

# Current Awareness Bulletin

# Rehabilitation Therapies

## March 2019

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## Physiotherapy

### **Characteristics and determinants of community physiotherapy utilization and supply.**

**Author(s):** Mbada, Chidozie; Olawuyi, Abraham; Oyewole, Olufemi O.; Odole, Adesola C.; Ogundele, Abiola O.; Fatoye, Francis

**Source:** *BMC Health Services Research*; Mar 2019; vol. 19 (no. 1)

Available at [BMC Health Services Research](#) - from BioMed Central

**Abstract:** Background: Demand for Physiotherapy is on the rise due to increasing ageing population and consequent disability and morbidity. However, the costs of healthcare in developing countries are rising, and healthcare resources are limited making the supply of Physiotherapy services challenging in rural communities. Availability of Physiotherapy may help to reduce the burden of disability and enhance efficiency of healthcare systems. This study investigated the characteristics and associations of utilization and supply of community Physiotherapy in Nigeria. Methods: Cross-sectional survey of 336 consenting community dwelling individuals from three selected communities in Nigeria was carried out. A three-section validated self-developed questionnaire which sought information on socio-demographics, utilization and supply of community Physiotherapy, as well as how to improve community Physiotherapy services was used. A household was used as the primary sampling unit in the study. Inferential and Descriptive statistics were used to assess the data. Results: Lifetime, 12-month and point utilization of physiotherapy was 21.7, 7.4 and 2.7% respectively. Physiotherapy utilization was significantly associated with level of education ( $p = 0.007$ ), belief on pain as "spiritual" ( $p = 0.020$ ) and religious belief ( $p = 0.001$ ). The respondents with primary, secondary and tertiary education were 14.3, 13.9 and 26 times more likely to utilize physiotherapy services, respectively. Those who 'agree' or were 'not sure' that their religious belief was against physiotherapy were 92 and 83% less likely to utilize physiotherapy services, respectively compared with those who 'disagree'. Availability and supply of Physiotherapy services were mostly at the township teaching hospital (47.9%) and private hospitals (20.5%). The supply of Physiotherapy services within the communities was mostly on temporary basis (24.7%) and through visiting Physiotherapists (21.4%). Physiotherapy services utilized was mainly exercise (46.6%) and soft tissue mobilization (41.1%). Travel costs (32.6%), time constraints (27.9%) and work commitments (24.8%) were the constraints for Physiotherapy utilization while positive beliefs and higher education improved Physiotherapy utilization. Conclusions: Utilization and supply of Physiotherapy services in Nigerian rural community was low. Low utilization of Physiotherapy services in Nigerian rural communities were most significantly influenced by low educational status and beliefs about pain.

**Database:** CINAHL

### **Physiotherapy practice patterns in gait rehabilitation for adults with acquired brain injury.**

**Author(s):** Wilson, Terri; Martins, Olivia; Efrosman, Michelle; DiSabatino, Victoria; Benbrahim, B. Mohamed; Patterson, Kara K.

**Source:** *Brain Injury*; Mar 2019; vol. 33 (no. 3); p. 333-348

**Abstract:** Objective: Gait dysfunction is common following acquired brain injury (ABI). Clinical practice guidelines can improve patient outcomes; however, information regarding ABI-specific management of gait dysfunction is limited. This study aimed to describe practice patterns of Canadian physiotherapists regarding gait rehabilitation in adults post-ABI. Methods: An electronic questionnaire was developed and distributed across Canada to describe physiotherapy assessment methods, outcome measures, and treatment interventions used to manage gait dysfunction in adults with mild-moderate and severe ABI. Results: Of 103 respondents who accessed the questionnaire, 59 met inclusion criteria and participated in the study. Methods most frequently used "often or very often" at initial and discharge assessments included visual observation ( $\geq 88.2\%$  for adults with mild-moderate and severe ABI) and the Berg Balance Scale ( $\geq 76.3\%$  for adults with mild-moderate ABI). Higher level gait training exercises were used more often for adults with mild-moderate than severe ABI. Physiotherapists commonly reported further research was required to develop and validate gait-specific outcome measures (42.4%) and treatment techniques (76.3%). Conclusions: Physiotherapists' use of gait-specific treatment interventions, but not assessment methods, differs depending on ABI severity. Future work should investigate factors influencing these practice patterns. In addition, clinician-identified research priorities include ABI gait-specific outcome measures and technology-based interventions.

**Database:** CINAHL

### **Turkish validity and reliability of the patient satisfaction scale in physiotherapy for patients with musculoskeletal pain.**

**Author(s):** Erden, Arzu; Topbaş, Murat

**Source:** *Journal of Back & Musculoskeletal Rehabilitation*; Mar 2019; vol. 32 (no. 2); p. 197-203

**Abstract:** BACKGROUND: Patient satisfaction is a key point in evaluating the quality of physiotherapy services. OBJECTIVE: The aim of this study was to determine the Turkish language validity and reliability of the Patient Satisfaction Scale in Physiotherapy (PSSP). METHODS: The study included 168 participants, aged 18–74 years, with musculoskeletal pain. The PSSP, which comprises 14 items in the four sub-dimensions of treatment, admission, logistics and general satisfaction, was applied to all participants. Structural validity was assessed using the principal components method with varimax rotation. Internal consistency and the intraclass correlation coefficient (ICC) were used for the reliability analysis. The Patient Satisfaction Scale for Physical Therapy Outpatient Clinics (PCCPTO) was used to assess concurrent validity. RESULTS: The participants comprised of 71% females and 29% males with a mean age of  $41.9 \pm 14.9$  years. The sampling competency index was 0.874. The Turkish version of the scale was found to be perfectly reliable (Cronbach's alpha reliability coefficient = 0.922). Internal consistency ranged from 0.762 to 0.904 in the subscales. Factor analysis revealed that the 14-item scale had four factors explaining 75.59% of the total variance. Floor and ceiling effects were not determined. Concurrent validity analysis showed a strong correlation between the PSSP and PCCPTO ( $r = 0.78$ ;  $p < 0.0005$ ). CONCLUSION: The Turkish version of the PSSP is a valid, reliable and easily applicable measure.

**Database:** CINAHL

### **Consumer preferences regarding physiotherapy practitioners and nurse practitioners in emergency departments - a qualitative investigation.**

**Author(s):** Gill, Stephen D.; Stella, Julian; McManus, Luke

**Source:** *Journal of Interprofessional Care*; Mar 2019; vol. 33 (no. 2); p. 209-215

**Abstract:** Workforce reform has led to Nurse Practitioners (NP) and Physiotherapy Practitioners (PP) employed in Emergency Departments (ED) to see patients alongside doctors. This qualitative study gathered consumer opinions and preferences regarding NPs, PPs, and doctors, and the attributes desired of them. Twenty-two members of the organization's Consumer Representative Program participated in one of three focus groups which were audio-recorded and transcribed verbatim. Data were subsequently collected using an emergent-systematic design that enabled ideas to be explored and refined in sequential focus groups. Data analysis, utilizing the principles of thematic analysis, identified four themes. First, consumers understand and accept that reform is necessary to improve care, better utilize available resources and create sustainable services. Second, although consumers accept the rationale for employing NPs and PPs, preferences vary regarding who they want as their primary clinician. Some consumers do not mind who provides care as long as they receive the care they need; others believe doctors provide superior care and preferred a doctor; a third group indicated that not everyone who presents to an ED needs to see a doctor and specialized care would be provided by NPs and PPs for certain conditions. Some consumers expressed incomplete or inaccurate understanding of ED staff roles, responsibilities, and skillsets, which influenced their care preferences. Third, consumers identified a core set of desirable staff attributes that apply to everyone irrespective of professional demarcation; all staff should embody these attributes, though

the expression of the attributes will vary according to circumstances and the staff member's scope of practice. Fourth, consumers expect effective governance over ED services so that all staff, irrespective of their profession provides safe and effective care. In conclusion, these results can be used by health-care administrators and clinicians to inform workforce reform in EDs, helping to ensure that consumers' opinions and preferences are acknowledged and appropriately addressed.

**Database:** CINAHL

**People who identify as LGBTIQ+ can experience assumptions, discomfort, some discrimination, and a lack of knowledge while attending physiotherapy: a survey.**

**Author(s):** Ross, Megan H; Setchell, Jenny

**Source:** *Journal of physiotherapy*; Mar 2019

**Abstract:** QUESTIONS What are the experiences of people who identify as lesbian, gay, bisexual, transgender, intersex, queer or related identities (LGBTIQ+) and attend physiotherapy? How could those experiences of physiotherapy be improved? DESIGN Primarily qualitative design using a purpose-built online survey. PARTICIPANTS People aged 18 years or older, who self-identified as LGBTIQ+, and had attended physiotherapy in Australia. METHODS Open responses were analysed with thematic analysis and quantitative responses with descriptive statistics. RESULTS One hundred and fourteen participants responded to the survey, with 108 meeting all eligibility criteria. Four main themes were identified in the analysis, with almost all participants reporting experiences during physiotherapy interactions relating to at least one of the following themes: 'assumptions' about participants' sexuality or gender identity; 'proximity/exposure of bodies', including discomfort about various aspects of physical proximity and/or touch and undressing and/or observing the body; 'discrimination', including reports of overt and implicit discrimination as well as a fear of discrimination; and 'lack of knowledge about transgender-specific health issues'. Positive experiences were also evident across the first, third and fourth themes. Participants suggested or supported a number of ways to improve LGBTIQ+ experiences with physiotherapy, including: LGBTIQ+ diversity training for physiotherapists, education specific to the LGBTIQ+ population (particularly transgender health), and open options for gender provided on forms. CONCLUSION People who identify as LGBTIQ+ can experience challenges when attending physiotherapy, including: erroneous assumptions by physiotherapists, discomfort, explicit and implicit discrimination, and a lack of knowledge specific to their health needs. Positive findings and participant-suggested changes offer ways to improve physiotherapy for LGBTIQ+ people across educational and clinical settings.

**Database:** Medline

**Physiotherapists' views, perceived knowledge, and reported use of psychosocial strategies in practice.**

**Author(s):** Driver, Christina; Lovell, Geoff P; Oprescu, Florin

**Source:** *Physiotherapy theory and practice*; Mar 2019 ; p. 1-14

**Abstract:** BACKGROUND Research has addressed the usefulness of psychosocial strategies within physiotherapy, as part of a biopsychosocial model. A lack of current research in Australia concerning the views of physiotherapists, from a range of practice areas, regarding a variety of strategies, suggests the need for broader exploration. METHODS This research employed a cross-sectional survey asking Australian physiotherapists (n = 251) to rate their perceived importance and perceived benefits of psychosocial strategies; perceived positive effects on rehabilitation outcomes and adherence; confidence in applying strategies, and perceived benefits of further training. Data were analyzed using descriptive statistics, Crosstabs with Chi-Squared Tests of Contingencies and Spearman's Rank-Order Correlations. RESULTS Physiotherapists reported that having knowledge of such strategies was important and considered them beneficial for practice. Respondents rated highly their perceived knowledge about goal setting and positive reinforcement, both of which were reported as most used in practice. Approximately one quarter of physiotherapists reported using cognitive behavioral therapy and motivational interviewing. Physiotherapists communicated a lack of confidence to apply psychosocial strategies in their practice, and desired further training. CONCLUSION Physiotherapists could benefit from tailored instruction regarding psychosocial strategies at a level appropriate to, and within their scope of practice. This could enhance their practice from a biopsychosocial perspective, subsequently improving outcomes for their patients.

**Database:** Medline

**Acquisition of Knowledge and Practical Skills after a Brief Course of BLS-AED in First-Year Students in Nursing and Physiotherapy at a Spanish University.**

**Author(s):** Méndez-Martínez, Carlos; Martínez-Isasi, Santiago; García-Suárez, Mario; Peña-Rodríguez, Medea Aglaya De La; Gómez-Salgado, Juan; Fernández-García, Daniel

**Source:** *International journal of environmental research and public health*; Mar 2019; vol. 16 (no. 5)

Available at [International Journal of Environmental Research and Public Health](#) - from Europe PubMed Central - Open Access

**Abstract:** Out-of-hospital cardiorespiratory arrest is one of the leading causes of death in the Western world. Early assistance with quality Cardiopulmonary Resuscitation (CPR) and the use of a defibrillator may increase the percentage of survival after this process. The objective of this study was to evaluate the effect of CPR training and the management of an Automatic External Defibrillator (AED). A descriptive, cross-sectional, observational study was carried out among students in the first year of a Nursing and Physiotherapy degree of the University of León. To achieve this goal, a theoretical-practical educational intervention of four hours' duration which included training on CPR, AED and Basic Life Support (BLS) was carried out. A total of 112 students were included. The results showed an increase in theoretical knowledge on BLS as well as on CPR and AED, and practical skills in CPR and AED management. A theoretical exposition of fifteen minutes and the practical training of CPR was enough for the students to acquire the necessary theoretical knowledge, although the participants failed to reach quality criteria in CPR. Only 35.6% of students reached the right depth in compressions. Also, ventilation was not performed properly. Based on the results, we cannot determine that the percentage of overall quality of CPR was appropriate, since 57.6% was obtained in this respect and experts establish a value higher than 70% for quality CPR. There was a clear relationship between sex, weight, height and body mass index (BMI), and quality CPR performance, being determinant variables to achieve quality parameters. Currently, Basic Life Support training in most universities is based on training methods similar to those used in the action described. The results obtained suggest implementing other training methods that favour the acquisition of quality CPR skills.

**Database:** Medline

**Physiotherapy treatment approaches for survivors of critical illness: a proposal from a Delphi study.**

**Author(s):** Kwakman, Robin C H; Major, Mel E; Dettling-Ihnenfeldt, Daniela S; Nollet, Frans; Engelbert, Raoul H H; van der Schaaf, Marike

**Source:** *Physiotherapy theory and practice*; Mar 2019 ; p. 1-11

**Abstract:** **PURPOSE** The aim of this study was to develop practical recommendations for physiotherapy for survivors of critical illness after hospital discharge. **METHODS** A modified Delphi consensus study was performed. A scoping literature review formed the basis for three Delphi rounds. The first round was used to gather input from the panel to finalize the survey for the next two rounds in which the panel was asked to rank each of the statements on an ordinal scale with the objective to reach consensus. Consensus was defined as a SIQR of  $\leq 0.5$ . Ten Dutch panelists participated in this study: three primary care physiotherapists, four intensive care physiotherapists, one occupational therapist, one ICU-nurse and one former ICU-patient. All involved professionals have treated survivors of critical illness. Our study was performed in parallel with an international Delphi study with hospital-based health-care professionals and researchers. **RESULTS** After three Delphi rounds, consensus was reached on 95.5% of the statements. This resulted in practical recommendations for physiotherapy for critical illness survivors in the primary care setting. The panel agreed that the handover should include information on 14 items. Physiotherapy treatment goals should be directed toward improvement of aerobic capacity, physical functioning, activities in daily living, muscle strength, respiratory and pulmonary function, fatigue, pain, and health-related quality of life. Physiotherapy measurements and interventions to improve these outcomes are suggested. **CONCLUSION** This study adds to the knowledge on post-ICU physiotherapy with practical recommendations supporting clinical decision-making in the treatment of survivors of critical illness after hospital discharge.

**Database:** Medline

**Web-based physiotherapy for people affected by multiple sclerosis: a single blind, randomized controlled feasibility study.**

**Author(s):** Paul, Lorna; Renfrew, Linda; Freeman, Jennifer; Murray, Heather; Weller, Belinda; Mattison, Paul; McConnachie, Alex; Heggie, Robert; Wu, Olivia; Coulter, Elaine H

**Source:** *Clinical rehabilitation*; Mar 2019; vol. 33 (no. 3); p. 473-484

**Abstract:** **OBJECTIVE:** To examine the feasibility of a trial to evaluate web-based physiotherapy compared to a standard home exercise programme in people with multiple sclerosis. **DESIGN:** Multi-centre, randomized controlled, feasibility study. **SETTING:** Three multiple sclerosis out-patient centres. **PARTICIPANTS:** A total of 90 people with multiple sclerosis (Expanded Disability Status Scale 4-6.5). **INTERVENTIONS:** Participants were randomized to a six-month individualized, home exercise

programme delivered via web-based physiotherapy ( n = 45; intervention) or a sheet of exercises ( n = 45; active comparator).OUTCOME MEASURES: Outcome measures (0, three, six and nine months) included adherence, two-minute walk test, 25 foot walk, Berg Balance Scale, physical activity and healthcare resource use. Interviews were undertaken with 24 participants and 3 physiotherapists. RESULTS: Almost 25% of people approached agreed to take part. No intervention-related adverse events were recorded. Adherence was 40%-63% and 53%-71% in the intervention and comparator groups. There was no difference in the two-minute walk test between groups at baseline (Intervention-80.4(33.91)m, Comparator-70.6(31.20)m) and no change over time (at six-month Intervention-81.6(32.75)m, Comparator-74.8(36.16)m. There were no significant changes over time in other outcome measures except the EuroQol-5 Dimension at six months which decreased in the active comparator group. For a difference of 8(17.4)m in two-minute walk test between groups, 76 participants/group would be required (80% power, P > 0.05) for a future randomized controlled trial. CONCLUSION: No changes were found in the majority of outcome measures over time. This study was acceptable and feasible by participants and physiotherapists. An adequately powered study needs 160 participants.

**Database:** Medline

### **The Effectiveness of Group-Based Physiotherapy-Led Behavioral Psychological Interventions on Adults With Chronic Low Back Pain: A Systematic Review and Meta-Analysis.**

**Author(s):** Zhang, Qi; Jiang, Shujun; Young, Lufei; Li, Feng

**Source:** *American journal of physical medicine & rehabilitation*; Mar 2019; vol. 98 (no. 3); p. 215-225

**Abstract:** Group-based physiotherapy-led behavioral psychological interventions (GPBPIs) are an emerging treatment for chronic low back pain, but the efficacy of these interventions is uncertain. A review of relevant randomized controlled trials and a meta-analysis was conducted to evaluate the effectiveness of GPBPIs on pain relief in adults with chronic low back pain. Literature databases, Google Scholar, bibliographies, and other relevant sources were searched. Thirteen intervention studies (13) published from 1998 to 2013 were included. The meta-analysis was conducted using RevMan software in accordance with the Cochrane Handbook for Systematic Reviews of Interventions. In reviewing the short- (<6 mos), intermediate- (≥6 and <12 mos), and longer-term (≥12 mos) effects of GPBPIs, long-term follow-up evaluations showed large and significant effect sizes (standardized mean difference = -0.25, 95% confidence interval = -0.39 to -0.11, I = 38%, P < 0.01). Subgroup analysis indicated that patients from GPBPIs group had the greater short-, intermediate-, and long-term pain reduction than patients on waiting listing or usual care group. Compared with other active treatments, GPBPIs showed a small but significant long-term pain reduction in patients with chronic low back pain (standardized mean difference = -0.18, 95% confidence interval = -0.35 to -0.01, I = 32%, P = 0.04). In general, GPBPIs may be an acceptable intervention to relieve pain intensity.

