

Rehabilitation

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Addressing health inequalities across allied health professional (AHP) services: a guide for AHP system leaders

This guide has been developed for AHP system leaders working across regions, integrated care systems, local authorities and provider organisations. The guide focuses on what AHP leaders need to know, and what actions they can take at a system level to address health inequalities. It emphasises using a population health approach and leading change at scale, focusing on the breadth of AHP services rather than individual services or professional groups.

1. Use of electromyographic biofeedback in rehabilitation following anterior cruciate ligament reconstruction: a systematic review and meta-analysis

Authors: Ananías, Joaquín; Vidal, Catalina; Ortiz-Muñoz, Luis; Irarrázaval, Sebastián and Besa, Pablo

Publication Date: 2024

Journal: Physiotherapy 123, pp. 19-29

Abstract: Rehabilitation following anterior cruciate ligament (ACL) reconstruction surgery is essential to regain functionality and return to previous activity level. Electromyographic biofeedback may be an effective intervention for rehabilitation of patients following ACL surgery. To synthesize the available evidence on the effect of electromyographic biofeedback in the treatment of quadriceps strength following ACL surgery. Systematic review with meta-analysis. PubMed, EMBASE, CENTRAL and Epistemonikos were searched. Randomized clinical trials with patients undergoing ACL reconstruction surgery comparing biofeedback with a standard rehabilitation control group. Two authors selected articles and performed data extraction. The analysed outcomes were strength, function, pain, knee extension and balance. The risk of bias of individual studies was assessed using the Cochrane Risk of Bias Tool. Results were combined through random-effects meta-analysis, reporting mean differences. Eight articles were included in the qualitative analysis, and four articles were included in the quantitative analysis. The interventions lasted between 4 and 12 weeks. Three studies evaluated the effect of biofeedback on quadriceps strength; of these, two studies showed a significant difference in favour of the biofeedback group. In addition, biofeedback was found to improve knee extension standardized mean difference -1.3 , 95% confidence interval (CI) -1.74 to -0.86] and balance (one study). There was no significant difference in Lysholm score (mean difference -6.21 , 95% CI -17.51 to 5.08 ; $I^2 = 59\%$) or pain between the biofeedback group and the control group. Electromyographic biofeedback in knee rehabilitation could be useful following ACL reconstruction surgery. • This is the first systematic review on the effect of electromyographic biofeedback in the treatment of quadriceps strength following ACL surgery. • Biofeedback intervention was found to improve knee extension and balance. There was no significant difference in Lysholm score or pain level between the biofeedback group and the control group. • Further studies are required to evaluate the effect of electromyographic biofeedback after ACL reconstruction surgery. If effectiveness can be demonstrated, this would suggest that greater numbers of patients could benefit despite the cost and lack of portability of the equipment. PROSPERO (CRD42020193768).

2. The effectiveness of cervical rehabilitation interventions for pain in adults with myogenic temporomandibular disorders: A systematic review and meta-analysis

Authors: Bednarczyk, Victoria; Proulx, François and Paez, Arsenio

Publication Date: 2024

Journal: Journal of Oral Rehabilitation 51(6), pp. 1091-1107

Abstract: Objective: Little evidence exists for the most effective conservative treatment approach for adults with myogenic temporomandibular disorders (MTMD). We aim to assess the effectiveness of cervical rehabilitation interventions on pain intensity and sensitivity in adults with MTMD compared to comparison intervention such as placebo, sham treatment, education or no intervention.; Methods: For

