported, the findings, and the limitations of the included studies. Results: 36 studies were selected and reviewed. Across all 36 studies, there were 1, 127 patients with AD dementia and 274 with MCI or early cognitive decline. Multiple measures were examined, including those describing semantic content, syntactic complexity, speech fluency, vocal parameters, and pragmatic language. Discriminant validity widely reported and distinct differences in language were observable between adults with dementia and controls; fewer studies were able to distinguish language differences between typically aging adults and those with MCI. Discussion: Our review shows that picture description tasks are useful tools for detecting differences in a wide variety of language and communicative measures. Future research should expand knowledge about subtle changes to language in preclinical AD and Mild Cognitive Impairment (MCI) which may improve the utility of this method as a clinically meaningful screening tool.

Database: PsycINFO

Early receptive language comprehension ability in children with cerebral palsy

Author(s): Nordberg, Ann

Source: Developmental Medicine & Child Neurology; Nov 2018; vol. 60 (no. 11); p. 1073

Abstract: Comments on an article by Katherine C. Hustad et al. (see record 2018-24602-001). The paper by Hustad et al. adds important knowledge regarding speech and language in children with cerebral palsy (CP). Their results show that there is a strong relationship between early receptive language comprehension and speech motor ability. The children without speech in Hustad et al.’s study had limited receptive language ability and this is in line with previous research on speech and language in children with CP, and with clinical experience. There is a complex relationship between speech and language, but some significant clinical implications arise from Hustad et al.’s results. Another crucial aspect is that standardized tests of receptive language may need to be adapted when used for children without speech and for children with limited gross motor function. We readily agree with Hustad et al.’s suggestion that future research should focus on exploring functional receptive language skills in the everyday life of this group of children with CP. In this work, receptive language skills were only measured with standardized receptive language tests performed in a formalized context.
Managing and supporting quality-of-life issues in dysphagia: A survey of clinical practice patterns and perspectives in the UK, Ireland and South Africa

Author(s): Moloney, Jennifer; Walshe, Margaret

Source: International Journal of Language & Communication Disorders; Oct 2018

Abstract: There is increasing recognition that dysphagia has significant implications for a person's psychological well-being, social participation and quality of life (QOL). However, a paucity of research exists regarding the clinical management of this area. To inform future research and the development of appropriate and beneficial resources and guidelines, a better understanding of the current practice of speech and language therapists (SLTs) in this area would be useful. This information will highlight current challenges to clinical practice and the ongoing development needs of the profession, which are, as of yet, undocumented. To determine the practices of SLTs when addressing QOL issues in individuals with dysphagia, the beliefs of SLTs regarding the impact of dysphagia on QOL, the current trends in assessing and managing QOL in dysphagia, and if variations in beliefs and practices in this area exist. An anonymous cross-sectional, non-experimental survey study was used. The survey consisted of 18 questions exploring participants' beliefs and opinions regarding dysphagia and QOL, current clinical practice in the area, perceived facilitators and barriers, and education, training and development needs. The survey was created on Survey Monkey and disseminated by e-mail link to SLT professional bodies. Purposive and snowball sampling were used and participants self-selected based on the information provided alongside the e-mail link. Inclusion criteria for the study were a qualification in speech and language therapy, proficiency in the English language, and access to a computer with the internet. A total of 148 SLTs working across the UK, Ireland and South Africa completed the survey. Over 90% of respondents believe that dysphagia has a negative impact on QOL, but only 25% are currently satisfied with the amount of clinical time they can dedicate to this area. Staffing, resources, a lack of best-practice guidelines and disease-specific QOL assessment tools were cited as contributing factors. A number of facilitators and barriers to best practice were also highlighted. Based on these findings, professional development actions for the future are suggested. SLTs believe they have an important role to play in supporting QOL issues in dysphagia. However, it is reported that the area is currently under-developed, under-resourced and under-supported. Increased awareness raising of the role of SLT, alongside the development of best-practice guidelines and disease-specific QOL assessment tools, will enhance the quality of care that can be offered in this area.