**Database:** Medline

## **Occupational Therapy**

### **Development and Validation of the Occupational Therapy Engagement Scale for Patients with Stroke.**

**Author(s):** Wu, Tzu-Yi; Lien, Bella Ya-Hui; Lequerica, Anthony H.; Lu, Wen-Shian; Hsieh, Ching-Lin

**Source:** *Occupational Therapy International*; Mar 2019 ; p. 1-10

Available at [Occupational Therapy International](#) - from Hindawi Open Access Journals

**Abstract:** Background/Aim. Almost all interventions in occupational therapy require the active engagement of the patients. However, no scale has been specifically designed for assessing engagement in occupational therapy. The purposes of this study were to develop the occupational therapy engagement scale (OTES) and to examine its unidimensionality, reliability, and predictive validity. Methods. The OTES was developed through the review of similar scales, eight experts' opinions, cognitive interviews, and pilot testing. The unidimensionality was verified with Rasch model fitting and principal component analysis. The Rasch reliability was also estimated. Pearson's correlation coefficient (r) was used to validate the predictive validity by examining the association between the Rasch scores of the OTES and patients' performance of activities of daily living (ADL). Results. A total of 253 patients with stroke were rated by 22 therapists using the OTES. The mean age of the patients was 62.3±13.2 years old, and 65.2% of the patients were male. The infit and outfit MNSQ of the 12 items of the OTES ranged from 0.62 to 1.34. The unexplained variance of the first dimension of the principal component analysis was 4.0%. The mean person reliability of the OTES was 0.88. Pearson's r between the OTES and patients' ADL performance was 0.37. Conclusions.

The results of Rasch analysis supported that the items of the OTES were unidimensional. The OTES had sufficient person reliability and predictive validity in patients with stroke.

**Database:** CINAHL

### **Can Occupational Therapy Address the Occupational Implications of Hoarding?**

**Author(s):** Clarke, Cathy

**Source:** *Occupational Therapy International*; Mar 2019 ; p. 1-13

Available at [Occupational Therapy International](#) - from Hindawi Open Access Journals

**Abstract:** Hoarding is often described as a medical disorder, defined by a persistent difficulty in discarding possessions and associated high levels of emotional distress when forced to part with these. This article will discuss how having a different view of hoarding, seeing hoarding as a daily occupation which provides value, purpose, and meaning and with a relationship to self-identity and life purpose, could offer alternate interventions to support an individual who hoards. The article will consider the components of hoarding activity and how these relate to health and wellbeing and doing, being, belonging, and becoming as understood by occupational therapists. The article will consider what occupational therapy, a profession which considers a person's daily occupations, the things that occupy their time and which give meaning to their existence, could offer as an alternative to current hoarding interventions. Proposals for occupational therapy interventions will be suggested which would support occupational choice, support engagement in activities which have more positive outcomes on a person's health, and seek to address barriers which limit engagement and occupational performance in activities within the person's home environment.

**Database:** CINAHL

### **Developing international research priorities for occupational therapy.**

**Author(s):** Mackenzie, Lynette; Alvarez Jaramillo, Liliana; Ledgerd, Ritchard

**Source:** *British Journal of Occupational Therapy*; Mar 2019; vol. 82 (no. 3); p. 139-140

**Abstract:** An introduction is presented in which the editor discusses articles in the issue on topics including occupational therapy, occupational therapists and mental health of employees.

**Database:** CINAHL

### **Information and communication technology use within occupational therapy home assessments: A scoping review.**

**Author(s):** Ninnis, Kayla; Van Den Berg, Maayken; Lannin, Natasha A.; George, Stacey; Laver, Kate

**Source:** *British Journal of Occupational Therapy*; Mar 2019; vol. 82 (no. 3); p. 141-152

**Abstract:** Introduction Home assessments conducted by occupational therapists can identify hazards and prevent falls. However, they may not be conducted because of limited time or long distances between the therapist's workplace and the person's home. Developments in technologies may overcome such barriers and could improve the quality of the home assessment process. Method This scoping review synthesises the findings of studies evaluating information and communication technology use within occupational therapy home assessments. Results Fourteen studies were included and revealed the two main approaches to technology use: the development of new applications and the use of existing and readily available technologies. Facilitators and barriers to use were also identified. Facilitators included usefulness, ease of use and the potential for cost-effectiveness. Barriers to use included poor usability, unsuitability for some populations and perceived threat to the role of occupational therapy. The synthesis revealed that traditional in-home assessments conducted by therapists are more sensitive in identifying hazards. Conclusion The availability of new technologies offers potential to improve service delivery; however these technologies are underutilised in clinical practice. Technologies may offer advantages in the conduct of home assessments, especially regarding efficiency, but have not yet been shown to be superior in terms of patient outcome.

**Database:** CINAHL

### **Contemporary factors shaping the professional identity of occupational therapy lecturers.**

**Author(s):** O'Shea, John; McGrath, Simon

**Source:** *British Journal of Occupational Therapy*; Mar 2019; vol. 82 (no. 3); p. 186-194

**Abstract:** Introduction The contemporary factors of neoliberalism and evidence-based practice have implications for professional autonomy and values, education and training, ways of working and construction of knowledge. Occupational therapy lecturers are at the interface between student education and professional practice and therefore have unique insights into the way in which these factors are shaping their professional identity and that of the profession. Method Nine narrative inquiry focused

interviews of occupational therapy lecturers from two universities were carried out. Data was interpreted through a Bourdieusian lens of professional habitus, and analysed thematically. Findings The main factors influencing occupational therapy lecturer identity were noted to be relationships between professional identity and artistry; the professional body of knowledge and language; evidencing practice, neoliberalism and changes to teaching and learning. Conclusion The structural factors of neoliberalism, evidence-based practice and associated policies are influencing the occupational therapy professional habitus and, in turn, occupational therapy lecturers' professional identity. An effective critique of these structural factors is required to maintain the profession's values and artistry and the knowledge upon which occupational therapy lecturers' identity is formed and their approaches to teaching and learning are based.

**Database:** CINAHL

**Placement replacement: A conceptual framework for designing simulated clinical placement in occupational therapy.**

**Author(s):** Chu, Eli Mang Yee; Sheppard, Loretta; Guinea, Stephen; Imms, Christine

**Source:** *Nursing & Health Sciences*; Mar 2019; vol. 21 (no. 1); p. 4-13

**Abstract:** Simulation is increasingly used to supplement clinical placement in preregistration health professional programs. However, there are no conceptual frameworks to guide the design of these learning experiences when replacing a clinical placement. In the present study, the conceptual framework for simulated clinical placements (CF-SCP) is presented. Evolving from an iterative process of synthesizing learning and simulation theory, findings from the empirical literature, and the perspectives and ideas from experts in occupational therapy practice, education and simulation-based learning, the CF-SCP aligns principles and processes of workplace and simulation learning. The application of the CF-SCP is described in the context of a 1 week full-time SCP. The CF-SCP provides a structure for organizing, understanding, and applying the principles and processes to design a simulated placement to be a "placement replacement" experience. Articulating a conceptual framework for the design of simulated placement experiences to replace actual clinical placement hours in the allied health sector is important if these experiences are to be tested for validity, efficacy, and transferability to a range of occupational therapy practice areas and other health disciplines.

**Database:** CINAHL

**Facilitating open family communication when a parent has chronic pain: A scoping review.**

**Author(s):** Swift, Catherine; Hocking, Clare; Dickinson, Annette; Jones, Margaret

**Source:** *Scandinavian Journal of Occupational Therapy*; Mar 2019; vol. 26 (no. 2); p. 103-120

**Abstract:** Background: When a parent has chronic pain, family communication can become strained. Clinicians are encouraged to identify and support families struggling with open communication. Occupational therapists are commonly involved in the provision of pain management services but their role in facilitating open communication in families affected by this condition has not been clearly articulated. Objective: To develop a comprehensive understanding of what is being done and/or thought to be helpful for facilitating open communication in families affected by chronic pain, in order to articulate the role of occupational therapy in this area of care. Methods: A scoping review was conducted and 24 items analyzed using qualitative content analysis. Results: The facilitation of open communication in families affected by parental chronic pain is dependent on a variety of factors, including the skills that members possess and occupations which they perform individually and together. It can also be prompted by relationship tension or a family accessing professional support. Occupational therapy literature on the matter is currently limited and focused on assertiveness training. Conclusion and significance: There is scope for occupational therapist to extend their role beyond assertiveness training and use occupation-centered interventions to facilitate communication within families affected by parental chronic pain.

**Database:** CINAHL

**The Changing Landscape of Occupational Therapy Intervention and Research in an Age of Ubiquitous Technologies.**

**Author(s):** Liu, Lili; Mihailidis, Alex

**Source:** *OTJR : occupation, participation and health*; Apr 2019; vol. 39 (no. 2); p. 79-80

**Database:** Medline

**A Survey on the Division of Therapeutic Interventions Between Physical and Occupational Therapists in Skilled Nursing and Long-Term Care Facilities.**

**Author(s):** Marangoni, Allen; Blanks, Annemarie; Gillespie, Dominique; Lartz, Kelly

**Source:** *Journal of geriatric physical therapy* (2001); Mar 2019

**Abstract:** BACKGROUND AND PURPOSE The literature remains unclear as to what the distinct roles of physical therapy (PT) and occupational therapy (OT) are in the rehabilitation setting. The goal of this study was to determine whether doctor of physical therapy (DPT) students found a division of therapeutic interventions of the upper and lower extremities during their clinical rotations in skilled nursing and long-term care facilities. METHODS A quantitative observational study surveyed 162 previous or current DPT students from the graduating classes of 2015 to 2018 who completed 1 or more clinical rotations in a skilled nursing and/or long-term care facility. A survey was provided via school e-mail, which asked whether subjects observed a division of care between OT and PT based upon extremity while attending their clinical rotations. RESULTS Surveys indicated that a division of care was present in 94.2% (n = 49) of the facilities. Results confirmed that OT was responsible for the examination and treatment of upper extremity pathologies, while PT was responsible for the examination and treatment of lower extremity pathologies almost exclusively. Chi-square analyses determined that there was no difference in frequency between the division of care and the year in which the rotation was completed ( $\chi = 4.34$ ,  $P = .34$ ), the division of care and the state in which the facility was located ( $\chi = 1.55$ ,  $P = .99$ ), or the division of care and type of facility ( $\chi = 2.53$ ,  $P = .11$ ). CONCLUSION The present study suggests that the responsibility for upper extremity care was delegated to OT, while lower extremity care was delegated to PT in both skilled nursing and long-term care facilities in the geographic area included in the study. The reason for this division remains unclear.

**Database:** Medline

### **Increased Utilization of Ambulatory Occupational Therapy and Physical Therapy After Medicaid Expansion.**

**Author(s):** Sandstrom, Robert

**Source:** *Archives of physical medicine and rehabilitation*; Mar 2019

**Abstract:** OBJECTIVE To determine if Medicaid expansion in 2014 improved utilization of ambulatory physical therapy and occupational therapy. DESIGN Secondary data, pre- post analysis study using a difference in differences approach. The study compared utilization rates and likelihood of an ambulatory therapy visit for Medicaid ambulatory therapy patients in the pre- expansion (2012-2013) period and post-expansion (2014- 2015) period. A descriptive analysis of utilization and logistic regression with a difference in differences approach of the odds of a therapy visit was conducted. SETTING NA PARTICIPANTS: 2012-2015 public use data files of the Medical Expenditure Panel Survey- Household Component (MEPS- HC) MAIN OUTCOME MEASURES: Descriptive results and the odds ratio of an ambulatory therapy visit was determined. RESULTS About 788,233 more Medicaid beneficiaries had an ambulatory therapy visit after Medicaid expansion. By sub- population, the Increases in utilization were greatest for beneficiaries from low income households and beneficiaries living in the west census region. Policy change increased the odds of a therapy visit for a Medicaid beneficiary by 27%. CONCLUSIONS Utilization of ambulatory therapy by Medicaid beneficiaries increased after Medicaid expansion.

**Database:** Medline

### **Occupational therapy practitioners' decision-making preferences, attitudes, awareness and barriers in relation to evidence-based practice implementation in Saudi Arabia.**

**Author(s):** Alshehri, Mansour A; Falemban, Rayan; Bukhari, Rayyan A; Bakhsh, Hadeel R

**Source:** *International journal of evidence-based healthcare*; Mar 2019

**Abstract:** AIM Evidence-based practice (EBP) plays a significant part in healthcare. There has been little research into the standard of care that healthcare workers provide to patients in Saudi Arabia. The purpose of this study was to investigate occupational therapy practitioners' (OTPs) decision-making preferences, attitudes and awareness in relation to EBP as well as to discover any barriers possibly limiting EBP implementation. METHODS A cross-sectional study was conducted using an online survey. The survey was distributed to OTPs in Saudi Arabia from May to July 2018. Data were collected on demographics, decision-making preferences, attitudes and awareness as well as on the barriers obstructing implementation of EBP. The percentages and frequencies of OTPs' responses were analysed and reported. Pearson's Chi-square test was performed to explore the association between demographic variables and the attitudes and awareness of OTPs. The data were analysed using IBM SPSS Statistics 24. RESULTS A total of 144 participants responded to the questionnaire, out of which 54 participants were excluded as they only completed the demographics section, and they did not answer any of the following sections. Among the completed responses (n=90), one undergraduate participant was excluded. The final number of respondents whose data were analysed was 89 (61.8%). Out of the respondents, 58.4% were female and 73% had completed a bachelor's degree. No formal training in EBP was received by many of the respondents (53.9%). Although the attitude of 79.8% of OTPs about using research in practice was

positive, a number were unfamiliar with some of the terms and with EBP implementation. The most important barrier to EBP implementation mentioned by the respondents was that their previous education had involved insufficient teaching (45%), while 42.7% mentioned inadequate resources and funding and 38.2% pointed to a lack of skills and research knowledge. The only significant association found in this study was between the awareness of OTPs and their education level. CONCLUSION Although the attitude of OTPs toward EBP implementation was positive, their awareness regarding the use of EBP was relatively low, indicating a gap in how they understand and apply EBP in Saudi Arabia. Thus, its inclusion in the curricula for graduates and undergraduates should be considered.

**Database:** Medline

**The "What Now?" Workbook: Its potential utility following life-changing events.**

**Author(s):** Taylor, Jackie A; Jones, Vivienne; Farrell, Carole D

**Source:** *Canadian journal of occupational therapy. Revue canadienne d'ergotherapie*; Mar 2019 ; p. 8417419826108

**Abstract:** BACKGROUND. Following a life-changing event, such as a serious illness, people can experience a disruption of meaning and identity, making it difficult to move forward. The "What Now?" Workbook was developed to enable exploration of the personal meanings of specific occupations to facilitate future planning. PURPOSE. The aim of this study was to investigate the utility-usability and usefulness-of the workbook in practice. METHOD .Five occupational therapists trialed the workbook at a specialist cancer centre in England. Qualitative data were gathered via a focus group, an interview, and questionnaires. The data were subject to a realist thematic analysis. FINDINGS. The findings showed the workbook to have actual and potential utility for service users in this setting, as perceived by their occupational therapists, by helping them to explore occupations, their loss, meanings, and future possibilities as part of an occupational therapy intervention. IMPLICATIONS. The workbook appears to offer a structured yet flexible way to explore personal meanings of occupations, enabling service users to gain insights and move forward following a life-changing illness.

**Database:** Medline

**Validity, responsiveness, and perceptions of clinical utility of the Canadian Occupational Performance Measure when used in a sub-acute setting.**

**Author(s):** Roe, Debbie; Brown, Ted; Thyer, Laura

**Source:** *Disability and rehabilitation*; Mar 2019 ; p. 1-18

**Abstract:** PURPOSE The validity, responsiveness, and clinical utility of the Canadian Occupational Performance Measure was investigated when used in a sub-acute setting. MATERIALS AND METHODS Fifty older adults (mean age 78.2 years, Standard Deviation = 7.2; 64% female) completed the Canadian Occupational Performance Measure, Functional Independence Measure and the Short-Form 36 Health Questionnaire. The Canadian Occupational Performance Measure was correlated with the Functional Independence Measure and Short-Form 36 Health Questionnaire and the admission and discharge Canadian Occupational Performance Measure Performance and Satisfaction scores were compared for significant differences. Qualitative interviews with were completed with six older adults and six occupational therapists to explore the utility of the Canadian Occupational Performance Measure. RESULTS The Canadian Occupational Performance Measure Satisfaction scale was significantly associated with the Functional Independence Measure and Short-Form 36 Health Questionnaire. Significant differences were found between the admission and discharge Canadian Occupational Performance Measure Performance and Satisfaction scale scores. From both the clients' and therapists' perspectives, four key qualitative themes emerged: (1) "Likes" about the Canadian Occupational Performance Measure; (2) Effects on practice; (3) Utility; and (4) Future use. CONCLUSIONS This study provides evidence of the Canadian Occupational Performance Measure's validity, responsiveness and clinical utility when used in a sub-acute setting. Implications for rehabilitation The Canadian Occupational Performance Measure appears able to effectively evaluate the outcomes of occupational therapy interventions, including in sub-acute rehabilitation settings. It is an individualized outcome measure where clients are responsible for measuring their own progress and meaningful outcomes from therapy. Evidence of the Canadian Occupational Performance Measure's convergent validity, predictive validity and responsiveness to change was found which contributes to the body of knowledge of its psychometric properties. From a qualitative perspective, the Canadian Occupational Performance Measure was found to improve clinical decision making, facilitating client engagement, formulating clear treatment goals and making therapy more meaningful for clients.