this systematic review and meta-analysis, we searched PubMed, EMBASE, Medline, PEDro databases, forward and backward citations and grey literature studies through PROSPERO, clinical trials and data registries without language or date restrictions between inception and 1 December 2021. We selected randomised controlled trials (RCTs) based on adult populations with MTMD who had a cervical rehabilitation intervention which was defined as any conservative intervention targeting the anatomical structures of the cervical spine. The primary outcome measures for pain were self-reported pain intensity and pain sensitivity through the pressure pain threshold (PPT) of the masseter and temporalis muscles. Secondary outcome measures of maximal mouth opening (on MMO) were included. Included studies were assessed for bias with the Cochrane risk of bias tool for randomised trials. Evidence from RCTs was synthesised to determine treatment effect size as differences between standardised mean difference (SMD) for changes in pain intensity, PPT and MMO comparing adults with MTMD who were treated with cervical rehabilitation interventions compared to a control group. This study is registered on Prospero, number CRD 42021289299.; Results: Our general search yielded 2647 studies where seven RCTs met eligibility criteria with low to some concerns in their risk of bias. Pain intensity (five studies, n = 223, SMD -0.98, 95% CI -1.67 to -0.28, I² = 79%), PPT of the masseter muscle (six studies, n = 395, SMD 0.64, 95% CI 0.43 to 0.86, I² = 90%) and the temporalis muscles (five studies, n = 295, SMD 0.76, 95% CI 0.07 to 1.45, I² = 84%) showed large treatment effect estimates favouring cervical rehabilitation interventions compared to no treatment, sham cervical treatment, patient education or non-cervical neuromuscular techniques. Compared to control interventions, one type of cervical rehabilitation intervention, cervical manual therapy alone or in combination with a neck exercise program was associated with statistically significant, large treatment effect estimates on pain intensity (four studies, n = 203, SMD -1.52, 95% CI -2.50 to -0.55).; Conclusions: This review found that in the short-term, cervical rehabilitation interventions especially upper cervical MT alone or in combination with a neck exercise program are effective in improving multiple pain outcomes in adults with MTMD. However, further research is needed to measure the long-term effects of this type of intervention. (© 2024 The Authors. Journal of Oral Rehabilitation published by John Wiley & Sons Ltd.)

3. Occupational Therapy and Public Safety Personnel: Return to Work Practices and Experiences

Authors: Edgelow, Megan; Petrovic, Ana; Gaherty, Clare and Fecica, Agnieszka

Publication Date: 2024

Journal: Canadian Journal of Occupational Therapy. Revue Canadienne D'Ergotherapie 91(2), pp. 124-135

Abstract: Background. Public safety personnel (PSP) are frequently exposed to psychological trauma through their work. Evidence shows that worker's compensation claims for work-related psychological injuries are on the rise for PSP. Occupational therapists increasingly provide return to work (RTW) services for this population. Purpose. To explore the therapeutic practices and personal experiences of occupational therapists working with PSP who have work-related psychological injuries. Method. This mixed methods descriptive study included a chart review of available occupational therapy client records from 2016 to 2020 for PSP with work-related psychological injuries from two Ontario companies. Additionally, a web-based self-report survey for Ontario occupational therapists providing RTW services to this same population was available from November 1, 2021 to June 1, 2022. Findings. The chart review included 31 client records and the online survey was completed by 49 Ontario occupational therapists. Therapists commonly provided services in clients' homes, workplaces, and communities, and focused on functional activities. The evidence base drawn on by therapists was not always occupation-based. Barriers to RTW included challenges with interprofessional collaboration, stigma, and the COVID-19 pandemic. Implications. Occupational therapists are commonly working with PSP with work-related psychological injuries and have the opportunity to contribute to the evidence base for occupational approaches to RTW.

4. Ergonomic risks and problems of the musculoskeletal system for physiotherapists: comparison of employees in the fields of pediatric and adult care

Authors: Ercan, Sabriye;Ince Parpucu, Tuba;Başkurt, Zeliha and Başkurt, Ferdi

Publication Date: 2024

Journal: International Journal of Occupational Safety & Ergonomics 30(2), pp. 543-548

Abstract: Objectives. The aim of this study is to compare the ergonomic risk levels, musculoskeletal complaints and quality of life of physiotherapists (PTs) according to their field of work. Methods. A total of 107 volunteer PTs participated in the study, whose information was recorded. Ergonomic risk levels were determined using rapid entire body assessment (REBA). Complaints about the musculoskeletal system of PTs were evaluated with the Cornell musculoskeletal discomfort questionnaire (CMDQ) and quality of life was evaluated by the Nottingham health profile. Results. PTs who worked with pediatric patients (Group pediatric; n = 47) were younger (p0.05). Conclusions. Group pediatric may be working in ergonomically demanding positions, although there is no statistical difference. The injury sites of the musculoskeletal system can differ. However, the reflection of musculoskeletal system problems on quality of life does not show any difference between the groups of PTs.

5. Exploring the Sustainability of Home Modifications and Adaptations in Occupational Therapy

Authors: Fawkes, Tanya;Croft, Caitlin S.;Peters, Chloe M. and Mortenson, W. B.