Database: PsycINFO

Physical Exercise: An Evaluation of a New Clinical Biomarker of Survival in Hospice Patients.

Author(s): Golčić, Marin; Dobrila-Dintinjana, Renata; Golčić, Goran; Gović-Golčić, Lidija; Čubranić, Aleksandar

Source: American Journal of Hospice & Palliative Medicine; Nov 2018; vol. 35 (no. 11); p. 1377-1383

Abstract: Purpose: Survival analysis is an important issue in palliative care. However, there is a lack of quality clinical biomarkers for assessing survival, especially in bedridden patients. Recent research supports the benefit of physiotherapy in palliative care, as majority of hospice patients are able to perform physical therapy. We propose the hypothesis that the difference in activity during physical exercise can be used as a biomarker of survival in hospice care. Methods: We examined 536 consecutive patients who performed physical exercises in our hospice from March 2013 to July 2017. Univariate, multivariate, and Kaplan-Meier analysis were performed to explore the association between the level of physical exercise activity and survival. Results: Physical exercises were performed by almost 70% of our hospice patients. The patients who initially performed active exercises lived longer, on average, compared to patients who only managed passive exercises (15 days vs 6 days, hazard ratio 0.60, 0.49-0.74). Surprisingly, the difference in survival based on the level of physical activity remained consistent regardless of the patient performance score, emphasizing its usefulness as an independent survival biomarker in a hospice setting. This tool also gave us an option to recognize a significant proportion of bedridden patients performing active exercises (30%), previously unrecognized using standard performance scales, exhibiting longer survival compared to others with the same performance score. Conclusion: Patients’ level of activity during physical exercises has the potential to be a valuable new clinical biomarker in palliative care, whether used individually or combined with commonly used performance scales.

Database: CINAHL


Author(s): Yi Li; Jingjing Fan; Jingyi Yang; Chengqi He; Shasha Li

Source: American Journal of Physical Medicine & Rehabilitation; Nov 2018; vol. 97 (no. 11); p. 773-781

Abstract: Objective: The aim of this study was to investigate the effects of repetitive transcranial magnetic stimulation (rTMS) on walking and balance function in patients with stroke. Design: MEDLINE, EMBASE, CINAHL, PsycINFO, Web of Science, CENTRAL, and the Physiotherapy Evidence Database were comprehensively searched for randomized controlled trials published through March 2017 that investigated the effects of rTMS on lower limb function. Main outcomes included walking speed, balance function, motor function, and cortical excitability. Results:
Nine studies were included. The meta-analysis revealed a significant effect of rTMS on walking speed (standardized mean difference, 0.64; 95% confidence interval [CI], 0.32-0.95), particularly ipsilesional stimulation (standardized mean difference, 0.80; 95% CI, 0.36-1.24). No significant effects were found for balance function (standardized mean difference, 0.10; 95% CI, -0.26 to 0.45), motor function (mean difference, 0.50; 95% CI: -0.68 to 1.68), or cortical excitability (motor-evoked potentials of the affected hemisphere: mean difference, 0.21 mV; 95% CI, -0.11 to 0.54; motor-evoked potentials of the unaffected hemisphere: mean difference, 0.09 mV; 95% CI, -0.16 to -0.02).

Conclusion: These results suggest that rTMS, particularly ipsilesional stimulation, significantly improves walking speed. Future studies with larger sample sizes and an adequate follow-up period are required to further understand the effects of rTMS on lower limb function and its relationship with changes in cortical excitability with the help of functional neuroimaging techniques.