**Database:** Medline

**Community-based participatory research remodelling occupational therapy to foster older adults' social participation.**

**Author(s):** Turcotte, Pier-Luc; Carrier, Annie; Levasseur, Mélanie

**Source:** *Canadian journal of occupational therapy*. Mar 2019 ; p. 8417419832338

**Abstract:** BACKGROUND .Occupational therapists who provide community-based services are well positioned to foster older adults' social participation. However, community occupational therapists rarely address social participation and require support to change their practice. PURPOSE .This study initiated a remodelling of community occupational therapy services by (a) selecting practices fostering older adults' social participation and (b) identifying factors that could affect their integration. METHOD .A community-based participatory research study was conducted in a large Canadian city. Four focus group meetings and seven individual interviews were held with 28 key informants. FINDINGS. A continuum of emerging practices was identified, including personalized, group-based, and community-based interventions. Potential enablers of these practices included clinical support, better communication, and user involvement. Organizational and systemic barriers were related to the institutional culture and performance indicators. IMPLICATIONS. These results point to innovative ways to foster older adults' social participation and identify potential enablers and barriers affecting their integration.

**Database:** Medline

### **Overview of reviews of standardised occupation-based instruments for use in occupational therapy practice.**

**Author(s):** Romli, Muhammad Hibatullah; Wan Yunus, Farahiyah; Mackenzie, Lynette

**Source:** *Australian occupational therapy journal*; Mar 2019

**Abstract:** INTRODUCTION Using standardised instruments is one approach to support evidence-based practice. Referring to systematic reviews is an option to identify suitable instruments. However, with an abundance of systematic reviews available, therapists are challenged to identify an appropriate instrument to use. Therefore, this overview of reviews aimed to summarise relevant systematic review findings about standardised occupation-based instruments relevant for occupational therapy practice. METHODS An overview of reviews was conducted. A systematic search was performed on four databases up to March 2018. Included systematic reviews were analysed for quality using A Measurement Tool to Assess systematic Reviews (AMSTAR).RESULTS A total of 2187 articles were identified after removing duplicates. Ultimately, 58 systematic reviews were identified that yielded 641 instruments. From those, 45 instruments were selected for appraisal as they met the inclusion criteria of being developed mainly by occupational therapists and were recommended in the summarised findings from the systematic reviews. The instruments were classified according to the following occupation domains: (i) multidimensional, (ii) activities of daily living, (iii) productivity, (iv) social, (v) sleep/rest, (vi) sexuality and (vii) spirituality. No systematic review was identified that specifically focussed on occupations related to school/education, leisure and play. DISCUSSION Certain occupation domains such as activities of daily living, social and sleep/rest received high attention amongst researchers. There is a need for systematic reviews of instruments to measure education/school, play and leisure. Limited numbers of instruments were developed by occupational therapists outside the occupation domain of activities of daily living, and in areas of practice other than children and older people. Nevertheless, this overview can give some guidance for occupational therapists in selecting a suitable occupational therapy instrument for practice.

**Database:** Medline

## **Speech Language Therapy**

### **Efficacy of a self-administered treatment using a smart tablet to improve functional vocabulary in post-stroke aphasia: a case-series study.**

**Author(s):** Lavoie, Monica; Bier, Nathalie; Macoir, Joël

**Source:** *International Journal of Language & Communication Disorders*; Mar 2019; vol. 54 (no. 2); p. 249-264

**Abstract:** Background: Aphasia is an acquired language disorder that occurs secondary to brain injury, such as stroke. It causes communication difficulties that have a significant impact on quality of life and social relationships. Although the efficacy of speech–language therapy has been clearly demonstrated in this population, long-term services are currently limited due to logistical and financial constraints. In this context, the potential contribution of technology, such as smart tablets, is worth exploring, especially to improve vocabulary that is relevant in daily life. Aims: The main aim was to investigate the efficacy of a self-administered treatment using a smart tablet to improve naming of functional words in post-stroke anomia. Methods & Procedures: Four adults with post-stroke aphasia took part in the study. An ABA design with multiple baselines was used to compare naming performances for four equivalent lists: (1) trained with

functional words chosen with the participant; (2) trained with words randomly chosen from a picture database; (3) exposed but not trained; and (4) not exposed (control). Outcomes & Results: For all participants, the treatment self-administered at home (four times/week for 4 weeks) resulted in a significant improvement for both sets of trained words that was maintained 2 months after the end of treatment. Moreover, in two participants, evidence of generalization to conversation was found. Conclusions & Implications: This study confirms the efficacy of using smart tablets to improve naming in post-stroke aphasia. Although more studies are needed, the use of new technologies is unquestionably a promising approach to improve communication skills in people with aphasia, especially by targeting vocabulary that is relevant to them in their daily lives.

**Database:** CINAHL

**Technology-enabled management of communication and swallowing disorders in Parkinson's disease: a systematic scoping review.**

**Author(s):** Theodoros, Deborah; Aldridge, Danielle; Hill, Anne J.; Russell, Trevor

**Source:** *International Journal of Language & Communication Disorders*; Mar 2019; vol. 54 (no. 2); p. 170-188

**Abstract:** Background: Communication and swallowing disorders are highly prevalent in people with Parkinson's disease (PD). Maintenance of functional communication and swallowing over time is challenging for the person with PD and their families and may lead to social isolation and reduced quality of life if not addressed. Speech and language therapists (SLTs) face the conundrum of providing sustainable and flexible services to meet the changing needs of people with PD. Motor, cognitive and psychological issues associated with PD, medication regimens and dependency on others often impede attendance at a centre-based service. The access difficulties experienced by people with PD require a disruptive service approach to meet their needs. Technology-enabled management using information and telecommunications technologies to provide services at a distance has the potential to improve access, and enhance the quality of SLT services to people with PD. Aims: To report the status and scope of the evidence for the use of technology in the management of the communication and swallowing disorders associated with PD. Methods & Procedures: Studies were retrieved from four major databases (PubMed, CINAHL, EMBASE and Medline via Web of Science). Data relating to the types of studies, level of evidence, context, nature of the management undertaken, participant perspectives and the types of technologies involved were extracted for the review. Main Contribution: A total of 17 studies were included in the review, 15 of which related to the management of communication and swallowing disorders in PD with two studies devoted to participant perspectives. The majority of the studies reported on the treatment of the speech disorder in PD using Lee Silverman Voice Treatment (LSVT LOUD®). Synchronous and asynchronous technologies were used in the studies with a predominance of the former. There was a paucity of research in the management of cognitive-communication and swallowing disorders. Conclusions & Implications: Research evidence supporting technology-enabled management of the communication and swallowing disorders in PD is limited and predominantly low in quality. The treatment of the speech disorder online is the most developed aspect of the technology-enabled management pathway. Future research needs to address technology-enabled management of cognitive-communication and swallowing disorders and the use of a more diverse range of technologies and management approaches to optimize SLT service delivery to people with PD.

**Database:** CINAHL

**Approaches to communication assessment with children and adults with profound intellectual and multiple disabilities.**

**Author(s):** Chadwick, Darren; Buell, Susan; Goldbart, Juliet

**Source:** *Journal of Applied Research in Intellectual Disabilities*; Mar 2019; vol. 32 (no. 2); p. 336-358

Available at [Journal of Applied Research in Intellectual Disabilities](#) - from Wiley Online Library All Journals Login with Athens Account details

**Abstract:** Communication assessment of people with profound intellectual and multiple disabilities (PIMD) has seldom been investigated. Here, we explore approaches and decision making in undertaking communication assessments in this group of people. A questionnaire was sent to UK practitioners. The questionnaire elicited information about assessment approaches used and rationales for assessment choices. Fifty-five speech and language therapists (SLTs) responded. Findings revealed that the Preverbal Communication Schedule, the Affective Communication Assessment and the Checklist of Communication Competence were the most frequently used published assessments. Both published and unpublished assessments were often used. Rationales for assessment choice related to assessment utility, sensitivity to detail and change and their applicability to people with PIMD. Underpinning evidence for assessments was

seldom mentioned demonstrating the need for more empirical support for assessments used. Variability in practice and the eclectic use of a range of assessments was evident, underpinned by practice-focused evidence based on tacit knowledge.

**Database:** CINAHL

### **How does language proficiency affect children's iconic gesture use?**

**Author(s):** ZVAIGZNE, MEGHAN; OSHIMA-TAKANE, YURIKO; HIRAKAWA, MAKIKO

**Source:** *Applied Psycholinguistics*; Mar 2019; vol. 40 (no. 2); p. 555-583

**Abstract:** Previous research investigating the relationship between language proficiency and iconic gesture use has produced inconsistent findings. This study investigated whether a linear relationship was assumed although it is a quadratic relationship. Iconic co-speech gesture use by 4- to 6-year-old French–Japanese bilinguals with two levels of French proficiency (intermediate and low) but similar levels of Japanese proficiency was compared with that of high-proficiency French monolinguals (Study 1) and Japanese monolinguals with similar proficiency to the bilinguals (Study 2). To control the information participants communicated, a dynamic referential communication task was used; a difference between two cartoons had to be communicated to an experimenter. Study 1 showed a significant quadratic relationship between proficiency and iconic gesture use in French; the intermediate-proficiency bilinguals gestured least among the three proficiency groups. The monolingual and bilingual groups with similar Japanese proficiency in Study 2 gestured at similar rates. It is suggested that children gestured for different reasons depending on their language proficiency and the cognitive resources available for the task.

**Database:** CINAHL

### **Stages of Success: The Theatre and Therapy Project: Speech-language pathology and theatre education students work together in a program for adolescents and young adults with developmental disabilities.**

**Author(s):** LOSARDO, ANGELA; DAVIDSON, DEREK; McCULLOUGH, KIMBERLY

**Source:** *ASHA Leader*; Mar 2019; vol. 24 (no. 3); p. 34-36

Available at [ASHA Leader](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:** The article features the Theatre and Therapy Project at Appalachian State University, an interprofessional program for adolescents and young adults with developmental disabilities and communication impairments. Topics discussed include the collaboration between representatives of the Departments of Communication Sciences and Disorders (CSD) and Theatre and Dance for the project, training received by CSD and theatre students, and examples of target goals of the project.

**Database:** CINAHL

### **Build a Case For Instrumental Swallowing Assessments in Long-Term Care.**

**Author(s):** VARINDANI DESAI, RINKI

**Source:** *ASHA Leader*; Mar 2019; vol. 24 (no. 3); p. 38-41

Available at [ASHA Leader](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:** The article discusses how speech-language pathologists (SLP) can treat patients with dysphagia effectively and ethically. Topics include cost as the most common barrier according to SLP, role of SLP in advocating for the needs of patients with dysphagia, and tips for advocacy success including preparing the argument for each stakeholder, being prepared to explain the limitations of the clinical swallowing examination, and using current research and data to support one's needs.

**Database:** CINAHL

### **Communication: It's Critical to Care.**

**Author(s):** STRANSKY, MICHELLE L.; MORRIS, MEGAN A.

**Source:** *ASHA Leader*; Mar 2019; vol. 24 (no. 3); p. 46-56

Available at [ASHA Leader](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:** The article discusses the importance of communication to caring of patients with communication disabilities. Topics include a study which found that adults with speech, language and voice (SLV) disabilities face greater challenges accessing health care than their peers without SLV disabilities, suggestions to improve health care access for patients with SLV disabilities, and strategies for speech language pathologists (SLPs) and other providers to promote use of communication support.

**Database:** CINAHL

**'You Can't Work in a School': A Pakistani SLP defies her professors' predictions that employers would balk at hiring a non-native clinician.**

**Author(s):** ZAFAR, KAUSAR H.

**Source:** *ASHA Leader*; Mar 2019; vol. 24 (no. 3); p. 72-72

Available at [ASHA Leader](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:** A personal narrative is presented which explores the author's experience of moving to the U.S. from Pakistan in 1977 and studying at the Wichita State University (WSU) to become a speech-language pathologist.

**Database:** CINAHL

**Adolescents' production of complex syntax in spoken and written expository and persuasive genres.**

**Author(s):** Brimo, Danielle; Hall-Mills, Shannon

**Source:** *Clinical Linguistics & Phonetics*; Mar 2019; vol. 33 (no. 3); p. 237-255

**Abstract:** Analysing spoken and written language samples across different genres provides speech-language pathologists (SLPs) and educators with information about adolescents' production of complex syntax, an important socially and academically related language skill. However, researchers report that production of complex syntax is affected by genre and modality. Although the narrative and expository genres elicit a greater amount of complex syntax than conversational discourse, it is unknown whether differences in production of complex syntax exist between the persuasive and expository genres. The purpose of this study was to compare adolescents' production of complex syntax across spoken and written expository and persuasive genres. Spoken and written expository and persuasive language samples were elicited from 64 adolescents. Complex syntax was measured by calculating per cent of complex utterances and clausal density. Two repeated measures ANOVA revealed that complex syntax production was affected by genre and modality. Adolescents produced a higher percent of complex utterances and a higher clausal density in the persuasive genre than the expository genre. Adolescents produced a higher percent of complex utterances in the written modality than the spoken modality across genres; however, there was not a significant difference in adolescents' clausal density across modalities. There were significant interaction effects between genre and modality for percent of complex utterances and clausal density. The significant interaction effects suggest that differences in the production of complex syntax between the spoken and written modalities depended on the genre elicited. We discuss multiple implications and specific directions for future research.

**Database:** CINAHL

**Early cochlear implantation: Verbal working memory, vocabulary, speech intelligibility and participant variables.**

**Author(s):** Akçakaya, Hatice; Doğan, Murat; Gürkan, Selhan; Koçak, Özge; Yücel, Esra

**Source:** *Cochlear Implants International: An Interdisciplinary Journal*; Mar 2019; vol. 20 (no. 2); p. 62-73

**Abstract:** Objectives: The purpose of this study was to compare performance in the areas of verbal working memory (VWM), vocabulary skills, and speech intelligibility between children with cochlear implants (CIs) and children with typical development (TD). The correlations between participant variables and the scores of children with CIs in VWM and the measures of language were examined. Also, it was important to identify which variables predict VWM in children with CIs. Methods: A total of 59 children participated in this study with the study group being comprised of 31 children who had received a CI and the control group being comprised of 28 children with TD. The assessment techniques utilized in this study were the backward digit span (BDS), non-word repetition, speech intelligibility, and vocabulary skills. Results: The study results revealed significant differences in the non-word repetition, speech intelligibility, and vocabulary tasks. The results all favored the typically developing children while the findings for the BDS were equal for both groups. Discussion: In children with CIs the results for VWM observed in this study are believed to be related to the modality of assessment presentation, prior vocabulary knowledge, and familiarity with the presented material. The results from this study also revealed that the variables which predicted VWM in children with CIs were speech perception, duration of CI use, and vocabulary knowledge.

**Database:** CINAHL

**Barriers to engagement in early intervention services by children with permanent hearing loss.**

**Author(s):** McLean, Tricia J.; Ware, Robert S.; Heussler, Helen S.; Harris, Suzanne M.; Beswick, Rachael

**Source:** *Deafness & Education International*; Mar 2019; vol. 21 (no. 1); p. 25-39

**Abstract:** There is a strong association between access to early intervention (EI) services by 6 months of age and improved speech and language outcomes for children with permanent hearing loss (PHL). This study identified factors impacting on age of engagement and timing of engagement in EI services by families of 377 children with PHL. This retrospective cohort study included a group of children diagnosed with PHL born between 2011 and 2013 in Brisbane, Australia. The study investigated the association of demographic, social and diagnostic characteristics of children with age of engagement and timing of engagement in EI services. Factors significantly associated with later age of engagement, longer time between diagnosis and engagement, and no engagement with EI services included premature birth, unilateral hearing loss, mild hearing loss and not using a hearing aid. This study provided evidence for the efficacy of tailored support for families to achieve the best possible communication outcomes for their children with PHL.

**Database:** CINAHL

### **The application of technology in speech and language therapy.**

**Author(s):** McKean, Cristina; Bloch, Steven

**Source:** *International Journal of Language & Communication Disorders*; Mar 2019; vol. 54 (no. 2); p. 157-158

**Abstract:** An introduction to the journal is presented that focuses on the application of technology in speech and language therapy, including the potential for the future of technologies in alternative and augmentative communicative systems, exploration of digital technology to support writing interventions with people with aphasia, and the use of electropalatography to treat speech disorders in children and young people with Down syndrome.

**Database:** CINAHL

### **19. Use of electropalatography in the treatment of speech disorders in children with Down syndrome: a randomized controlled trial.**

**Author(s):** Wood, Sara E.; Timmins, Claire; Wishart, Jennifer; Hardcastle, William J.; Cleland, Joanne

**Source:** *International Journal of Language & Communication Disorders*; Mar 2019; vol. 54 (no. 2); p. 234-248

**Abstract:** Background: Electropalatography (EPG) records details of the location and timing of tongue contacts with the hard palate during speech. It has been effective in treating articulation disorders that have failed to respond to conventional therapy approaches but, until now, its use with children and adolescents with intellectual/learning disabilities and speech disorders has been limited. Aims: To evaluate the usefulness of EPG in the treatment of speech production difficulties in children and adolescents with Down syndrome (DS) aged 8–18 years. Methods & Procedures: A total of 27 children with DS were assessed on a range of cognitive and speech and language measures and underwent additional EPG assessment. Participants were randomly allocated to one of three age-matched groups receiving either EPG therapy, EPG-informed conventional therapy or 'treatment as usual' over a 12-week period. The speech of all children was assessed before therapy using the Diagnostic Evaluation of Articulation and Phonology (DEAP) and reassessed immediately post- and 3 and 6 months post-intervention to measure percentage consonants correct (PCC). EPG recordings were made of the DEAP assessment items at all time points. Per cent intelligibility was also calculated using the Children's Speech Intelligibility Measure (CSIM). Outcomes & Results: Gains in accuracy of production immediately post-therapy, as measured by PCC, were seen for all groups. Reassessment at 3 and 6 months post-therapy revealed that those who had received therapy based directly on EPG visual feedback were more likely to maintain and improve on these gains compared with the other groups. Statistical testing showed significant differences between groups in DEAP scores across time points, although the majority did not survive post-hoc evaluation. Intelligibility across time points, as measured by CSIM, was also highly variable within and between the three groups, but despite significant correlations between DEAP and CSIM at all time points, no statistically significant group differences emerged. Conclusions & Implications: EPG was an effective intervention tool for improving speech production in many participants. This may be because it capitalizes on the relative strength of visual over auditory processing in this client group. The findings would seem to warrant an increased focus on addressing speech production difficulties in current therapy.