Publication Date: 2024

Journal: Canadian Journal of Occupational Therapy.Revue Canadienne D'Ergotherapie 91(2), pp. 116-123

Abstract: Background. Many occupational therapists make home modification recommendations; however, it is unknown if sustainability considerations (i.e., economic, social, and environmental) are contemplated during this process. Purpose. To understand occupational therapists' perceptions regarding the sustainability of home modifications. Method. This study adopted a qualitative description approach. Researchers utilized semistructured interviews as the primary means of data collection. Findings. The ten female occupational therapists interviewed had three or more years of experience working with home modifications. The analysis identified three themes: It's not easy being green: environmental sustainability, stretching a dollar: financial inequities, and barriers and benefits in the home modification process. Implications. Findings suggest OTs have a varied and a general understanding of how to implement sustainability concepts in their practice. There is also a need to make access to home modifications more equitable. Further research is needed to build a more robust understanding of how OT recommended home modifications can contribute to sustainability.

6. Towards a better understanding of our patients. A qualitative study about how patients and their physiotherapists perceive the recovery of shoulder problems

Authors: Hacquebord, Sijmen;Kiers, Henri;van der Wees, Philip and Hoogeboom, Thomas J.

Publication Date: 2024

Journal: Musculoskeletal Science & Practice 71, pp. 102931

Abstract: Objective: To investigate how people with shoulder problems and their physiotherapists perceive the recovery of shoulder problems.; Method: We performed a qualitative study using semi-structured interviews with patients and their physiotherapists. Nine pairs of patients and physiotherapists (n = 18) were recruited. The transcribed interviews were analyzed in a consecutive multistep iterative process using a conventional content analysis.; Results: Analysis of the interviews resulted in three major themes: 'What do I expect from my recovery?', 'Am I recovering?' and 'When do

I consider myself recovered?' The patients and physiotherapists talked similarly about the importance of and interdependency between these themes. Central to these three themes are the analysis of the cause of shoulder problems and the experience of uncertainty. Our analyses suggest that there are conceptual differences in how patients and physiotherapists formulate their expectations about recovery, observe the recovering process, and conceptualize when someone may be considered recovered. Different interpretations by the patients of the information provided by the physical therapists appeared to fuel these differences.; Conclusion: Our results show that the concept of recovery is defined by patients and physiotherapists in three distinct themes. Within these themes the patients and physiotherapists differ substantially in their conceptualization of the recovery.; Impact Statement: This insight in the concept of recovery can help patients and physiotherapists better understand each other, enhance the alignment of ideas about the care process, and support making decisions together. Physiotherapists should be aware that patients might interpret their words, explanations, and expectations substantially different.; Competing Interests: Declaration of competing interest The listed authors have no competing interests. (Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

7. Building Bridges in Palliative Rehabilitation: An Evidence-Based Toolkit to Promote Collaboration

Authors: Henshaw, Ann M. and Winstead, Sunny R.

Publication Date: 2024

Journal: American Journal of Hospice & Palliative Medicine 41(6), pp. 601-609

Abstract: Background: Palliative care and rehabilitation professionals caring for seriously ill people and their families face barriers to effective, timely collaboration. Barriers such as ineffective communication processes, role misunderstanding across professions, and resource limitations can lead to underutilization of rehabilitation services for this vulnerable population. Objectives: To create practical connections between palliative care and rehabilitation professionals and to provide tools and strategies for teams to develop the core competencies (role clarity, communication, teamwork, and shared values) necessary to provide coordinated, timely, effective care to people living with serious illness. Design: With Interprofessional Education Collaborative (IPEC) Core Competencies¹ as a framework for interprofessional collaborative practice, a quality improvement project was conducted at a large academic medical center. The 5-phase project included literature review, expert interviews, identification of barriers and facilitators, development of strategies to mitigate barriers, and pilot testing of select strategies. Results: The PalRehab Toolkit consists of strategies to enhance interprofessional collaborative practice and infuse rehabilitation into palliative care in the acute care setting. Preliminary evaluation of piloted strategies suggests increased communication across professions, improved role clarity, and an increased likelihood of collaboration. Conclusion: Providing educational offerings, establishing efficient communication channels, and infusing rehabilitation concepts into palliative care practices, as outlined in the PalRehab Toolkit, may positively impact interprofessional collaborative practice and improve care delivery for people with serious illness and their families.