Database: CINAHL

**Evaluation of Cognitive Behavioral Interventions and Psychoeducation Implemented by Rehabilitation Specialists to Treat Fear-Avoidance Beliefs in Patients With Low Back Pain: A Systematic Review.**

**Author(s):** Baez, Shelby; Hoch, Matthew C.; Hoch, Johanna M.

**Source:** Archives of Physical Medicine & Rehabilitation; Nov 2018; vol. 99 (no. 11); p. 2287-2298

**Abstract:** Objectives To systematically locate, critically appraise, and synthesize the available evidence regarding the effectiveness of cognitive behavioral therapies (CBTs) and psychoeducation that can be implemented by rehabilitation specialists to treat fear-avoidance beliefs in patients with acute, subacute, and chronic low back pain (LBP). Data Sources Electronic databases (CINAHL, PubMed, Psychology and Behavior Sciences Collection, SPORT Discus, PsycINFO) were searched from inception to September 2017. Study Selection Assessment of methodological quality was completed using the Physiotherapy Evidence Database (PEDro) scale. The Strength of Recommendation Taxonomy was used to evaluate the quality of evidence. Data Extraction Study sample, subject demographics, CBT and/or psychoeducation intervention details, data collection time points, outcome assessments, statistical analysis, results, and conclusions were extracted from each study. In addition, effect sizes were calculated. Data Synthesis Five high-quality studies (PEDro ≥6) were included. All included studies evaluated fear-avoidance beliefs. CBTs and psychoeducation strategies designed to target patient-specific fears demonstrated clinically meaningful results, while psychoeducation methodologies were not as effective. Conclusions There is inconsistent, patient-oriented evidence (grade B) to support the use of CBTs and/or psychoeducation strategies by rehabilitation specialists to treat fear-avoidance beliefs. Patient-centered and personalized CBTs were most effective to treat these psychosocial factors in patients with LBP when compared with a control treatment.

Database: CINAHL

**Additional Physical Therapy Services Reduce Length of Stay and Improve Health Outcomes in People With Acute and Subacute Conditions: An Updated Systematic Review and Meta-Analysis.**

**Author(s):** Peiris, Casey L.; Shields, Nora; Brusco, Natasha K.; Watts, Jennifer J.; Taylor, Nicholas F.

**Source:** Archives of Physical Medicine & Rehabilitation; Nov 2018; vol. 99 (no. 11); p. 2299-2312

**Abstract:** Objective To update a previous review on whether additional physical therapy services reduce length of stay, improve health outcomes, and are safe and cost-effective for patients with acute or subacute conditions. Data Sources Electronic database (AMED, CINAHL, EMBASE, MEDLINE, Physiotherapy Evidence Database [PEDro], PubMed) searches were updated from 2010 through June 2017. Study Selection Randomized controlled trials evaluating additional physical therapy services on patient health outcomes, length of stay, or cost-effectiveness were eligible. Searching identified 1524 potentially relevant articles, of which 11 new articles from 8 new randomized controlled trials with 1563 participants were selected. In total, 24 randomized controlled trials with 3262 participants are included in this review. Data Extraction Data were extracted using the form used in the original systematic review. Methodological quality was assessed using the PEDro scale, and the Grading of Recommendation Assessment, Development, and Evaluation approach was applied to each meta-analysis. Data synthesis Postintervention data were pooled with an inverse variance, random-effects model to calculate standardized mean differences (SMDs) and 95% confidence intervals (CIs). There is moderate-quality evidence that additional physical therapy services reduced length of stay by 3 days in subacute settings (mean difference [MD]=−2.8; 95% CI, −4.6 to −0.9; I²=0%), and low-quality evidence that it reduced length of stay by 0.6 days in acute settings (MD=−0.6; 95% CI, −1.1 to 0.0; I²=65%). Additional physical therapy led to small improvements in self-care (SMD=−1.1; 95% CI, 0.39–−1.9; I²=0%), activities of daily living (SMD=−1.3; 95% CI, −0.25–−2.5; I²=15%), and health-related quality of life (SMD=−1.2; 95% CI, 0.3–−2.1; I²=0%), with no increases in adverse events. There was no significant change in walking ability. One trial reported that additional physical therapy was likely to be cost-effective in subacute rehabilitation. Conclusions Additional physical therapy services improve patient activity and participation outcomes while reducing hospital length of stay for adults. These benefits are likely safe, and there is preliminary evidence to suggest they may be cost-effective.