**Database:** CINAHL

### **Exposure therapy for social anxiety disorder in people who stutter: An exploratory multiple baseline design.**

**Author(s):** Scheurich, Jennifer A.; Beidel, Deborah C.; Vanryckeghem, Martine

**Source:** *Journal of Fluency Disorders*; Mar 2019; vol. 59 ; p. 21-32

**Abstract:** Highlights • An exposure therapy protocol was developed specifically for people who stutter and have social anxiety disorder. • Efficacy of intervention was evaluated utilizing a multiple baseline design. • Social anxiety reduced. • Affective, behavioral, and cognitive experiences of stuttering improved. • There was no consistent change in stuttering frequency. Abstract Background & objectives: Social anxiety disorder (SAD) is a debilitating condition, and approximately half of adults who stutter have SAD. Cognitive-behavioral therapy (CBT) has shown promise in decreasing social anxiety symptoms among adults who stutter, but exposure, arguably the essential component for successful CBT for SAD, has been understudied and underemphasized. Aims of this study were to develop an exposure therapy protocol designed specifically for people who stutter and have SAD and evaluate its potential efficacy in reducing social anxiety and stuttering severity using a multiple baseline design. Methods: Six participants received ten sessions of exposure therapy. Participants reported daily social anxiety, and social distress and stuttering severity were evaluated at major assessment points. Results: There were substantial reductions in social anxiety and considerable improvements in affective, behavioral, and cognitive experiences of stuttering. No consistent change was observed for stuttering frequency. Gains were mostly maintained after six-months. Conclusions: Results suggest that the novel exposure approach may decrease social distress, but not necessarily influence speech fluency. These findings underscore the importance of the assessment and treatment of SAD among adults who stutter and suggest that the integration of care between clinical psychologists and speech-language pathologists may prove beneficial for this population.

**Database:** CINAHL

### **Precursors of language development in ASC: A longitudinal single-subject study of gestures in relation to phonetic prosody.**

**Author(s):** Nordgren, Pia M.

**Source:** *Journal of Intellectual Disabilities*; Mar 2019; vol. 23 (no. 1); p. 19-38

Available at [Journal of Intellectual Disabilities](#) - from Coventry & Warwickshire Partnership Trust Libraries Print holdings Local Print Collection <br>, [location] : Brian Oliver Centre Library - Coventry & Warwickshire Partnership NHS Trust.

**Abstract:** We longitudinally investigated the development of deictic and general accompanying gestures in one 5-year-old boy with autism spectrum condition (ASC) and intellectual disability. The investigation was performed during an intervention focusing on phonological segments. The purpose was to see whether gestures developed in conjunction with language. We found that deictic and general accompanying gestures increased during the study, despite not being trained. There was also a positive temporal correlation between deictic gestures and speech. Contrary to the expectations in this case, declarative gestures were frequent and increased, while imperative decreased during the period of intervention. Furthermore, we detected a specific kind of general accompanying non-context-sensitive gestures that may be involved in the retrieval of phonemes and syllables. Speech prosody was also analysed in relation to these gestures.

**Database:** CINAHL

### **Clinical Challenges: Assessing Toddler Speech Sound Productions.**

**Author(s):**

**Source:** *Seminars in Speech & Language*; Mar 2019; vol. 40 (no. 2); p. 81-93

**Abstract:** When assessing toddler speech sound productions, speech-language pathologists (SLPs) must be mindful of several important but not insurmountable limitations inherent to working with this young population for whom speech sound production may be of concern. These limitations include: (1) inconsistencies in recommended connected speech sampling size and phonetic transcription accuracy, (2) the prevalence of typical intraword variability for toddlers, (3) limited information regarding the reliability of informal measures of analysis, and (4) irregularities in available normative data for referencing speech sound development and mastery. This article includes a discussion of these factors, an overview of key assessment tools for single-word and connected-speech sampling, advice for current evidence-based practice procedures, and a thorough but not exhaustive listing of opportunities to improve clinical practice in this area. Despite limitations, SLPs working with toddlers have some tools and resources available to facilitate diagnostic procedures that allow for authentic decision-making regarding access to therapeutic services.

**Database:** CINAHL

### **What Do Children with Speech Sound Disorders Think about Their Talking?**

**Author(s):**

**Source:** *Seminars in Speech & Language*; Mar 2019; vol. 40 (no. 2); p. 94-104

**Abstract:** Investigating children's feelings and attitudes toward talking assists speech–language pathologists (SLPs) to understand experiences of communication and the impact of speech sound disorders (SSD). This, in turn, can assist SLPs in identifying appropriate intervention for children with SSD that addresses the needs of children, and their communication partners. This paper draws on data from the Sound Start Study in Australia to explore the attitudes toward talking of 132 preschool-aged children with SSD and the relationship between children's attitudes, speech accuracy, and parent-reported intelligibility and participation. The study revealed most of the children with SSD had a positive attitude toward talking. There was a significant relationship between children's attitudes toward talking and speech accuracy. Furthermore, there was a significant relationship between speech accuracy and parents' perceptions of intelligibility and participation. However, there was no significant relationship between children's attitudes and parents' perceptions. These results highlight similarities and differences between attitudes and experiences of preschool-aged children, their performance on clinical measures, and their parents' perceptions, indicating the need for SLPs to consider each of these areas during assessment and intervention.

**Database:** CINAHL

### **Describing How School-Based SLPs Determine Eligibility for Children with Speech Sound Disorders.**

**Author(s):**

**Source:** *Seminars in Speech & Language; Mar 2019; vol. 40 (no. 2); p. 105-112*

**Abstract:** The purpose of this study was to explore how school-based speech–language pathologists (SLPs) determine eligibility for children with speech sound disorders (SSDs). Presently, there is substantial variability nationwide with respect to if or how children with SSDs receive speech therapy in public schools. We report the results of a nation-wide survey of school-based SLPs, which further underscore this variability. Findings provide insight into which and how many factors SLPs report contributing to eligibility decisions, as well as which and how many components of an assessment are mandatory. Our discussion includes a call to advocacy for SLPs, but also a need for increased awareness of this problematic variability for school administrators.

**Database:** CINAHL

### **Innovative Service Delivery Models for Serving Children with Speech Sound Disorders.**

**Author(s):**

**Source:** *Seminars in Speech & Language; Mar 2019; vol. 40 (no. 2); p. 113-123*

**Abstract:** Service delivery variables that may have an impact on the treatment outcomes of children with speech sound disorders include the number and duration of intervention sessions, distribution of the sessions over time, and the format (group intervention or individual intervention). In this article, we briefly review these variables and the recommendations for the most effective service delivery components for children with speech sound disorders. We then describe innovative, collaborative service delivery models for preschoolers and school-age children with speech sound disorder. The models include "Quick Articulation!" conducted in a local elementary school by clinical MS-SLP students from Purdue University, as well as Summer Speech and Literacy Laboratory, which takes place in the department of Speech, Language, and Hearing Sciences at Purdue and involves participation from clinical and research faculty, and graduate and undergraduate students. The article provides useful information to help guide clinicians and clinical supervisors in implementing components of these models into their practice with children with speech sound disorder.

**Database:** CINAHL

### **Motor speech disorders: Diagnosis and treatment**

**Author(s):** Freed, Donald B.

**Source:** *Motor speech disorders: Diagnosis and treatment (3rd ed.); 2020*

**Abstract:** This book is organized into 11 chapters. Chapter 1 is a review of ancient case reports that seem to involve speech or language disorders. It is designed as a historical introduction to the study of motor speech disorders. Chapter 2 is an introduction to the human motor system, an absolutely amazing part of the nervous system. It is very important that clinicians have at least a basic understanding of the motor system if they are to accurately diagnose and treat motor speech disorders. Chapter 3 explores how to evaluate these disorders. It includes a step-by-step explanation of the motor speech examination that is found at the end of the chapter. Each exam task is fully described, along with an explanation of why it is important. Chapters 4 through 11 cover the six pure dysarthrias, mixed dysarthria, and apraxia of speech. Throughout these chapters, a consistent organization is maintained, so as to facilitate the readers

understanding of the disorders. Each chapter begins with the neurological basis of the condition; then continues with the etiologies causes of the disorder, an examination of the relevant speech characteristics, and key evaluation tasks specific to the disorder; and concludes with treatment suggestions. The most exciting additions to this new edition are the color illustrations. Several medical illustrators helped create these drawings, and now their skills are revealed in full color. The clarity of the new illustrations provides much better insight into the neuroanatomy associated with motor speech disorders. Other changes include modest revisions and additions to most chapters, especially in the treatment sections of the chapters. New videos of individuals with motor speech disorders have been added, and many of the older ones have been remastered for better picture and sound quality.

**Database:** PsycINFO

### **Specialized memory systems for learning spoken words**

**Author(s):** McQueen, James M.; Eisner, Frank; Burgering, Merel A.; Vroomen, Jean

**Source:** *Journal of Experimental Psychology: Learning, Memory, and Cognition*; Mar 2019

**Abstract:** Learning new words entails, inter alia, encoding of novel sound patterns and transferring those patterns from short-term to long-term memory. We report a series of 5 experiments that investigated whether the memory systems engaged in word learning are specialized for speech and whether utilization of these systems results in a benefit for word learning. Sine-wave synthesis (SWS) was applied to spoken nonwords, and listeners were or were not informed (through instruction and familiarization) that the SWS stimuli were derived from actual utterances. This allowed us to manipulate whether listeners would process sound sequences as speech or as nonspeech. In a sound–picture association learning task, listeners who processed the SWS stimuli as speech consistently learned faster and remembered more associations than listeners who processed the same stimuli as nonspeech. The advantage of listening in "speech mode" was stable over the course of 7 days. These results provide causal evidence that access to a specialized, phonological short-term memory system is important for word learning. More generally, this study supports the notion that subsystems of auditory short-term memory are specialized for processing different types of acoustic information.

**Database:** PsycINFO

### **The working alliance in stuttering treatment: A neglected variable?**

**Author(s):** Sønsterud, Hilda; Kirmess, Melanie; Howells, Kirsten; Ward, David; Feragen, Kristin Billaud; Halvorsen, Margrethe Seeger

**Source:** *International Journal of Language & Communication Disorders*; Mar 2019

**Abstract:** Background Multiple factors can influence the working alliance and treatment outcome in speech and language therapy. The 'working alliance' is an important concept in treatment and can be described as the degree to which a treatment dyad is engaged in collaborative, purposive work. To date, relatively little attention has been paid to this concept within speech and language treatment in general, and within stuttering treatment research in particular. Aims To investigate the role of the working alliance within stuttering treatment, and to evaluate whether the quality of the working alliance correlated with clients' concept of motivation and treatment outcomes 6 months post-therapy. Methods & Procedures Eighteen adults (21-61 years) participated in this multiple single-case treatment study, with treatment facilitated by an experienced speech and language therapist. The working alliance was investigated using the Working Alliance Inventory—Short Version Revised (WAI-SR), an Extended version of the Client Preferences for Stuttering Treatment (CPST-E), the Overall Assessment of Speakers' Experience of Stuttering—Adult version (OASES-A), the Wright & Ayre Stuttering Self-Rating Profile (WASSP) and the Hospital Anxiety and Depression Scale (HADS). Outcomes & Results Analyses demonstrated significant associations between the working alliance and client motivation ( $r = 0.781$ ) and treatment outcomes ( $r = 0.644$ ) 6 months post-treatment. The association between client-led goals and therapy tasks appeared particularly important. Conclusions & Implications : The working alliance between speech and language therapists and persons who stutter matters. Within the alliance, the level of client–clinician agreement on treatment goals and therapy tasks may be of greater importance than the bond between client and clinician. Further research with greater numbers of participants is warranted.

**Database:** PsycINFO

### **Toward a dynamic view of second language comprehensibility**

**Author(s):** Nagle, Charles; Trofimovich, Pavel; Bergeron, Annie

**Source:** *Studies in Second Language Acquisition*; Mar 2019

**Abstract:** Abstract This study took a dynamic approach to second language (L2) comprehensibility, examining how listeners construct comprehensibility profiles for L2 Spanish speakers during the listening

task and what features enhance or diminish comprehensibility. Listeners were 24 native Spanish speakers who evaluated 2–5 minute audio clips recorded by three university-level L2 Spanish speakers responding to two prompts. Listeners rated comprehensibility dynamically, using Idiodynamic Software to upgrade or downgrade comprehensibility over the course of the listening task. Dynamic ratings for one audio clip were video-captured for stimulated recall, and listeners were interviewed to understand which aspects of L2 speech were associated with enhanced versus diminished comprehensibility. Results indicated that clips that were downgraded more often received lower global ratings but upgrading was not associated with higher ratings. Certain problematic features and individual episodes caused listeners' impressions to converge, though substantial individual variation among listeners was evident.

**Database:** PsycINFO

### **Do parents provide a helping hand to vocabulary development in bilingual children?**

**Author(s):** LIMIA, Valery; ÖZÇALIŞKAN, Şeyda; HOFF, Erika

**Source:** *Journal of Child Language*; Mar 2019

**Abstract:** Abstract Monolingual children identify referents uniquely in gesture before they do so with words, and parents translate these gestures into words. Children benefit from these translations, acquiring the words that their parents translated earlier than the ones that are not translated. Are bilingual children as likely as monolingual children to identify referents uniquely in gesture; and do parental translations have the same positive impact on the vocabulary development of bilingual children? Our results showed that the bilingual children – dominant in English or in Spanish – were as likely as monolingual children to identify referents uniquely in gesture. More importantly, the unique gestures, when translated into words by the parents, were as likely to enter bilingual and monolingual children's speech – independent of language dominance. Our results suggest that parental response to child gesture plays as crucial of a role in the vocabulary development of bilingual children as it does in monolingual children.

**Database:** PsycINFO

### **Ungrammatical utterances and disfluent speech as causes of comprehension problems in interactions of preadolescents with high functioning autism**

**Author(s):** Wiklund, Mari; Laakso, Minna

**Source:** *Clinical Linguistics & Phonetics*; Mar 2019

**Abstract:** This study describes the role of ungrammatical utterances and disfluent speech in the creation of comprehension problems between the participants in group therapy sessions of preadolescents with autism. The speech of the autistic preadolescents included frequent disfluencies and morpho-syntactic problems, such as wrong case endings, ambiguous pronominal references, grammatically incoherent syntactic structures and inaccurate tenses, which caused problems of comprehension. Three different interactional trajectories occurred when solving the potential problems of comprehension following the morpho-syntactically disfluent turns. First, the disfluent turn sometimes led to a clarification request by a co-participant, either a therapist or another participant with ASD. The preadolescents with ASD showed interactional skilfulness in requesting clarification when faced with comprehension problems. Second, in contrast, other occurrences included one or several self-repairs by the speaker with ASD. In these cases, the other group participants either did not react or they encouraged the speaker to continue using discourse particles. If the self-repairing disfluencies led to a persisting problem of comprehension, the therapists sometimes intervened and resolved the problem. However, direct interventions by the therapists were infrequent because the participants with ASD were mostly able to resolve the comprehension problems by themselves. Third, some disfluent and/or grammatically incorrect turns were not treated as problematic by the co-participants nor by the speaker himself. Abbreviations: ADE: Adessive; ALL: Allative; CLI: clitic; GEN: Genitive; INE: Inessive; NOM: Nominative; PER: person; PL: plural; PRT: particle; SG: singular

**Database:** PsycINFO

### **Articulating: The neural mechanisms of speech production**

**Author(s):** Kearney, Elaine; Guenther, Frank H.

**Source:** *Language, Cognition and Neuroscience*; Mar 2019

**Abstract:** Speech production is a highly complex sensorimotor task involving tightly coordinated processing across large expanses of the cerebral cortex. Historically, the study of the neural underpinnings of speech suffered from the lack of an animal model. The development of non-invasive structural and functional neuroimaging techniques in the late twentieth century has dramatically improved our understanding of the speech network. Techniques for measuring regional cerebral blood flow have illuminated the neural regions involved in various aspects of speech, including feedforward and feedback control mechanisms. In parallel, we have designed, experimentally tested, and refined a neural network

model detailing the neural computations performed by specific neuroanatomical regions during speech. Computer simulations of the model account for a wide range of experimental findings, including data on articulatory kinematics and brain activity during normal and perturbed speech. Furthermore, the model is being used to investigate a wide range of communication disorders

**Database:** PsycINFO

**Speech development in preschool children: Evaluating the contribution of phonological short-term and phonological working memory**

**Author(s):** WARING, Rebecca; RICKARD LIOW, Susan; EADIE, Patricia; DODD, Barbara

**Source:** *Journal of Child Language*; Mar 2019

**Abstract:** Abstract Emerging evidence suggests domain-general processes, including working memory, may contribute to reduced speech production skills in young children. This study compared the phonological short-term (pSTM) and phonological working memory (pWM) abilities of 50 monolingual English-speaking children between 3;6 and 5;11 with typical speech production skills and percentage consonant correct (PCC) standard scores of 12 and above (n = 22) and typical speech production skills and PCC standard scores of between 8 and 11 (n = 28). A multiple hierarchical regression was also conducted to determine whether pSTM and/or pWM could predict PCC. Children with typical speech production skills and PCC standard scores of 12 and above had better pWM abilities than children with typical speech production skills and PCC standard scores of between 8 and 11. pSTM ability was similar in both groups. pWM accounted for 5.3% variance in overall phonological accuracy. Implications of phonological working memory in speech development are discussed.