8. Effects of kinesiotaping during early post-operative rehabilitation in individuals who underwent a total knee arthroplasty: A systematic review and meta-analysis of randomized control trials

Authors: Ickert, Edmund C.;Griswold, David;Ross, Omar;Dudash, Shannon;Duchon, Colleen and Learman, Ken

Publication Date: 2024

Journal: Clinical Rehabilitation 38(6), pp. 732-748

Abstract: Objective: To report the treatment effects of early use kinesiotaping on pain, range of motion, mobility, and edema outcomes following total knee arthroplasty. Data Sources: Cochrane

Central Register of Controlled Trials, PubMed, SPORTDiscus, Biosis Citation Index, and the Cumulative Index to Nursing and Allied Health Literature were searched for potential randomized control trials from inception to 8 January 2024. Review Methods: Randomized control trials evaluating the effect of kinesiотaping published in English were included. Reference lists for relevant reviews were searched. Study quality was assessed using the Cochrane Risk of Bias 2 tool. Certainty of evidence was determined using the Grading of Recommendations Assessment, Development, and Evaluation approach. Results: Seven articles totaling 534 participants were included for meta-analysis. Kinesiотaping with standard rehabilitation when compared to standard rehabilitation alone had very low certainty of evidence in pain and knee flexion range of motion. Kinesiотaping was favored at post-operative days two to four for pain ($P = 0.03$, standard mean difference = $-0.77 -1.45, -0.09$) and range of motion ($P = 0.002$, standard mean difference = $-0.24 -0.44, -0.03$). Kinesiотaping was favored at post-operative days six to eight for pain ($P = 0.02$, standard mean difference = $-0.76 -1.41, -0.12$) and range of motion ($P = 0.04$, standard mean difference = $-0.63 -1.22, -0.04$). Edema and mobility could not be meta-analyzed. Conclusion: The use of kinesiотaping early in post-operative rehabilitation could be a useful modality for reducing pain and increasing the range of knee flexion, however, the certainty of evidence is very low.

9. Exploring the personal stroke and rehabilitation experiences of older adults with chronic stroke during the COVID-19 pandemic: a qualitative descriptive study

Authors: Lee, Nicole P.; Pearson, Erin S.; Sanzo, Paolo and Klarner, Taryn

Publication Date: 2024

Journal: International Journal of Qualitative Studies on Health and Well-Being 19(1), pp. 2331431

Abstract: Purpose: The purpose of this study was to explore the personal stroke and rehabilitation experiences of older adults with chronic stroke living in a mid-sized Northwestern Ontario city in Canada during the COVID-19 pandemic.; Methods: A qualitative descriptive approach with a constructivist worldview was used. In addition, a semi-structured interview guide was used to gather the participants' perspectives on their experiences throughout stroke recovery. Ten participants were interviewed, including six males and four females. The interviews were completed, transcribed, and analysed using inductive and deductive content analysis. Multiple steps were taken to enhance data trustworthiness.; Results: Six main themes and eight related subthemes emerged. These included: getting help is complex, the effects of stroke are multifaceted, losing rehabilitation services during the COVID-19 pandemic, overcoming hardships but not alone, "If you don't use it, you lost it": rehabilitative success is based on one's actions, and "look at me now": the importance of taking pride in one's successes.; Conclusions: One unique finding was that the participants used this study as an opportunity to teach and advocate for future stroke survivors which is not often seen in qualitative stroke rehabilitation research. Future stroke research should place emphasis on both the positive and negative experiences of this population.

10. Efficacy of exercise rehabilitation for managing patients with Alzheimer's disease

Authors: Li, Dan; Jia, Jinning; Zeng, Haibo; Zhong, Xiaoyan; Chen, Hui and Yi, Chenju

Publication Date: 2024

Journal: Neural Regeneration Research 19(10), pp. 2175-2188

Abstract: Alzheimer's disease (AD) is a progressive and degenerative neurological disease characterized by the deterioration of cognitive functions. While a definitive cure and optimal medication to impede disease progression are currently unavailable, a plethora of studies have highlighted the potential advantages of exercise rehabilitation for managing this condition. Those studies show that exercise rehabilitation can enhance cognitive function and improve the quality of life for individuals affected by AD. Therefore, exercise rehabilitation has been regarded as one of the most important strategies for managing patients with AD. Herein, we provide a comprehensive analysis of the currently available findings on exercise rehabilitation in patients with AD, with a focus on the exercise types

which have shown efficacy when implemented alone or combined with other treatment methods, as well as the potential mechanisms underlying these positive effects. Specifically, we explain how exercise may improve the brain microenvironment and neuronal plasticity. In conclusion, exercise is a cost-effective intervention to enhance cognitive performance and improve quality of life in patients with mild to moderate cognitive dysfunction. Therefore, it can potentially become both a physical activity and a tailored intervention. This review may aid the development of more effective and individualized treatment strategies to address the challenges imposed by this debilitating disease, especially in low- and middle-income countries. (Copyright © 2024 Copyright: © 2024 Neural Regeneration Research.)