Database: CINAHL

**A Systematic Review With Meta-Analysis of Mindful Exercises on Rehabilitative Outcomes Among Poststroke Patients.**

**Author(s):** Zou, Liye; Sasaki, Jeffer Eidi; Zeng, Nan; Wang, Chaoyi; Sun, Li

**Source:** Archives of Physical Medicine & Rehabilitation; Nov 2018; vol. 99 (no. 11); p. 2355-2364
Abstract: Objective To critically evaluate the rehabilitative effects of mindful exercises for poststroke patients. Data Sources Six databases (PubMed, Physiotherapy Evidence Database, Cochrane Library, Web of Science, Wanfang, Chinese National Knowledge Infrastructure) and reference lists of relevant articles were searched. Study Selection Randomized controlled trials on the effects of mindful exercises on rehabilitative outcomes such as sensorimotor function, gait speed, leg strength, aerobic endurance, cognitive function, and overall motor function. Data Extraction Two investigators independently screened eligible studies according to the eligible criteria, extracted data, and assessed risk of bias. Data Synthesis A total of 20 studies that satisfied the eligibility criteria were finally included. The sum scores of 5-9 points in the adapted Physiotherapy Evidence Database scale indicates low-to-medium risk of bias. The study results of meta-analysis indicate that mindful exercise intervention was significantly associated with improved sensorimotor function on both lower limb (standardized mean difference=0.79; 95% confidence interval, 0.43-1.15; P < .001; I 2 = 62.67%) and upper limb (standardized mean difference=0.7; 95% confidence interval, 0.39-1.01; P < .001; I 2 = 32.36%). Conclusions This review suggests that mindful exercises are effective in improving sensorimotor function of lower and upper limbs in poststroke patients. The effects on gait speed, leg strength, aerobic endurance, overall motor function, and other outcomes (eg, cognitive function, gait parameters) require further investigation for allowing evidence-based conclusions.

Database: CINAHL

Self-Efficacy, Poststroke Depression, and Rehabilitation Outcomes: Is There a Correlation?

Author(s): Torrisi, Michele; De Cola, Maria Cristina; Buda, Antonio; Carioti, Luigi; Scaltrito, Maria Valentina; Bramanti, Placido; Manuli, Alfredo; De Luca, Rosaria; Calabrò, Rocco Salvatore

Source: Journal of Stroke & Cerebrovascular Diseases; Nov 2018; vol. 27 (no. 11); p. 3208-3211

Abstract: Background: The sudden live changes of stroke survivors may lead to negative psychological and behavioral outcomes, including anxiety and depressive mood, which may compromise the rehabilitation process. Some personality features, such as self-efficacy, could play an important role in mediating the degree of post-stroke depression. Aim of this study is to investigate the possible correlation between specific psychological dimensions, such as poststroke depression and self-efficacy, and rehabilitation outcomes. Materials and Methods: Thirty-eight patients, affected by stroke, completed a four-hour-daily training lasting up to 8 weeks, including traditional and robotic-assisted physiotherapy. Patients were assessed at admission (T0) and at the end (T1) of the motor training, by means of the Montgomery-Asberg Depression Scale, the General Self-Efficacy Scale, and the Functional Independent Measure. Results: We observed a significant T0-T1 difference in MADRS scores in patients with a better functional recovery (t = 5.76; P < .0001) and higher self-efficacy (t = 4.74; P < .001), but no significant T0-T1 difference in individuals without functional recovery (t = 1.21; P = .239) and low self-efficacy (t = 1.72; P = .103). Conclusions: Our study shows that rehabilitation outcomes and self-efficacy may influence mood, but not vice versa. Thus, to potentiate self-efficacy in the rehabilitation setting may help clinicians in obtaining better functional outcomes, including depression reduction.

Database: CINAHL

Cancer Prehabilitation Programs and Their Effects on Quality of Life.