**Database:** PsycINFO

**Effects of speech rate, preview time of visual context, and participant instructions reveal strong limits on prediction in language processing**

**Author(s):** Huettig, Falk; Guerra, Ernesto

**Source:** *Brain Research*; Mar 2019; vol. 1706 ; p. 196-208

**Abstract:** There is a consensus among language researchers that people can predict upcoming language. But do people always predict when comprehending language? Notions that "brains ... are essentially prediction machines" certainly suggest so. In three eye-tracking experiments we tested this view. Participants listened to simple Dutch sentences ('Look at the displayed bicycle') while viewing four objects (a target, e.g. a bicycle, and three unrelated distractors). We used the identical visual stimuli and the same spoken sentences but varied speech rates, preview time, and participant instructions. Target nouns were preceded by definite gender-marked determiners, which allowed participants to predict the target object because only the targets but not the distractors agreed in gender with the determiner. In Experiment 1, participants had four seconds preview and sentences were presented either in a slow or a normal speech rate. Participants predicted the targets as soon as they heard the determiner in both conditions. Experiment 2 was identical except that participants were given only a one second preview. Participants predicted the targets only in the slow speech condition. Experiment 3 was identical to Experiment 2 except that participants were explicitly told to predict. This led only to a small prediction effect in the normal speech condition. Thus, a normal speech rate only afforded prediction if participants had an extensive preview. Even the explicit instruction to predict the target resulted in only a small anticipation effect with a normal speech rate and a short preview. These findings are problematic for theoretical proposals that assume that prediction pervades cognition.

**Database:** PsycINFO

## **General**

**Cognitive rehabilitation using immersive virtual reality at young age: A case report on traumatic brain injury.**

**Author(s):** De Luca, Rosaria; Portaro, Simona; Le Cause, Maria; De Domenico, Carmen; Maggio, Maria Grazia; Cristina Ferrera, Maria; Giuffrè, Grazia; Bramanti, Alessia; Calabrò, Rocco Salvatore

**Source:** *Applied Neuropsychology: Child*; Mar 2019 ; p. 1-6

**Abstract:** Adolescents having moderate to severe traumatic brain injury (TBI) often experience long-lasting cognitive, emotional, and behavioral problems. In current clinical practice, rehabilitation techniques to treat cognitive abnormalities may be classified in two main categories, i.e. conventional or advanced. Aim of this case study was to evaluate the safety and efficacy of an immersive virtual environment (Computer Assisted Rehabilitation Environment [CAREN]), in a young boy affected by severe TBI. A 15-year-old boy with TBI

involving the right parietal-temporal region underwent two different rehabilitation trainings, including standard cognitive rehabilitation alone in a usual clinical setting (face-to-face intervention with a paper and pencil approach) or the same cognitive program using virtual scenarios by means of CAREN. We evaluated the patient's cognitive status, before and after the two different trainings, by using a specific psychometric battery to evaluate the cognitive and behavioral functioning, such as attention abilities, visuo-spatial and executive functions. Only at the end of the CAREN training, we observed a significant improvement in specific cognitive and motor domains, such as attention abilities, visuo-executive processes, emotional awareness, and balance. Cognitive training, using immersive Virtual Reality, may be a useful tool to facilitate cognitive recovery in TBI patients.

**Database:** CINAHL

### **Sense of Coherence, Disability, and Health-Related Quality of Life: A Cross-Sectional Study of Rehabilitation Patients in Norway.**

**Author(s):** Moen, Vegard P.; Eide, Geir E.; Drageset, Jorunn; Gjesdal, Sturla

**Source:** *Archives of Physical Medicine & Rehabilitation*; Mar 2019; vol. 100 (no. 3); p. 448-457

**Abstract:** Abstract Objective To study relations between sense of coherence (SOC), disability, and mental and physical components of health-related quality of life (HRQOL) among rehabilitation patients. Design Survey. Setting Rehabilitation centers in secondary care. Participants Patients (N=975) from the Western Norway Health Region consented to participate and had valid data of the main outcome measures. Interventions Not applicable. Main Outcome Measures SOC was measured with the sense of coherence questionnaire (13-item SOC scale [SOC-13]), disability with the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), and HRQOL with the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36). Results Mean scores  $\pm$  SD were 62.9 $\pm$ 12.3 for SOC-13, 30.8 $\pm$ 16.2 for WHODAS 2.0, 32.8 $\pm$ 9.6 for SF-36 physical component score, and 43.6 $\pm$ 11.8 for SF-36 mental component score. Linear regression analysis showed that increased SOC score was associated with reduced disability scores in the following domains with estimated regression coefficients (95% confidence interval) cognition -0.20 (-0.32 to -0.08), getting along -0.36 (-0.52 to -0.25), and participation -0.23 (-0.36 to -0.11). The fit of 2 structural models with the association from SOC to HRQOL and disability or with disability as a mediator was better for the mental versus the physical component of HRQOL. High SOC increased the mental component of HRQOL, consistent for all diagnostic groups. For both models, good fit was reported for circulatory and less good fit for musculoskeletal diseases. Conclusions The results indicate that higher SOC decreases disability in mental domains. The effect of SOC on disability and HRQOL might vary between diagnostic groups. SOC could be a target in rehabilitation, especially among patients with circulatory diseases, but prospective studies are needed.

**Database:** CINAHL

### **Functional Measures Upon Admission to Acute Inpatient Rehabilitation Predict Quality of Life After Ischemic Stroke.**

**Author(s):** Lin, Chen; Katkar, Mansi; Lee, Jungwha; Roth, Elliot; Harvey, Richard L.; Prabhakaran, Shyam

**Source:** *Archives of Physical Medicine & Rehabilitation*; Mar 2019; vol. 100 (no. 3); p. 481-481

**Abstract:** Abstract Objective To evaluate the association between functional measures at admission to acute inpatient rehabilitation (AIR) and health-related quality of life (HRQOL) scores at 3 months after ischemic stroke. Design Consecutive patients with ischemic stroke admitted to AIR were consented to a prospective registry. Setting Large academic referral inpatient rehabilitation hospital. Participants Patients (N=113) with ischemic stroke (mean age 70.6  $\pm$  14.5y; 54.0% male; 56.6% white) were included in the analysis. Interventions Not applicable. Main Outcome Measures Admission FIM and Berg Balance Scores (BBS) were abstracted when available. The Neuro-Quality of Life questionnaire was used to assess 3-month HRQOL in 4 domains: upper extremity (UE), lower extremity (LE), executive functions (EF), and general concerns (GC). Associations of FIM and BBS scores with impaired HRQOL at 3 months were evaluated. Results The median time from stroke onset to admission FIM and BBS was 6.4 (interquartile range [IQR] 4.2-11.3) and 8.9 (IQR 5.8-14.4) days, respectively. A 5-point increase in admission FIM score decreased the likelihood of impairment in HRQOL at 3 months by 25% for GC (odds ratio [OR] 0.75, 95% confidence interval [CI] 0.61-0.93, P =.01), 31% for EF (OR 0.69, 95% CI 0.56-0.85, P =.001), 16% for UE function (OR 0.84, 95% CI 0.73-0.96, P =.01), and 21% for LE function (OR 0.79, 95% CI 0.67-0.93 P =.004). A 5-point increase in admission BBS decreased the likelihood of impairment in HRQOL domains at 3 months by 15% for UE function (OR 0.85, 95% CI 0.75-0.98, P =.02) and 25% for LE function (OR 0.75, 95% CI 0.64-0.89, P =.001). Conclusions Admission FIM and BBS were strongly associated with 3-month HRQOL associated across multiple domains following stroke. These findings indicate that HRQOL can be predicted earlier in a patient's course during AIR.

**Database:** CINAHL

### **Rehabilitation Outcomes of Patients With Severe Disability Poststroke.**

**Author(s):** Scrutinio, Domenico; Guida, Pietro; Lanzillo, Bernardo; Ferretti, Chiara; Loverre, Anna; Montrone, Nicola; Spaccavento, Simona

**Source:** *Archives of Physical Medicine & Rehabilitation*; Mar 2019; vol. 100 (no. 3); p. 520-520

**Abstract:** Abstract Objective To characterize rehabilitation outcomes of patients with severe poststroke motor impairment (MI) and develop a predictive model for treatment failure. Design Retrospective cohort study. Correlates of treatment failure, defined as the persistence of severe MI after rehabilitation, were identified using logistic regression analysis. Then, an integer-based scoring rule was developed from the logistic model. Setting Three specialized inpatient rehabilitation facilities. Participants Patients (N=1265) classified as case-mix groups (CMGs) 0108, 0109, and 0110 of the Medicare classification system. Interventions Not applicable. Main Outcome Measure Change in the severity of MI, as assessed by the FIM, from admission to discharge. Results Median FIM-motor (FIM-M) score increased from 17 (interquartile range [IQR] 14-23) to 38 (IQR, 25-55) points. Median proportional recovery, as expressed by FIM-M effectiveness, was 26% (IQR, 12-47). Median FIM-M change was 18 (IQR, 9-34) points. About 38.5% patients achieved the minimal clinically important difference. Eighteen point six percent and 32.0% of the patients recovered to a stage of either mild (FIM-M  $\geq$ 62) or moderate (FIM-M 38-61) MI, respectively. All between-CMG differences were statistically significant. Outcomes have also been analyzed according to classification systems used in Australia and Canada. The scoring rule had an area under the curve of 0.833 (95% confidence interval, 0.808-0.858). Decision curve analysis displayed large net benefit of using the risk score compared with the treat all strategy. Conclusions This study provides a snapshot of rehabilitation outcomes in a large cohort of patients with severe poststroke MI, thus filling a gap in knowledge. The scoring rule accurately identified the patients at risk for treatment failure.

**Database:** CINAHL

### **Goal-setting in geriatric rehabilitation: a systematic review and meta-analysis.**

**Author(s):** Smit, Ewout B.; Bouwstra, Hylco; Hertogh, Cees M. P. M.; Wattel, Elizabeth M.; van der Wouden, Johannes C.

**Source:** *Clinical Rehabilitation*; Mar 2019; vol. 33 (no. 3); p. 395-407

**Abstract:** Objective: To explore the effect of goal-setting on physical functioning, quality of life and duration of rehabilitation in geriatric rehabilitation compared to care as usual. Data sources: Medline, Embase, CINAHL, PsycINFO and the Cochrane Library were searched from initiation to October 2018. Methods: We included randomized controlled trials (RCTs), controlled before–after studies and studies using historic controls of older patients (mean age  $\geq$ 55 years) receiving rehabilitation for acquired disabilities. Our primary outcome was physical functioning; secondary outcomes were quality of life and rehabilitation duration. Cochrane guidelines were used to assess the risk of bias of the studies and extract data. Only RCT data were pooled using standardized mean difference (SMD). Results: We included 14 studies consisting of a total of 1915 participants with a mean age ranging from 55 to 83 years. Ten out of the 14 studies had a randomized controlled design, 7 of which could be pooled for the primary outcome. The risk of bias was judged high in several domains in all included studies. The meta-analysis showed no statistically significant differences between goal-setting and care as usual for physical functioning (SMD -0.11 (-0.32 to 0.10)), quality of life (SMD 0.09 (-0.56 to 0.75)) and rehabilitation duration (MD 13.46 days (-2.46 to 29.38)). Conclusion: We found low-quality evidence that goal-setting does not result in better physical functioning compared to care as usual in geriatric rehabilitation. For quality of life and duration of rehabilitation, we could not exclude a clinically relevant effect.

**Database:** CINAHL

### **Shared decision-making within goal-setting in rehabilitation: a mixed-methods study.**

**Author(s):** Rose, Alice; Soundy, Andy; Rosewilliam, Sheeba

**Source:** *Clinical Rehabilitation*; Mar 2019; vol. 33 (no. 3); p. 564-574

**Abstract:** Objectives: To assess the extent of shared decision-making within goal-setting meetings and explore patient-reported factors that influenced their participation to shared decision-making about their goals. Design: A two-phase explanatory sequential mixed-methods study, using questionnaires and interviews. Setting: A rehabilitation centre and patients' homes. Subjects: Frail elderly patients. Main Measures: Quantitative data were collected after every patient's goal-setting meeting using the Multifocal Approach to Sharing in Shared Decision Making (MAPPIN'SDM) questionnaire that assesses competencies relevant to shared decision-making. Shared decision-making was rated by an observer, patients and staff and compared. Qualitative data were collected through semi-structured interviews.

Results: A total of 24 rehabilitation team members and 40 patients (mean age: 83 years) participated. All study participants felt that competency 7a (the language used by staff made sense to the patient) was observed in all meetings. Patients reported that for 22 of the meetings competency 4a, the advantages and disadvantages of rehabilitation, was not discussed. Games-Howell tests for direction of differences between groups showed significant difference ( $P = 0.001$ ) between patients and staff in whether patients' problems were discussed. Nine patients' interviews suggested that motivation, self-confidence, family support, preparing themselves, getting information about goal-setting and rehabilitation options could enable them to participate in shared decision-making. They suggested that staff should communicate clearly and demonstrate that they are listening to patients but without a paternalistic approach. Conclusion: Staff exhibited most shared decision-making competencies at a good level. However, patients highlighted problems with information sharing and felt staff might not be listening to them. Research and practice should explore tools to address these shortfalls.

**Database:** CINAHL

### **Home-based technologies for stroke rehabilitation: A systematic review.**

**Author(s):** Chen, Yu; Abel, Kingsley Travis; Janecek, John T.; Chen, Yunan; Zheng, Kai; Cramer, Steven

**Source:** *International Journal of Medical Informatics*; Mar 2019; vol. 123 ; p. 11-22

**Abstract:** Background: Many forms of home-based technology targeting stroke rehabilitation have been devised, and a number of human factors are important to their application, suggesting the need to examine this information in a comprehensive review. Objective: The systematic review aims to synthesize the current knowledge of technologies and human factors in home-based technologies for stroke rehabilitation. Methods: We conducted a systematic literature search in three electronic databases (IEEE, ACM, PubMed), including secondary citations from the literature search. We included articles that used technological means to help stroke patients conduct rehabilitation at home, reported empirical studies that evaluated the technologies with patients in the home environment, and were published in English. Three authors independently conducted the content analysis of searched articles using a list of interactively defined factors. Results: The search yielded 832 potentially relevant articles, leading to 31 articles that were included for in-depth analysis. The types of technology of reviewed articles included games, telerehabilitation, robotic devices, virtual reality devices, sensors, and tablets. We present the merits and limitations of each type of technology. We then derive two main human factors in designing home-based technologies for stroke rehabilitation: designing for engagement (including external and internal motivation) and designing for the home environment (including understanding the social context, practical challenges, and technical proficiency). Conclusion: This systematic review presents an overview of key technologies and human factors for designing home-based technologies for stroke rehabilitation.

**Database:** CINAHL

### **Cost-effectiveness of a high-intensity rapid access outpatient stroke rehabilitation program.**

**Author(s):** Tam, Alan; Mac, Stephen; Isaranuwatjai, Wanrudee; Bayley, Mark

**Source:** *International Journal of Rehabilitation Research*; Mar 2019; vol. 42 (no. 1); p. 56-62

**Abstract:** A common strategy to improve cost-effectiveness in healthcare is to offer outpatient care instead of in-hospital care. Toronto Rehabilitation Institute developed an outpatient high-intensity fast-track (FT) stroke rehabilitation program aimed at discharging inpatient stroke rehabilitation patients earlier or bypassing inpatient rehabilitation altogether. This cost-effectiveness analysis compares FT rehabilitation within 1 week of discharge with no FT in a single healthcare payer system. Patient costs and outcomes over a 12-week time horizon were included. Using individual-level FT data from April 2015 to March 2016, incremental cost-effectiveness ratios (ICERs) (with 95% confidence interval) were estimated using regression. Subgroup analysis was completed for patients entering FT directly from inpatient rehabilitation and acute stroke care. Uncertainty was assessed using a cost-effectiveness acceptability curve with a range of willingness-to-pay values (\$0–1000 per inpatient day saved). ICER (95% confidence interval) estimate for patients entering FT from inpatient rehabilitation was \$404 (\$270–620) per inpatient day saved. ICER estimate for direct from acute care admissions was \$37 (\$20–55) per day saved. At willingness-to-pay of \$698 (cost of one alternate level of care day in acute care awaiting rehabilitation), the probability of FT being cost-effective was 99.2 and 100% for patients from inpatient rehabilitation and acute stroke care, respectively. From a single healthcare payer perspective, FT is a cost-effective method of providing appropriate rehabilitation intensity for stroke patients early on, and likely to provide savings to the healthcare system upstream through fewer days awaiting rehabilitation admission.

**Database:** CINAHL

### **Stroke survivor activity during subacute inpatient rehabilitation: how active are patients?**

**Author(s):** Selenitsch, Natasha A.; Gill, Stephen D.

**Source:** International Journal of Rehabilitation Research; Mar 2019; vol. 42 (no. 1); p. 82-84

**Abstract:** Being active following stroke is recommended, but inactivity is common. The current study aimed to observe stroke survivors physical, social and cognitive activities in a large regional inpatient rehabilitation centre. Patients were observed over 8 separate days at 10-min intervals between 8 a.m. and 8 p.m. Patients were engaged in any form of activity 59.9% of the time and in therapy 4.6% of the time. Patients were inactive and alone 34.3% of the time. Activity levels were weakly associated with patients' functional abilities (Spearman's  $\rho \leq 0.39$ ). Independent walkers spent a higher proportion of the day physically active (37.5%) compared with nonindependent walkers (30.6%) ( $P = 0.019$ ). Days since stroke was not correlated with patient activity levels. Initiatives to increase activity during inpatient rehabilitation appear to be warranted.