11. Effect of quick acupuncture combined with rehabilitation therapy on improving motor and swallowing function in patients with stroke

Authors: Ma, Yinfei;Guo, Hairui;Geng, Lijuan;Jia, Zhongfen;Li, Guangzhi;Shen, Wei and Wang, Jianyu

Publication Date: 2024

Journal: Clinical Rehabilitation 38(6), pp. 793-801

Abstract: Objective: To investigate the effect of quick acupuncture combined with rehabilitation therapy on motor and swallowing function of patients with stroke. Design: A retrospective study. Setting: Single center study. Participants: One hundred and twenty patients with stroke were divided into control and observation group based on the therapeutic regimen. Intervention: Control group (n = 60) only received rehabilitation therapy, and observation group (n = 60) received rehabilitation therapy combined with quick acupuncture. Acupuncture was performed once a day, and 6 times/week for 4 consecutive weeks. Main measures: The simplified Fugl-Meyer assessment scale and Barthel index were used to assess limb motor function and daily living ability. The Dysphagia Outcome Severity Scale and Swallowing Quality of Life questionnaire were conducted to estimate the dysphagia severity and life quality of patients with swallowing disorders. The therapeutic efficacy and complications after treatment were analyzed and counted. Results: After treatment, the scores of the observation group were significantly improved compared with the control group ($P < 0.05$). In the observation group, the therapeutic efficacy was 93% (n = 56); the complication rate was 5% (n = 3); the therapeutic efficacy of the control group was 75% (n = 45); and the complication rate was 25% (n = 15), indicating that the therapeutic efficacy of the observation group is better and the incidence of complications is lower than that of the control group. Conclusion: This study suggests that rehabilitation therapy combined with rapid acupuncture therapy has a potential therapeutic effect on the relief of swallowing and motor dysfunction after stroke.

12. Examining the role of attention focus walking training on conscious motor processing during rehabilitation by older adults at risk of falling: A randomized controlled trial

Authors: Mak, Toby C. T.;Ng, Shamay S. M.;Leung, Melody C. Y. and Wong, Thomson W. L.

Publication Date: 2024

Journal: Archives of Gerontology & Geriatrics 121, pp. N.PAG

Abstract: • Conscious motor processing might disrupt automatic motor control and hamper gait. • External focus training during gait reduces real-time conscious motor processing. • Instruction-specific gait training shortly improves functional balance and gait. This study examined the impact of walking training with different attention focus instructions on real-time conscious motor processing and fall-related rehabilitation outcomes in older adults at risk of falling. A total of 102 community-dwelling older adults (mean age = 75.2 years, SD = 6.8 years) were randomly assigned to three groups: no attention focus walking group (NAFWG), external attention focus walking group (EAFWG), or internal attention focus walking group (IAFWG). All groups underwent 12 training sessions. Assessments were conducted at baseline, post-training, and six months later, measuring real-time conscious motor processing, functional balance and gait, balance ability, functional mobility, walking ability, trait conscious motor processing propensity, fear of falling, and recurrent falls. The EAFWG showed

significant reduction on real-time conscious motor processing immediately after training ($p = 0.015$). No changes were observed for the IAFWG and NAFWG. All groups showed significant improvements in functional balance and gait ($p < 0.001$) and balance ability ($p < 0.001$) post-training. Implementing external focus instructions during walking training could be a feasible and beneficial strategy for reducing real-time conscious motor processing, which may improve walking performance and prevent falls in older adults. Further research is needed to examine the sustained benefits of these interventions and determine optimal training dosage for older adults with different risks of falling in fall prevention.