Author(s): Yun-Jen Chou; Hsuan-Ju Kuo; Shioy-Ching Shun

Source: Oncology Nursing Forum; Nov 2018; vol. 45 (no. 6); p. 726-736

Abstract: PROBLEM IDENTIFICATION: Cancer prehabilitation programs have been reported as effective means of improving quality of life (QOL) in people with cancer, but research is lacking. The aim of this systematic review is to explore the characteristics of cancer prehabilitation programs and their effects on QOL in people with cancer. LITERATURE SEARCH: A systematic review of databases (PubMed, MEDLINE®, Cochrane Library, EMBASE, CINAHL®, Scopus®) was performed using key terms. DATA EVALUATION: Data were extracted, and the Physiotherapy Evidence Database scale was used to assess the quality of the studies. SYNTHESIS: 12 randomized, controlled trials with a total of 839 people with cancer were included in this review. Of these, seven cancer prehabilitation programs focused on physical interventions, three focused on psychological interventions, and two focused on multimodal interventions. IMPLICATIONS FOR NURSING: Oncology nurses could provide various cancer prehabilitation programs to patients who decide to undergo cancer-related treatment. Additional research on this subject should involve careful consideration of QOL instruments and sample size when designing the intervention.

Database: CINAHL

Interventions to Improve or Maintain Lower-Limb Function Among Ambulatory Adolescents with Cerebral Palsy: A Cross-Sectional Survey of Current Practice in the UK.

Author(s): Taflampas, Gerasimos; Kilbride, Cherry; Levin, Wendy; Lavelle, Grace; Ryan, Jennifer M.

Source: Physical & Occupational Therapy in Pediatrics; Nov 2018; vol. 38 (no. 4); p. 355-369

Available at Physical & Occupational Therapy In Pediatrics - from Unpaywall

Abstract: Objectives: To describe physiotherapy management to improve or maintain lower-limb function among adolescents with cerebral palsy, classified in Gross Motor Function Classification System levels I-III, in the United Kingdom (UK). Methods: A list of interventions was identified using a nominal group technique and developed into a survey, which was distributed to approximately 2,100 pediatric physiotherapists in the UK through the Association of Pediatric Chartered Physiotherapists and a private physiotherapy clinic in London between April and June 2015. One-
Parent perspectives on rehabilitation of children with cerebral palsy: exploring a cross-cultural view of parents from India and Canada using the International Classification of Functioning, Disability and Health.

Abstract: Purpose: To explore parents’ perspectives on rehabilitation of their child with cerebral palsy and their information needs. Methods: Semistructured interviews were conducted with parents of children with CP from India (n = 11) and Canada (n = 7). Data were analyzed through an interpretive description approach using the International Classification of Functioning, Disability and Health framework. Results: Body Structure and Function: Indian parents were more focused on fixing body structure and function challenges, and independent walking, than Canadian parents. Activity and Participation: All Canadian children were actively involved in school and fun activities. Social and cultural beliefs, lack of access to services and inaccessible communities were the barriers experienced by Indian parents. Information needs: both groups needed information to make their child more functional. Conclusion: Canadian parents experience a more enabling environment and express a more social view of their child’s health, suggesting both education on the International Classification of Functioning, Disability and Health principles and services are needed to better enable and empower Indian parents. There remains a need for healthcare professionals and services in both countries to be more family-centered. Implications for rehabilitation: To help parents in rehabilitating their children with cerebral palsy (CP), in India, there is a need to (1) incorporate ICF education into medical curricula and clinical practice; (2) increase the availability of skilled healthcare professionals and centers; (3) make infrastructural and policy reforms to make the society more accessible for the disabled children. Education, counseling and awareness about CP might help both groups of parents, society, and HCPs to change their beliefs and attitudes regarding CP and its rehabilitation. Both countries would benefit from user-friendly and transparent policies. This will help parents to become more aware of them and use them in the rehabilitation process.

Database: CINAHL

The effects of physical exercise on executive function in community-dwelling older adults living with Alzheimer’s-type dementia: A systematic review.