**Database:** CINAHL

### **Vocational Rehabilitation of Young Adults with Psychological Disabilities.**

**Author(s):** Tophoven, Silke; Reims, Nancy; Tisch, Anita

**Source:** *Journal of Occupational Rehabilitation*; Mar 2019; vol. 29 (no. 1); p. 150-162

Available at [Journal of Occupational Rehabilitation](#) - from Unpaywall

**Abstract:** Objective Vocational rehabilitation measures support youth and young adults with disabilities to obtain vocational training and to enter the labor market. In Germany, a growing number of young people with psychological disabilities in vocational rehabilitation can be observed. The study at hand focuses on this group and examines their (un-)unemployment biographies before vocational rehabilitation, their access to vocational rehabilitation and identifies their individual challenges within the process of vocational rehabilitation. Methods Using a multi-methods approach, we analyze representative administrative data of the German Federal Employment Agency as well as biographical interviews conducted with young rehabilitants. We compare the population of young rehabilitants with psychological disorders to those with other disabilities in terms of vocational rehabilitation and initial labor market entry in order to get a representative picture about their school to work transitions. Since rehabilitants with psychological disabilities tend to be older than the remaining population, analyses are stratified by age groups. In addition, qualitative in-depth interviews provide an additional and deeper understanding of specific employment barriers youth with psychological disorders have to overcome. Furthermore, the individual perspective gives insight on how the crucial transition from school to work is perceived by the population under study. Results The pathway into vocational rehabilitation of youth with psychological disorders is often characterized by obstacles in their transition from school to work. During rehabilitation, it appears essential to provide psychological stabilization along with vocational training. Although their average level of education is higher than those of other rehabilitants, labor market transition after (often company-external) vocational training challenges many young people with psychological disabilities, leaving many of them with comparatively poor labor market prospects. Conclusions Young persons with psychological disabilities, who come from regular schools or dropped out from regular school or university, seem to find their way to vocational rehabilitation more indirectly. Furthermore, vocational rehabilitation itself is often prolonged for those with psychological disabilities possibly due to a corresponding stabilization process. However, vocational rehabilitation can be a core element within the stabilization process of a psychological disease.

**Database:** CINAHL

### **Workplace-Based Rehabilitation of Upper Limb Conditions: A Systematic Review.**

**Author(s):** Hoosain, Munira; de Klerk, Susan; Burger, Marlette

**Source:** *Journal of Occupational Rehabilitation*; Mar 2019; vol. 29 (no. 1); p. 175-193

**Abstract:** Purpose The objective of this systematic review was to identify, collate and analyse the current available evidence on the effectiveness of workplace-based rehabilitative interventions in workers with upper limb conditions on work performance, pain, absenteeism, productivity and other outcomes. Methods We searched Medline, Cochrane Library, Scopus, Web of Science, Academic Search Premier, Africa-Wide Information, CINAHL, OTSeeker and PEDro with search terms in four broad areas: upper limb, intervention, workplace and clinical trial (no date limits). Studies including neck pain only or musculoskeletal pain in other areas were not included. Results Initial search located 1071 articles, of which 80 were full text reviewed. Twenty-eight articles were included, reporting on various outcomes relating to a total of seventeen studies. Nine studies were of high methodological quality, seven of medium quality, and one of low quality. Studies were sorted into intervention categories: Ergonomic controls ( $n = 3$ ), ergonomic training and workstation adjustments ( $n = 4$ ), exercise and resistance training ( $n = 6$ ), clinic-based versus workplace-

based work hardening (n = 1), nurse case manager training (n = 1), physiotherapy versus Feldenkrais (n = 1), and ambulant myofeedback training (n = 1). The largest body of evidence supported workplace exercise programs, with positive effects for ergonomic training and workstation adjustments, and mixed effects for ergonomic controls. Ambulant myofeedback training had no effect. The remaining three categories had positive effects in the single study on each intervention. Conclusion While there is substantial evidence for workplace exercise programs, other workplace-based interventions require further high quality research.

**Database:** CINAHL

**Narrative storytelling as both an advocacy tool and a therapeutic process: Perspectives of adult storytellers with acquired brain injury.**

**Author(s):** D'Cruz, Kate; Douglas, Jacinta; Serry, Tanya

**Source:** *Neuropsychological Rehabilitation*; Mar 2019; vol. 29 (no. 2); p. 1-21

**Abstract:** As part of a larger study exploring narrative storytelling, this paper focuses upon the experiences of eight adults with ABI who had participated in storytelling workshops facilitated by an advocacy organization. Following participation in the storytelling workshops, each storyteller was interviewed twice, with three shorter interviews conducted with one participant with significant communication challenges. In total, 25 interview transcripts (17 interviews plus eight transcripts of produced personal narratives) were analysed using constructivist grounded theory methods. Data analysis produced two main themes and sub-themes; (1) Sharing and helping (feeling heard & releasing emotions) and, (2) Re-visiting my story (reflecting and learning). The themes capture insights into the process of storytelling and reveal the therapeutic potential of narrative storytelling when coupled with an altruistic opportunity to help others through story sharing. This study contributes to an emerging area of research and practice supporting positive identity growth following ABI. The findings present substantial implications for goal setting and meaningful productive engagement in brain injury rehabilitation.

**Database:** CINAHL

**A low cost solar powered vehicle - a boon for physically challenged persons.**

**Author(s):** Indu Rani, B; Boopathy, S; Arul Kumar, N; Sangameswaran, A S

**Source:** *Disability and rehabilitation. Assistive technology*; Mar 2019 ; p. 1-6

**Abstract:** This paper presents a low cost solar powered vehicle for physically challenged persons. Generally, the persons with physical disabilities restrict their movement within a house or building due to their dependence on other people for their outdoor work. The disabled people use their limbs to drive the wheelchairs which physically stress them. There are electrical wheelchairs which are operated by hands, by mouth or any other functioning body part. The high cost and its limitation for outdoor environment restrict its usage for rich people and hospitals. This often makes the poor disabled person to be unemployed and depend on others for their daily life. In this regard, developing a low cost self-driven electric wheel chair can improve the life of the person. This paper presents a low cost vehicle for physically challenged people that can be used as a mobile shop to sell products at any place independently. The self-driven vehicle motivates the persons to become an entrepreneur. A cost effective and user friendly prototype has been developed for the benefit the poor disabled people and the cost analysis is presented. The purpose of developing the vehicle is satisfied as they no longer depend on others for their living. Implications for rehabilitation The movement of physically challenged persons is often restricted within a building due to their dependence on other people for their outdoor work. The high cost of the assist vehicles and the difficulty encountered in using the vehicles in outdoor environment decreases their standard of living. The developed low cost vehicle can be used by physically challenged people as a mobile shop to sell products at any place independently. The self-driven vehicle motivates the physically challenged persons to become an entrepreneur.

**Database:** Medline

**Role of rehabilitation in chronic stress induced exhaustion disorder: a narrative review.**

**Author(s):** Wallensten, Johanna; Åsberg, Marie; Wiklander, Maria; Nager, Anna

**Source:** *Journal of rehabilitation medicine*; Mar 2019

Available at [Journal of rehabilitation medicine](#) - from IngentaConnect - Open Access

**Abstract:** OBJECTIVE An increase in numbers of cases of sick leave due to stress have been reported from several European countries during recent decades. Chronic stress-induced exhaustion disorder is associated with physiological and neurobiological perturbations that may contribute to cognitive problems and long-term exhaustion. Rehabilitation of patients with chronic stress-induced exhaustion disorder is

therefore challenging. This narrative review summarizes the evidence regarding the effectiveness of different interventions for the rehabilitation of patients with chronic stress-induced exhaustion disorder. **METHODS** Both structured and unstructured searches of research studies and reports were performed in order to find knowledge sources. The structured search had 2 predefined inclusion criteria: (i) chronic stress-induced exhaustion/clinical burnout/severe burnout/stress-induced exhaustion; and (ii) rehabilitation with improvement of symptoms and/or return to work as outcomes. **RESULTS** Cognitive behavioural interventions and multimodal interventions seem to reduce symptoms. Workplace interventions, either work-focused cognitive behavioural or workplace dialogue, seem to improve return to work. Sleep is important for both symptom improvement and return to work, and interventions for improving sleep might therefore be important. For improvement of cognitive function, which is a main complaint among patients with chronic stress-induced exhaustion disorder, aerobic and cognitive training may have some effect. **CONCLUSION** In summary, the few studies of high-quality that examine interventions for rehabilitation of chronic stress-induced exhaustion disorder show only marginal effects. Thus, it is important to prevent the onset of chronic stress-induced exhaustion disorder.

**Database:** Medline

**The impact of motivational interviewing training on rehabilitation counselors: Assessing working alliance and client engagement. A randomized controlled trial.**

**Author(s):** Torres, Ayse; Frain, Michael; Tansey, Timothy N

**Source:** *Rehabilitation psychology*; Mar 2019

**Abstract:** **OBJECTIVE** To determine the impact of a motivational interviewing (MI) training designed to improve rehabilitation counselors' counseling skills to promote clients' engagement in return-to-work behaviors and to establish strong working alliance. **PARTICIPANTS** The target population for this study was counselors who work for the state vocational rehabilitation (VR) program and their clients. Data were collected from a total of 347 participants (67 counselors and 280 clients) in the experimental and comparison groups, during the pre-and-posttests. **STUDY METHOD** A randomized controlled trial was used in this study. The counselors in the experimental group received a 4-hr standardized MI training and a 4-week follow-up coaching sessions. **RESULTS** The counselors in the experimental group demonstrated significant gains in their MI competence scores compared to the comparison group. The clients of the experimental group's counselors improved their engagement in VR services and working alliance with their counselors. **CONCLUSIONS** The findings of this research indicated a need for carefully developed counseling trainings and incorporation of the evidence-based practices in the VR programs to provide better quality of rehabilitation services

**Database:** Medline

**Predictors of Return to Work for Occupational Rehabilitation Users in Work-Related Injury Insurance Claims: Insights from Mental Health.**

**Author(s):** Akbarzadeh Khorshidi, Hadi; Marembo, Miriam; Aickelin, Uwe

**Source:** *Journal of occupational rehabilitation*; Mar 2019

**Abstract:** **Purpose** This study evaluates the Occupational Rehabilitation (OR) initiatives regarding return to work (RTW) and sustaining at work following work-related injuries. This study also identifies the predictors and predicts the likelihoods of RTW and sustainability for OR users. **Methods** The study is conducted on the compensation claim data for people who are injured at work in the state of Victoria, Australia. The claims which commenced OR services between the first of July 2012 and the end of June 2015 are included. The claims which used original employer services (OES) have been separated from claims which used new employer services (NES). We investigated a range of predictors categorised into four groups as claimant, injury, and employment characteristics and claim management. The RTW and sustaining at work are outcomes of interest. To evaluate the predictors, we use Chi-squared test and logistic regression modelling. Also, we prioritized the predictors using Akaike Information Criterion (AIC) measure and Cross-validation error. Four predictive models are developed using significant predictors for OES and NES users to predict RTW and sustainability. We examined the multicollinearity of the developed models using Variance Inflation Factor (VIF). **Results** About 75% and 60% of OES users achieved RTW and have been sustained at work respectively, whilst just approximately 30% of NES users have been placed at a new employer and 25% of them have been sustained at work. The predictors which have the most association with OES and NES outcomes are the use of psychiatric services and age groups respectively. We found that having mental conditions is as an important indicator to allocate injured workers into OES or NES initiatives. Our study shows that injured workers with mental issues do not always have lower RTW rate. They just need special consideration. **Conclusion** Understanding the predictors of RTW and sustainability

helps to develop interventions to ensure sustained RTW. This study will assist decision makers to improve design and implementation of OR services and tailor services according to clients' needs.

**Database:** Medline

**Reliability, validity, and clinical utility of a self-reported screening tool in the prediction of fall incidence in older adults.**

**Author(s):** Lai, Frank H Y; Yan, Elaine W H; Mackenzie, Lynette; Fong, Kenneth N K; S Kranz, Georg; Ho, Eric C W; Fan, Silvia H U; Lee, Alice T K

**Source:** *Disability and rehabilitation; Mar 2019; p. 1-8*

**Abstract:** BACKGROUND The Chinese HomeFAST self-reported screening tool was developed to measure the number of hazards and the risk of home falls and other accidents for community-living older adults. METHODS This reliability, validity, and clinical utility study consisted of three phases. The tool's linguistic validity was established in the first phase of study, with a panel of domiciliary healthcare experts. In the second phase, the instrument yielded inter-rater reliability between community-living older adults and a group of experienced occupational therapists. Furthermore, in the third phase of study, factor analysis of the Chinese Home-FAST self-reported screening tool was conducted. RESULTS There was good linguistic validity, test-retest reliability and good to excellent internal consistency of the Chinese Home-FAST self-reported screening tool among older adults living in the community. Moreover, a structure with three factors - namely "Home Environment and Furniture," "Capability in Activities of Daily Living," and "Use of Devices" - was yielded from categorical principal components analysis. Clinically, the incidence of falls among this group of recruited older adults in a six-month period was 18%. The identification of seven or more hazards was associated with prediction of unplanned fall-related hospital admission with sensitivity of 83.33% and specificity of 95.83%. CONCLUSION The Chinese HomeFAST self-reported screening tool is thus demonstrated to be a valid and reliable tool for measuring home hazards and can predict home falls in Chinese-speaking older adults. Implications for rehabilitation To develop an easily understandable screening tool for older adults. Older adults can perform home safety screening on their own, and can identify potential risk of falls and other accidents at home. This can serve as a communication tool between older adults and healthcare professionals. Identified hazards can be reported to healthcare professionals for further intervention. This validated instrument can help healthcare professionals to identify higher-risk older adults in the community and thus to better prioritize their provision of professional services.

**Database:** Medline

**European framework of rehabilitation services types: the perspective of the physical and rehabilitation medicine section and board of the european union of medical specialists.**

**Author(s):** Stucki, Gerold; Zampolini, Mauro; Selb, Melissa; Ceravolo, Maria Gabriella; Delargy, Mark; Varela Donoso, Enrique; Kiekens, Carlote; Christodoulou, Nicolas; Consensus process contributors

**Source:** *European journal of physical and rehabilitation medicine; Mar 2019*

**Abstract:** INTRODUCTION Effectiveness in health services is achieved if desired clinical outcomes are reached. In rehabilitation the relevant clinical outcome is functioning, with the International Classification of Functioning, Disability and Health (ICF) as the reference system for the standardized reporting of functioning outcomes. To foster the implementation of the ICF in clinical quality management (CQM) across the rehabilitation services continuum, the UEMS-PRM Section and Board approved an ICF implementation action plan that includes the identification of types of currently provided rehabilitation services in Europe. The objective of this paper is to report on the development of a European framework of rehabilitation service types that can provide the foundation for the standardized reporting of functioning outcomes and CQM programs. METHODS A multistage consensus process involving delegates (participants) from the UEMS-PRM Section and Board as well as external experts across European regions comprised the development of an initial framework by an editorial group, two feedback rounds via e-mail and a deliberation by the UEMS-PRM Section and Board in its September 2018 meeting in Stockholm (Sweden). In the first feedback round, participants were asked whether 1) the initial framework of service types exists in their respective country, 2) the description represents the service type, and 3) an existing service type was missing. Based on the first round results, the framework proposal was modified by the editorial group. In the second feedback round, participants were asked to confirm or comment on each of the service types in the revised framework. Based on the second round results, the framework proposal was again modified and presented for discussion, revision and approval at the Stockholm meeting. RESULTS In the first feedback round, eight rehabilitation services were added to the framework proposal and two service types that were deemed "missing" were not included. In the second round, all seven initially proposed and six of the added service types were reconfirmed, while two of the added service types were not supported. Based on deliberations at the Stockholm meeting, some modifications were made to the proposed framework, and

the UEMS-PRM general assembly approved a European Framework of Rehabilitation Services Types that comprises of: Rehabilitation in acute care, General post-acute rehabilitation, Specialized post-acute rehabilitation General outpatient rehabilitation, Specialized outpatient rehabilitation, General day rehabilitation, Specialized day rehabilitation, Vocational rehabilitation, Rehabilitation in the community, Rehabilitation services at home (incl. nursing home), Rehabilitation for specific groups of persons with disability, Rehabilitation in social assistance, Specialized lifelong follow-up rehabilitation, and Rehabilitation in medical health resorts. **DISCUSSION AND CONCLUSIONS** The European Framework of Rehabilitation Services Types presented in this paper will be continuously updated according to new and emerging service types. Next steps of the UEMS-PRM effort to implement the ICF in rehabilitation include the specification of clinical assessment schedules for each service type and case studies illustrating service provision across the spectrum of rehabilitation service types. The European Framework provides will enable the accountable reporting of functioning outcomes at the national level and the continuous improvement of rehabilitation service provision in CQM.

**Database:** Medline

**Prioritizing barriers and solutions to improve employment for persons with developmental disabilities.**

**Author(s):** Khayat-zadeh-Mahani, Akram; Wittevrongel, Krystle; Nicholas, David B; Zwicker, Jennifer D

**Source:** *Disability and rehabilitation; Mar 2019 ; p. 1-11*

**Abstract:** **PURPOSE** Persons with a developmental disability have the lowest rate of labour force participation relative to other disabilities. The widening gap between the labour force participation of persons with versus without disability has been an enduring concern for many governments across the globe, which has led to policy initiatives such as labour market activation programs, welfare reforms, and equality laws. Despite these policies, persistently poor labour force participation rates for persons with developmental disabilities suggest that this population experiences pervasive barriers to participating in the labour force. **MATERIALS AND METHODS** In this study, a two-phase qualitative research design was used to systematically identify, explore and prioritize barriers to employment for persons with developmental disabilities, potential policy solutions and criteria for evaluating future policy initiatives. Incorporating diverse stakeholder perspectives, a Nominal Group Technique and a modified Delphi technique were used to collect and analyze data. **RESULTS** Findings indicate that barriers to employment for persons with developmental disabilities are multi-factorial and policy solutions to address these barriers require stakeholder engagement and collaboration from multiple sectors. **CONCLUSIONS** Individual, environmental and societal factors all impact employment outcomes for persons with developmental disabilities. Policy and decision makers need to address barriers to employment for persons with developmental disabilities more holistically by designing policies considering employers and the workplace, persons with developmental disabilities and the broader society. Findings call for cross-sectoral collaboration using a Whole of Government approach. **Implications for Rehabilitation** Persons with a developmental disability face lower levels of labour force participation than any other disability group. Individual, environmental and societal factors all impact employment outcomes for persons with developmental disabilities. Decision and policy makers need to address barriers to employment for persons with developmental disabilities holistically through policies guiding employers and broader societal behaviour in addition to those aimed at the individuals (such as skill development or training). Due to multi-factorial nature of barriers to employment for persons with developmental disabilities, policy solutions are wide-ranging and fall under the responsibility of multiple sectors for implementation. This calls for cross-sectoral collaboration using a "Whole of Government" approach, with shared goals and integrated responses.

**Database:** Medline

**Problematizing 'productive citizenship' within rehabilitation services: insights from three studies.**

**Author(s):** Fadyl, Joanna K; Teachman, Gail; Hamdani, Yani

**Source:** *Disability and rehabilitation; Mar 2019 ; p. 1-8*

**Abstract:** **BACKGROUND** The idea that everyone should strive to be a 'productive citizen' is a dominant societal discourse. However, critiques highlight that common definitions of productive citizenship focus on forms of participation and contribution that many people experiencing disability find difficult or impossible to realize, resulting in marginalization. Since rehabilitation services strive for enablement, social participation, and inclusiveness, it is important to question whether these things are achieved within the realities of practice. Our aim was to do this by examining specific examples of how 'productive citizenship' appears in rehabilitation services. **METHODS** This article draws examples from three research studies in two countries to highlight instances in which narrow understandings of productive citizenship employed in rehabilitation

services can have unintended marginalizing effects. Each example is presented as a vignette. DISCUSSION The vignettes help us reflect on marginalization at the level of individual, community and society that arises from narrow interpretations of 'productive citizenship' in rehabilitation services. They also provide clues as to how productive citizenship could be envisaged differently. We argue that rehabilitation services, because of their influence at critical junctures in peoples' lives, could be an effective site of social change regarding how productive citizenship is understood in wider society. Implications for rehabilitation 'Productive citizenship', or the interpretation of which activities count as contributions to society, has a very restrictive definition within rehabilitation services. This restrictive definition is reflected in both policy and practices, and influences what counts as 'legitimate' rehabilitation and support, marginalizing options for a 'good life' that fall outside of it. Rehabilitation can be a site for social change; one way forward involves advocating for broader understandings of what counts as 'productive citizenship'.

**Database:** Medline

### **Effects of a Short-term Mindfulness-Based Intervention on Comfort of Stroke Survivors Undergoing Inpatient Rehabilitation.**

**Author(s):** Wang, Mian; Liao, Weijing; Chen, Xiaoli

**Source:** *Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses*; ; vol. 44 (no. 2); p. 78-86

**Abstract:** PURPOSE The aim of the study was to evaluate the effectiveness of a modified short-term mindfulness-based intervention on improving the mindfulness, comfort, and ambulation ability of stroke survivors undergoing inpatient rehabilitation in Wuhan, China. DESIGN A two-group, nonrandomized, nonconcurrent design was used. METHOD Participants undergoing inpatient rehabilitation were nonrandomly divided into control group (n = 25) and intervention group (n = 25) to avoid possible ethical discrimination as well as interaction among participants. The control group received routine care; the intervention group received a 2-week mindfulness-based intervention, which included weekly 1.5-hour group practice, individual daily practice, and routine care. Data were collected using questionnaires and assessments of ambulation before and after 2 weeks of observation. FINDINGS Improvement on the Mindful Attention Awareness Scale score, the overall score of the Shortened General Comfort Questionnaire, and the scores of the physical, psychospiritual, and sociocultural subscales in the intervention group was greater than those in the control group (p .05) was observed between the two groups when comparing scores of the environmental subscale of Shortened General Comfort Questionnaire, Berg Balance Scale, 10-Meter Walk Test, and Functional Ambulation Classification scale. CONCLUSIONS AND CLINICAL RELEVANCE A 2-week mindfulness-based intervention can significantly improve stroke survivors' mindfulness and comfort but does not significantly affect ambulation ability.

**Database:** Medline

### **Arts-based psychiatric rehabilitation programs in the community: Perceptions of healthcare professionals.**

**Author(s):** Oren, Reut; Orkibi, Hod; Elefant, Cochavit; Salomon-Gimmon, Maayan

**Source:** *Psychiatric rehabilitation journal*; Mar 2019; vol. 42 (no. 1); p. 41-47

Available at [Psychiatric rehabilitation journal](#) - from Proquest\_New\_Platform

**Abstract:** OBJECTIVE Despite the increase in arts-based programs in community rehabilitation services in many countries, little is known about how these programs are perceived by health professionals who can refer individuals with mental health conditions to community-based psychiatric rehabilitation services. This study examined how senior professionals with key positions in the public health system perceive the integration of the arts in community-based psychiatric rehabilitation services in Israel. METHOD Semistructured interviews were conducted with 10 professionals. RESULTS The thematic analysis revealed 2 main themes. The first reflected "the perceived position of arts-based programs among other rehabilitation services," and had 2 subthemes: arts as a legitimate supplemental service, and arts as a motivating rehabilitation. The second theme reflected "the unique contribution of the arts to recovery processes," and had 3 subthemes: art-making facilitates self-expression and communication and bypasses resistance, art-making facilitates socialization, and art-making shapes and enhances personal identity. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE Because most of the professionals were exposed to the creative arts in their workplace, they valued their contribution to the rehabilitation process. Thus, direct contact can provide more information, more accurate perceptions, and a better understanding of the benefits of arts-based services, which may in turn encourage service managers and policymakers to include these services.

**Database:** Medline

## **New perspectives for cognitive rehabilitation: Could brain-computer interface systems benefit people with dementia?**

**Author(s):** da Silva-Sauer, Leandro; Torre-Luque, Alejandro de la; Silva, Joenilton S. C.; Fernández-Calvo, Bernardino

**Source:** *Psychology & Neuroscience*; Mar 2019; vol. 12 (no. 1); p. 25-37

Available at [Psychology & Neuroscience](#) - from ProQuest PsycARTICLES - NHS

**Abstract:** This study aimed to discuss the usefulness of Brain-Computer Interface (BCI) systems as part of assistive technology strategies for cognitive rehabilitation and neuroplasticity promotion in people with dementia. A critical review was conducted. First, the essential principles of BCI systems were described. Electroencephalography-based systems, such as those based on either sensorial motor rhythms (SMRs) or event-related potentials (ERPs), are the focus of this review. Thus, some factors were identified to contribute to better understanding the foundations of brain-computer interaction within these systems. Moreover, we gathered and reviewed scientific evidence on the potential benefits of BCI-based rehabilitation strategies in people with dementia (e.g., Alzheimer's disease). Existing evidence points to a relationship between SMR features and ERP signals with dementia diagnosis and its progression. In addition, BCI systems with contingent-reward neurofeedback were proven to generate significant modulations in some brain wave features promoting changes in cortical organization and connectivity. BCI devices constitute a promising tool for cognitive rehabilitation, leading to substantial benefits for patients across domains (e.g., attention, short-term memory [STM], or visuospatial orientation). Results from this review should promote the development of a noninvasive BCI system using a real-time neurofeedback to slow cognitive decline in people with dementia. However, further research with a robust methodology is needed to clarify the mechanisms underlying brain modulation facilitated by BCI systems, so as to develop BCI-based rehabilitation protocols for people with dementia.

**Database:** PsycINFO

## **Predictors of perceived social effectiveness of individuals with serious mental illness**

**Author(s):** Sánchez, Jennifer; Sung, Connie; Phillips, Brian N.; Tschopp, Molly K.; Muller, Veronica; Lee, Hui-Ling; Chan, Fong

**Source:** *Psychiatric Rehabilitation Journal*; Mar 2019; vol. 42 (no. 1); p. 88-99

Available at [Psychiatric rehabilitation journal](#) - from Proquest\_New\_Platform

**Abstract:** Objective: Social effectiveness continues to play a critical role in recovery of people with serious mental illness (SMI), with greater social effectiveness predicting many positive life outcomes. Despite the abundance of literature supporting the relationship between perceptions and behavior, little is known about predictors of perceived social effectiveness of individuals with SMI. Methods: The purpose of this study is to examine the predictors of perceived social effectiveness of individuals with SMI. Cross-sectional data of 192 participants with SMI recruited from four psychiatric rehabilitation clubhouses in 2 states in the South and Midwest regions of the United States were used for this study. Self-report data on category of psychiatric disabilities, psychiatric symptoms, cognition, insight, educational attainment, empathy, interpersonal interactions and relationships, self-stigma, disability acceptance, and perceived social effectiveness were collected and analyzed using multiple regression analysis (MRA). Results: MRA yielded a regression model that accounted for 56% of the variance in perceived social effectiveness, which is considered a large effect size. Controlling for all other factors, mood disorder, educational attainment, empathy, interpersonal interactions and relationships, and disability acceptance were found to be significant predictors of perceived social effectiveness of persons with SMI. Conclusions and Implications for Practice: Practitioners should consider determining points of intervention and targeting specific elements that enhance perceived social effectiveness. Impact statement Impact and Implications—This study extends previous research by considering internal perceptions of disability known to influence the disability experience (i.e., disability acceptance and self-stigma) in addition to the more common factors used to predict social effectiveness (i.e., category of psychiatric disability, psychiatric symptoms, cognition, insight, educational attainment, empathy, and interpersonal interactions and relationships). Results demonstrate that the positive predictor variables explored (i.e., educational attainment, empathy, interpersonal interactions and relationships, and acceptance of disability), along with category of psychiatric disability, predicted perceived social effectiveness among adults with SMI at a rate of 56% (a large effect size). Based on the results of the current study, practitioners should consider employing strategies to increase educational attainment, improve empathy, create positive interpersonal interactions and relationships, and promote disability acceptance of individuals with SMI.

**Database:** PsycINFO

## **Examining the relationship between educational attainment and recovery of adults with serious mental illnesses**

**Author(s):** O'Shea, Amber; Salzer, Mark S.

**Source:** *Psychiatric Rehabilitation Journal*; Mar 2019; vol. 42 (no. 1); p. 79-87

Available at [Psychiatric rehabilitation journal](#) - from Proquest\_New\_Platform

**Abstract:** Objective: The purpose of the current study was to examine the relationship between education and recovery-oriented outcomes among adults with serious mental illnesses (SMIs). Method: Data from 623 adults with SMIs were combined from 6 separate studies, using baseline measures prior to any intervention. An independent samples t test was conducted on recovery scores and overall quality of life (QOL) to compare participants with more than high school education to those with less. Additionally, a multivariate analysis of variance was run on each of the individual items of the QOL index to further investigate differences in QOL by education group. Results: Contrary to expectations, individuals with higher levels of educational attainment reported lower scores on recovery and several domains compared with individuals with lower levels of educational attainment. Conclusions and Implications for Practice: The results of the current study indicate that people with SMIs with higher educational attainment may actually be at greater risk for experiencing poor recovery-oriented outcomes. Rehabilitation efforts should focus not only on increasing educational attainment, but managing other factors that potentially interfere with recovery, such as self-stigma and demoralization. Impact statement Impact and Implications—The results of the current study suggest that individuals with SMIs who have a college education report lower indicators of health than those with lower than or equal to a high school education. Efforts should be made to work with individuals with SMIs to identify personally meaningful goals surrounding educational and occupational outcomes, as well as strategies to succeed in various educational contexts. Furthermore, additional empirical attention should be devoted to understanding the experiences of individuals with SMIs within contexts of higher education, and future research should aim to identify the processes, mechanisms, and experiences afforded within educational environments that ultimately impact individuals' sense of recovery and quality of life.

**Database:** PsycINFO

### **Workplace-Based Rehabilitation of Upper Limb Conditions: A Systematic Review.**

**Author(s):** Hoosain, Munira; de Klerk, Susan; Burger, Marlette

**Source:** *Journal of Occupational Rehabilitation*; Mar 2019; vol. 29 (no. 1); p. 175-193

**Abstract:** Purpose The objective of this systematic review was to identify, collate and analyse the current available evidence on the effectiveness of workplace-based rehabilitative interventions in workers with upper limb conditions on work performance, pain, absenteeism, productivity and other outcomes. Methods We searched Medline, Cochrane Library, Scopus, Web of Science, Academic Search Premier, Africa-Wide Information, CINAHL, OTSeeker and PEDro with search terms in four broad areas: upper limb, intervention, workplace and clinical trial (no date limits). Studies including neck pain only or musculoskeletal pain in other areas were not included. Results Initial search located 1071 articles, of which 80 were full text reviewed. Twenty-eight articles were included, reporting on various outcomes relating to a total of seventeen studies. Nine studies were of high methodological quality, seven of medium quality, and one of low quality. Studies were sorted into intervention categories: Ergonomic controls (n = 3), ergonomic training and workstation adjustments (n = 4), exercise and resistance training (n = 6), clinic-based versus workplace-based work hardening (n = 1), nurse case manager training (n = 1), physiotherapy versus Feldenkrais (n = 1), and ambulant myofeedback training (n = 1). The largest body of evidence supported workplace exercise programs, with positive effects for ergonomic training and workstation adjustments, and mixed effects for ergonomic controls. Ambulant myofeedback training had no effect. The remaining three categories had positive effects in the single study on each intervention. Conclusion While there is substantial evidence for workplace exercise programs, other workplace-based interventions require further high quality research. Systematic review registration PROSPERO CRD42017059708.

**Database:** CINAHL

### **It's Not Just Me. Parents' Perceptions of a Multi-Disciplinary Therapy Group for Infants with Disabilities.**

**Author(s):** Bowman, Susan; Evans, Catherine

**Source:** *Physical & occupational therapy in pediatrics*; Mar 2019 ; p. 1-12

**Abstract:** AIM To explore parent perceptions of Baby Club, a therapeutic program involving physiotherapy, occupational therapy, and speech and language therapy for infants with physical disabilities under 2 years and to better understand how the group addresses child and family needs. METHODS A qualitative

descriptive design using semi-structured interviews and a brief demographics questionnaire. Eight parents who attended a Baby Club program between 2017 and 2018 were recruited from ErinoakKids Centre for Treatment and Development. Interviews were audio-recorded, transcribed, and de-identified. A content analysis approach was used with an inductive process to generate a coding scheme. Investigators developed overarching themes. **RESULTS** Three themes representing parents' perceptions of Baby Club were identified: (1) Learning Together through Play and Fun; (2) I'm Not the Only One - Sharing and Support; (3) The Value of Therapist Time and Expertise. **CONCLUSIONS** Baby Club provides parents and infants with opportunities to learn new skills through play, providing enriching social experiences and networking in a supportive therapeutic group environment.

**Database:** Medline

**Benefits and harms of spinal manipulative therapy for the treatment of chronic low back pain: systematic review and meta-analysis of randomised controlled trials.**

**Author(s):** Rubinstein, Sidney M; de Zoete, Annemarie; van Middelkoop, Marienke; Assendelft, Willem J J; de Boer, Michiel R; van Tulder, Maurits W

**Source:** *BMJ (Clinical research ed.)*; Mar 2019; vol. 364 ; p. 1689

Available at [BMJ \(Clinical research ed.\)](#) - from BMJ Journals

**Abstract:** **OBJECTIVE** To assess the benefits and harms of spinal manipulative therapy (SMT) for the treatment of chronic low back pain. **DESIGN** Systematic review and meta-analysis of randomised controlled trials. **DATA SOURCES** Medline, PubMed, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, Physiotherapy Evidence Database (PEDro), Index to Chiropractic Literature, and trial registries up to 4 May 2018, including reference lists of eligible trials and related reviews. **ELIGIBILITY CRITERIA FOR SELECTING STUDIES** Randomised controlled trials examining the effect of spinal manipulation or mobilisation in adults ( $\geq 18$  years) with chronic low back pain with or without referred pain. Studies that exclusively examined sciatica were excluded, as was grey literature. No restrictions were applied to language or setting. **REVIEW METHODS** Two reviewers independently selected studies, extracted data, and assessed risk of bias and quality of the evidence. The effect of SMT was compared with recommended therapies, non-recommended therapies, sham (placebo) SMT, and SMT as an adjuvant therapy. Main outcomes were pain and back specific functional status, examined as mean differences and standardised mean differences (SMD), respectively. Outcomes were examined at 1, 6, and 12 months. Quality of evidence was assessed using GRADE. A random effects model was used and statistical heterogeneity explored. **RESULTS** 47 randomised controlled trials including a total of 9211 participants were identified, who were on average middle aged (35-60 years). Most trials compared SMT with recommended therapies. Moderate quality evidence suggested that SMT has similar effects to other recommended therapies for short term pain relief (mean difference -3.17, 95% confidence interval -7.85 to 1.51) and a small, clinically better improvement in function (SMD -0.25, 95% confidence interval -0.41 to -0.09). High quality evidence suggested that compared with non-recommended therapies SMT results in small, not clinically better effects for short term pain relief (mean difference -7.48, -11.50 to -3.47) and small to moderate clinically better improvement in function (SMD -0.41, -0.67 to -0.15). In general, these results were similar for the intermediate and long term outcomes as were the effects of SMT as an adjuvant therapy. Evidence for sham SMT was low to very low quality; therefore these effects should be considered uncertain. Statistical heterogeneity could not be explained. About half of the studies examined adverse and serious adverse events, but in most of these it was unclear how and whether these events were registered systematically. Most of the observed adverse events were musculoskeletal related, transient in nature, and of mild to moderate severity. One study with a low risk of selection bias and powered to examine risk ( $n=183$ ) found no increased risk of an adverse event (relative risk 1.24, 95% confidence interval 0.85 to 1.81) or duration of the event (1.13, 0.59 to 2.18) compared with sham SMT. In one study, the Data Safety Monitoring Board judged one serious adverse event to be possibly related to SMT. **CONCLUSIONS** SMT produces similar effects to recommended therapies for chronic low back pain, whereas SMT seems to be better than non-recommended interventions for improvement in function in the short term. Clinicians should inform their patients of the potential risks of adverse events associated with SMT.