Abstract: Executive function deficit is an indicator of Alzheimer’s-type dementia and manifests as disruptions of attentional control, memory, cognitive flexibility, planning, and reasoning, among other cognitive problems. Physical exercise is suggested to have a protective effect on global cognition with aging. However, whether it influences executive function in people living with Alzheimer’s-type dementia specifically is unknown. The current systematic review examined the efficacy of physical exercise on executive function performance in community-dwelling older adults living with Alzheimer’s-type dementia. An electronic search of databases retrieved randomized and non-randomized controlled trials of community-dwelling older adults diagnosed with Alzheimer’s-type dementia who completed a physical exercise intervention and who were assessed using an executive function outcome measure. Methodological quality of six studies meeting the inclusion criteria published between 2009 and 2016 was scored independently by two raters using the Physiotherapy Evidence Database and a Cochrane informed domain-based assessment of risk of bias. Trends toward improvement in executive function scores were seen across all six studies, and significant improvement was seen in four of the eligible studies. Future studies should explore the benefits of the American College of Sports Medicine recommended 150 min of physical exercise per week with select measures of executive function.

Database: Medline

The effects of physical exercise on executive function in community-dwelling older adults living with Alzheimer’s-type dementia: A systematic review.

Abstract: Executive function deficit is an indicator of Alzheimer’s-type dementia and manifests as disruptions of attentional control, memory, cognitive flexibility, planning, and reasoning, among other cognitive problems. Physical exercise is suggested to have a protective effect on global cognition with aging. However, whether it influences executive function in people living with Alzheimer’s-type dementia specifically is unknown. The current systematic review examined the efficacy of physical exercise on executive function performance in community-dwelling older adults living with Alzheimer’s-type dementia. An electronic search of databases retrieved randomized and non-randomized controlled trials of community-dwelling older adults diagnosed with Alzheimer’s-type dementia who completed a physical exercise intervention and who were assessed using an executive function outcome measure. Methodological quality of six studies meeting the inclusion criteria published between 2009 and 2016 was scored independently by two raters using the Physiotherapy Evidence Database and a Cochrane informed domain-based assessment of risk of bias. Trends toward improvement in executive function scores were seen across all six studies, and significant improvement was seen in four of the eligible studies. Future studies should explore the benefits of the American College of Sports Medicine recommended 150 min of physical exercise per week with select measures of executive function.

Database: CINAHL
### 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](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

<table>
<thead>
<tr>
<th>Journal Title</th>
<th>Access Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archives of Physical Medicine and Rehabilitation</td>
<td>Fulltext starts 01/Jun/1999 and ends 18 months ago</td>
</tr>
<tr>
<td>Australian Occupational Therapy Journal</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>British Journal of Occupational Therapy</td>
<td>Fulltext starts 01/Mar/1998 and ends 12 months ago</td>
</tr>
<tr>
<td>Clinical Linguistics and Phonetics</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Clinical Rehabilitation</td>
<td>CINAHL with Full Text [©]</td>
</tr>
<tr>
<td>Disability and Rehabilitation</td>
<td>Psychology and Behavioral Sciences Collection [©] Athens password required</td>
</tr>
<tr>
<td>International Journal of Audiology</td>
<td>CINAHL with Full Text [©]</td>
</tr>
<tr>
<td>Journal of Geriatric Physical Therapy</td>
<td>Fulltext starts 01/Jan/2002 and ends 18 months ago</td>
</tr>
<tr>
<td>Journal of Orthopaedic and Sports Physical Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Manual Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Nursing Standard</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Nursing Times</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Occupational Therapy in Mental Health</td>
<td>Taylor &amp; Francis Journals (All Content) [©] Note: You will need to sign in with your Athens details</td>
</tr>
<tr>
<td>Occupational Therapy International</td>
<td>CINAHL with Full Text [©]</td>
</tr>
<tr>
<td>Physical Therapy Reviews</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Scandinavian Journal of Occupational Therapy</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Spine</td>
<td>Contact Library Staff</td>
</tr>
<tr>
<td>Work</td>
<td>Contact Library Staff</td>
</tr>
</tbody>
</table>

**CWPT Library Contact Details**

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