**Database:** Medline

**Self-efficacy in Activities of daily living and symptom management in people with dizziness: a focus group study.**

**Author(s):** Fridberg, Helena; Gustavsson, Catharina

**Source:** *Disability and rehabilitation*; Mar 2019; vol. 41 (no. 6); p. 705-713

Available at [Disability and rehabilitation](#) - from Unpaywall

**Abstract:** BACKGROUND Self-efficacy is associated with health status, health behaviour and health behaviour change in various chronic health conditions. PURPOSE To describe self-efficacy in relation to Activities of daily living and symptom management in people with dizziness. MATERIAL AND METHODS Thirteen women and three men, aged 45-82 years, with persistent dizziness (duration 4 months to 30 years) were recruited from an outpatient physiotherapy unit. A qualitative study was conducted using four focus groups and one individual interview and was then analysed with qualitative content analysis. RESULTS The participants conveyed, in-depth information concerning two predefined main categories. Self-efficacy in Activities of daily living was related to challenging body positions and motions, environments, social activities, work tasks, and complex cognitive behaviours. Self-efficacy in symptom management was related to distress and aggravated symptoms, unfamiliar environment, and unknown people. CONCLUSIONS People with dizziness describe how self-efficacy for specific activities varies according to the perceived difficulty of the task, the context of the activity, and day-to-day variations in general wellbeing. The results underscore the importance of targeting self-efficacy in the rehabilitation of people with dizziness. Our findings can guide the rehabilitation process by providing a deeper understanding of self-efficacy judgements in relation to Activities of daily living and symptom management in people with dizziness. Implication for rehabilitation This study adds important in-depth knowledge to the rehabilitation area on self-efficacy beliefs in relation to Activities of daily living and symptom management in people with dizziness. Self-efficacy for specific activities varies according to the perceived difficulty of the task, the context in which the activity takes place and day-to-day variations in perceived general well-being. The results can be used as a topic list to guide rehabilitation efforts in exploring and intervening aspects of people's everyday activities that are affected by low self-efficacy judgements. Activities perceived to be crucial to everyday life and important for well-being should be targeted in rehabilitation to increase self-efficacy and thereby activity performance and participation in people with dizziness.

**Database:** Medline

### **The effectiveness of walking versus exercise on pain and function in chronic low back pain: a systematic review and meta-analysis of randomized trials.**

**Author(s):** Vanti, Carla; Andreatta, Simone; Borghi, Silvia; Guccione, Andrew Anthony; Pillastrini, Paolo; Bertozzi, Lucia

**Source:** *Disability and rehabilitation; Mar 2019; vol. 41 (no. 6); p. 622-632*

**Abstract:** OBJECTIVE Walking is commonly recommended to relieve pain and improve function in chronic low back pain. The purpose of this study was to conduct a systematic review and meta-analysis of randomized controlled trials concerning the effectiveness of walking interventions compared to other physical exercise on pain, disability, quality of life and fear-avoidance, in chronic low back pain. METHODS Randomized controlled trials investigating the effects of walking alone compared to exercise and to exercise with added walking on adults with chronic low back pain were identified using the MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Physiotherapy Evidence Database (PEDro), Cochrane Central Register of Controlled Trials (CENTRAL), PsychINFO, and SPORT Discus™ databases. Two reviewers independently selected the studies and extracted the results. Study quality was assessed using the PEDro scale and the clinical relevance of each outcome measure was evaluated. RESULTS Meta-analysis of five randomized controlled trials meeting inclusion criteria was performed. The effectiveness of walking and exercise at short-, mid-, and long-term follow-ups appeared statistically similar. Adding walking to exercise did not induce any further statistical improvement, at short-term. CONCLUSIONS Pain, disability, quality of life and fear-avoidance similarly improve by walking or exercise in chronic low back pain. Walking may be considered as an alternative to other physical activity. Further studies with larger samples, different walking dosages, and different walking types should be conducted. Implications for Rehabilitation. Walking is commonly recommended as an activity in chronic low back pain. Pain, disability, and fear-avoidance similarly improve by walking or exercise. Adding walking to exercise does not induce greater improvement in the short-term. Walking may be a less-expensive alternative to physical exercise in chronic low back pain.

**Database:** Medline

### **The Intensive Cognitive-Communication Rehabilitation Program for Young Adults With Acquired Brain Injury.**

**Author(s):** Gilmore, Natalie; Ross, Katrina; Kiran, Swathi

**Source:** *American Journal of Speech-Language Pathology; Mar 2019; vol. 28 ; p. 341-358*

**Abstract:** Purpose: This study investigated the effects of an intensive cognitive-communication rehabilitation (ICCR) program for young individuals with chronic acquired brain injury. Method: ICCR included classroom lectures; metacognitive instruction, modeling, and application; technology skills training;

and individual cognitive-linguistic therapy. Four individuals participated in the intensive program (6 hr with 1-hr lunch break × 4 days × 12 weeks of treatment): 3 participants completed 3 consecutive semesters, and 1 participant completed 1 semester. Two controls did not receive treatment and completed assessments before and after the 12-week treatment interval only. Results: All 4 experimental participants demonstrated significant improvements on at least 1 standardized cognitive-linguistic measure, whereas controls did not. Furthermore, time point significantly predicted participants' scores on 2 of the 4 standardized outcome measures, indicating that as duration in ICCR increased, scores also increased. Participants who completed multiple semesters of ICCR also improved in their therapy and personal goals, classroom behavior, life participation, and quality of life. Conclusion: After ICCR, participants showed gains in their cognitive-linguistic functioning, classroom participation, and individual therapy. They also demonstrated improvements outside the classroom and in their overall well-being. There is a gap between the large population of young adults with acquired brain injury who wish to return to higher education and a lack of rehabilitation programs supporting reentry into academic environments; ICCR is a first step in reducing that gap.

**Database:** CINAHL

### **Psychometric evaluation of the patient perspective on care and rehabilitation scale in geriatric patients.**

**Author(s):** Erci, Behice; Yildirim, Hilal; Isik, Kevser

**Source:** *Archives of Gerontology & Geriatrics*; Mar 2019; vol. 81 ; p. 84-90

**Abstract:** Highlights • The world population is rapidly aging so that chronic diseases also increase with the increasing elderly population. • Giving information to the elderly about the tools used, knowing how and whom to contact in case of emergencies, and planning the discharge strengthen the elderly's perception on care. • Low care perceptions decrease the quality of life of the elderly patients. Therefore, it is thought that receiving quality health care and evaluating it are important in terms of increasing the well-being level of elderly patient. Abstract Objectives This methodological study was conducted to psychometrically evaluate the Patient Perspective on Care and Rehabilitation Scale in geriatric patients. Methods This study was conducted with 209 elderly individuals aged 65 years or older who were hospitalized in a hospital in Turkey between March and September 2017. The data were collected by using the Elderly Information Questionnaire prepared by the researcher and the Turkish version of the Patient Perspective on Care and Rehabilitation Scale. Cronbach's Alpha and item-total correlation for the internal consistency, reliability and intraclass correlation coefficients for the test–retest reliability, and Bartlett's test and Kaiser–Meyer–Olkin (KMO) were used for the validity of the scale. Results that the result of the KMO test was significant at .87, and the result of the Bartlett's test was significant on the level of  $p < .001$ . The Cronbach's Alpha value was found as 0.89 for the overall PaPeR scale and between .84 and .87 for the subscales of PaPeR. In factor analysis, the eigenvalue was above 1, the scale covered 2 factors and accounted for 53.7% of the total variance. Conclusion The validity and reliability analysis conducted in this study provided evidence for the acceptability of the scale. The Turkish version of the scale is easy to understand and allows evaluation of patient perspectives on quality of care and rehabilitation in geriatric patients. It is recommended to reach larger populations and apply the scale in different regions.

**Database:** CINAHL

### **Sense of Coherence, Disability, and Health-Related Quality of Life: A Cross-Sectional Study of Rehabilitation Patients in Norway.**

**Author(s):** Moen, Vegard P.; Eide, Geir E.; Drageset, Jorunn; Gjesdal, Sturla

**Source:** *Archives of Physical Medicine & Rehabilitation*; Mar 2019; vol. 100 (no. 3); p. 448-457

**Abstract:** Abstract Objective To study relations between sense of coherence (SOC), disability, and mental and physical components of health-related quality of life (HRQOL) among rehabilitation patients. Design Survey. Setting Rehabilitation centers in secondary care. Participants Patients (N=975) from the Western Norway Health Region consented to participate and had valid data of the main outcome measures. Interventions Not applicable. Main Outcome Measures SOC was measured with the sense of coherence questionnaire (13-item SOC scale [SOC-13]), disability with the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), and HRQOL with the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36). Results Mean scores ± SD were 62.9±12.3 for SOC-13, 30.8±16.2 for WHODAS 2.0, 32.8±9.6 for SF-36 physical component score, and 43.6±11.8 for SF-36 mental component score. Linear regression analysis showed that increased SOC score was associated with reduced disability scores in the following domains with estimated regression coefficients (95% confidence interval) cognition – 0.20 (–0.32 to –0.08), getting along –0.36 (–0.52 to –0.25), and participation –0.23 (–0.36 to –0.11). The fit of 2 structural models with the association from SOC to HRQOL and disability or with disability as a

mediator was better for the mental versus the physical component of HRQOL. High SOC increased the mental component of HRQOL, consistent for all diagnostic groups. For both models, good fit was reported for circulatory and less good fit for musculoskeletal diseases. Conclusions The results indicate that higher SOC decreases disability in mental domains. The effect of SOC on disability and HRQOL might vary between diagnostic groups. SOC could be a target in rehabilitation, especially among patients with circulatory diseases, but prospective studies are needed.

**Database:** CINAHL

### **Functional Measures Upon Admission to Acute Inpatient Rehabilitation Predict Quality of Life After Ischemic Stroke.**

**Author(s):** Lin, Chen; Katkar, Mansi; Lee, Jungwha; Roth, Elliot; Harvey, Richard L.; Prabhakaran, Shyam

**Source:** *Archives of Physical Medicine & Rehabilitation*; Mar 2019; vol. 100 (no. 3); p. 481-481

**Abstract:** **Objective** To evaluate the association between functional measures at admission to acute inpatient rehabilitation (AIR) and health-related quality of life (HRQOL) scores at 3 months after ischemic stroke. **Design** Consecutive patients with ischemic stroke admitted to AIR were consented to a prospective registry. **Setting** Large academic referral inpatient rehabilitation hospital. **Participants** Patients (N=113) with ischemic stroke (mean age 70.6 ± 14.5y; 54.0% male; 56.6% white) were included in the analysis. **Interventions** Not applicable. **Main Outcome Measures** Admission FIM and Berg Balance Scores (BBS) were abstracted when available. The Neuro-Quality of Life questionnaire was used to assess 3-month HRQOL in 4 domains: upper extremity (UE), lower extremity (LE), executive functions (EF), and general concerns (GC). Associations of FIM and BBS scores with impaired HRQOL at 3 months were evaluated. **Results** The median time from stroke onset to admission FIM and BBS was 6.4 (interquartile range [IQR] 4.2-11.3) and 8.9 (IQR 5.8-14.4) days, respectively. A 5-point increase in admission FIM score decreased the likelihood of impairment in HRQOL at 3 months by 25% for GC (odds ratio [OR] 0.75, 95% confidence interval [CI] 0.61-0.93, P =.01), 31% for EF (OR 0.69, 95% CI 0.56-0.85, P =.001), 16% for UE function (OR 0.84, 95% CI 0.73-0.96, P =.01), and 21% for LE function (OR 0.79, 95% CI 0.67-0.93 P =.004). A 5-point increase in admission BBS decreased the likelihood of impairment in HRQOL domains at 3 months by 15% for UE function (OR 0.85, 95% CI 0.75-0.98, P =.02) and 25% for LE function (OR 0.75, 95% CI 0.64-0.89, P =.001). **Conclusions** Admission FIM and BBS were strongly associated with 3-month HRQOL associated across multiple domains following stroke. These findings indicate that HRQOL can be predicted earlier in a patient's course during AIR.

**Database:** CINAHL

### **Resilience and return-to-work pain interventions: systematic review.**

**Author(s):** Wainwright, E; Wainwright, D; Coghill, N; Walsh, J; Perry, R

**Source:** *Occupational medicine (Oxford, England)*; Mar 2019

**Abstract:** **BACKGROUND** Resilience is a developing concept in relation to pain, but has not yet been reviewed in return-to-work (RTW) contexts. **AIMS** To explore the role of resilience enhancement in promoting work participation for chronic pain sufferers, by reviewing the effectiveness of existing interventions. **METHODS** Resilience was operationalized as: self-efficacy, active coping, positive affect, positive growth, positive reinforcement, optimism, purpose in life and acceptance. Five databases were searched for randomized controlled trials (RCTs) whose interventions included an element of resilience designed to help RTW/staying at work for chronic pain sufferers. Study appraisal comprised the Cochrane risk of bias (RoB) tool and additional quality assessment. Findings were synthesized narratively and between-group differences of outcomes were reported. Heterogeneous PICO (population, intervention, comparator, outcome) elements precluded meta-analysis. **RESULTS** Thirty-four papers from 24 RCTs were included. Interventions varied; most were multidisciplinary, combining behavioural, physical and psychological pain management and vocational rehabilitation. Four found RTW/staying at work improved with intensive multidisciplinary interventions compared with less intensive, or no, treatment. Of these, one had low RoB; three scored poorly on allocation concealment and selective outcome reporting. Four trials had mixed results, e.g. interventions enabling reduced sick leave for people on short-term not long-term leave; 16 showed no improvement. Five trials reported resilience outcomes were improved by interventions but these were not always trials in which RTW improved. **CONCLUSIONS** Effectiveness of resilience interventions for chronic pain sufferers on RTW is uncertain and not as helpful as anticipated. Further agreement on its conceptualization and terminology and that of RTW is needed.

**Database:** Medline

### **Global Need for Physical Rehabilitation: Systematic Analysis from the Global Burden of Disease Study 2017.**

**Author(s):** Jesus, Tiago S; Landry, Michel D; Hoenig, Helen

**Source:** *International journal of environmental research and public health*; Mar 2019; vol. 16 (no. 6)

Available at [International journal of environmental research and public health](#) - from Europe PubMed Central - Open Access

**Abstract:** Background: To inform global health policies and resources planning, this paper analyzes evolving trends in physical rehabilitation needs, using data on Years Lived with Disability (YLDs) from the Global Burden of Disease Study (GBD) 2017. Methods: Secondary analysis of how YLDs from conditions likely benefiting from physical rehabilitation have evolved from 1990 to 2017, for the world and across countries of varying income levels. Linear regression analyses were used. Results: A 66.2% growth was found in estimated YLD Counts germane to physical rehabilitation: a significant and linear growth of more than 5.1 billion YLDs per year (99% CI: 4.8-5.4;  $r^2 = 0.99$ ). Low-income countries more than doubled (111.5% growth) their YLD Counts likely benefiting from physical rehabilitation since 1990. YLD Rates per 100,000 people and the percentage of YLDs likely benefiting from physical rehabilitation also grew significantly over time, across locations (all  $p > 0.05$ ). Finally, only in high-income countries did Age-standardized YLD Rates significantly decrease ( $p < 0.01$ ;  $r^2 = 0.86$ ). Conclusions: Physical rehabilitation needs have been growing significantly in absolute, per-capita and in percentage of total YLDs. This growth was found globally and across countries of varying income level. In absolute terms, growths were higher in lower income countries, wherein rehabilitation is under-resourced, thereby highlighting important unmet needs.

**Database:** Medline

### **Role of rehabilitation in chronic stress induced exhaustion disorder: a narrative review.**

**Author(s):** Wallensten, Johanna; Åsberg, Marie; Wiklander, Maria; Nager, Anna

**Source:** *Journal of rehabilitation medicine*; Mar 2019

Available at [Journal of rehabilitation medicine](#) - from IngentaConnect - Open Access

**Abstract:** OBJECTIVE An increase in numbers of cases of sick leave due to stress have been reported from several European countries during recent decades. Chronic stress-induced exhaustion disorder is associated with physiological and neurobiological perturbations that may contribute to cognitive problems and long-term exhaustion. Rehabilitation of patients with chronic stress-induced exhaustion disorder is therefore challenging. This narrative review summarizes the evidence regarding the effectiveness of different interventions for the rehabilitation of patients with chronic stress-induced exhaustion disorder. METHODS Both structured and unstructured searches of research studies and reports were performed in order to find knowledge sources. The structured search had 2 predefined inclusion criteria: (i) chronic stress-induced exhaustion/clinical burnout/severe burnout/stress-induced exhaustion; and (ii) rehabilitation with improvement of symptoms and/or return to work as outcomes. RESULTS Cognitive behavioural interventions and multimodal interventions seem to reduce symptoms. Workplace interventions, either work-focused cognitive behavioural or workplace dialogue, seem to improve return to work. Sleep is important for both symptom improvement and return to work, and interventions for improving sleep might therefore be important. For improvement of cognitive function, which is a main complaint among patients with chronic stress-induced exhaustion disorder, aerobic and cognitive training may have some effect. CONCLUSION In summary, the few studies of high-quality that examine interventions for rehabilitation of chronic stress-induced exhaustion disorder show only marginal effects. Thus, it is important to prevent the onset of chronic stress-induced exhaustion disorder.

**Database:** Medline

### **Formal and informal care after stroke: A longitudinal analysis of survivors' post rehabilitation hospital discharge.**

**Author(s):** Pucciarelli, Gianluca; Ausili, Davide; Rebora, Paola; Arisido, Maeregu Woldeyes; Simeone, Silvio; Alvaro, Rosaria; Vellone, Ercole

**Source:** *Journal of advanced nursing*; Mar 2019

**Abstract:** AIMS To describe the type and the amount of formal and informal care received during the first year after home discharge and to identify the baseline predictors of the formal and informal care needs of stroke survivors. DESIGN longitudinal study. Data were collected between June 2013-May 2016. METHODSSurvivors (N=415) were enrolled during discharge from rehabilitation hospitals and interviewed at 3 (T1), 6 (T2), 9 (T3) and 12 (T4) months. The linear mixed effects model with random intercept and random slopes was used to trend for the amount of formal and informal care received by survivors during the four observation times. RESULTS Regarding formal care, only physiotherapy and speech therapy decreased significantly over time. Stroke survivors received a mean of 17 hours of paid

informal care per week at T1 and these hours did not significantly decrease after one year from discharge, while unpaid informal care decreased significantly over time. Higher numbers of paid informal caregiving were predicted by older age, higher education levels, lower BI scores and living without unpaid informal caregivers while higher numbers of unpaid informal care were predicted by lower BI scores and living with unpaid informal caregivers. CONCLUSIONS Stroke has a great effect on survivors' lives. During the first few months after rehabilitation hospital discharge, survivors need further care because they are often discharged before achieving independent functioning. IMPACT Observing the stroke survivor's life situation after discharge could be important for the researchers because they could implement specific intervention that could take in consideration these results. This article is protected by copyright. All rights reserved.

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