13. Videofluoroscopy-guided botulinum toxin for pharyngoesophageal spasm: a promising advance in laryngectomy rehabilitation

Authors: Maniaci, Antonino;Lavalle, Salvatore;Mayo-Yanez, Miguel;Parisi, Federica Maria and Cocuzza, Salvatore

Publication Date: 2024

Journal: European Archives of Oto-Rhino-Laryngology : Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery 281(6), pp. 3305-3306

14. Acceptability of two mobile applications to support cross-sectoral, person-centred and empowering stroke rehabilitation - a process evaluation

Authors: Marwaa, Mille Nabsen;Guidetti, Susanne;Ytterberg, Charlotte and Kristensen, Hanne Kaae

Publication Date: 2024

Journal: Annals of Medicine 56(1), pp. 2302979

Abstract: Aim: To evaluate the acceptability of two co-designed mobile applications [Mit Sygehus a knowledge-based solution] and Genopræn.dk a self-training solution] to support a cross-sectoral, person-centred and empowering stroke rehabilitation.; Setting: The applications were implemented and tested throughout two stroke rehabilitation trajectories in Southern Denmark, comprising two acute, two sub-acute and two municipal stroke rehabilitation settings.; Methods, Participants and Analysis: A process evaluation focusing on acceptability was conducted. Individual and dyadic interviews were performed with ten stroke survivors (three women and seven men, aged 50-84) with moderate stroke and seven significant others (five women and two men, aged 50-78) post-rehabilitation. A constructivist Grounded Theory analysis was used to explore what, why, when, and how the apps worked or did not work throughout the stroke rehabilitation trajectory and if adaptations were needed.; Results: Participants found that Mit Sygehus provided adequate and sufficient knowledge and was easy to use, however, acceptability of Mit Sygehus declined throughout the rehabilitation process. Also, knowledge on 'return-to-work' and 're-gaining driver's license/permission to drive' needed to be developed. The content in Genopræn.dk was perceived as acceptable, through content being person-centred, motivating and meaningful. Genopræn.dk furthermore, supported the transfer between rehabilitation settings, provided a sense of progress throughout the rehabilitation process, facilitated positive habits regarding self-training, and relieved the burden on significant others. Genopræn.dk was perceived most acceptable in the sub-acute rehabilitation setting and declined when rehabilitation continued in the municipal setting.; Conclusion: Stroke survivors and their significant others found Mit Sygehus and Genopræn.dk acceptable to support cross-sectoral, person-centred and empowering stroke rehabilitation, however acceptability declined throughout the rehabilitation process. Further investigations are required to determine how cognitive rehabilitation can play a greater role in app-supported stroke rehabilitation and how the need for more long-term follow-up can be supported.

15. 'Look up from the waiting list and see the bigger picture': a qualitative analysis of clinical specialist physiotherapist perspectives on low back pain care in Ireland

Authors: Murphy, Cathriona;French, Helen;McCarthy, Geraldine and Cunningham, Caitriona

Publication Date: 2024

Journal: Physiotherapy 123, pp. 133-141

Abstract: Introduction: Healthcare systems are struggling to deliver high-quality low back pain (LBP) care. In 2012 specialist physiotherapist-led musculoskeletal (MSK) triage services were introduced in Irish hospitals to expedite patient care and alleviate pressure on elective orthopaedic/ rheumatology consultant clinics. Specialist physiotherapists have expertise to inform health service improvement and reform, but their perspectives of LBP healthcare delivery have received scant attention.; Objectives: To explore specialist physiotherapists' perspectives on LBP care in Ireland, the barriers and facilitators to quality LBP care and the development of MSK interface services in primary care settings.; Design: Cross-sectional observational study using an anonymous electronic survey with thematic framework analysis of response data from open-ended questions.; Participants: Thirty-four clinical specialist physiotherapists in Irish MSK triage services.; Results: Thematic analysis resulted in six overarching themes, grouped into two categories. One category pertained to LBP healthcare in Ireland with the following three themes: 1) Inadequate health services for patients with LBP; 2) Need for defined LBP clinical pathways; 3) Need for a multisectoral approach to spine health. Themes in the second category, pertaining to the development of community-based MSK interface services, were: 4) Concern regarding isolation from secondary care services; 5) Unrealistic expectations of MSK triage; 6) Improved communication and collaboration with primary care services.; Conclusion: Specialist physiotherapists have concerns regarding LBP health services and persistence of a biomedical, secondary care-led approach. They advocate for investment in primary care multi-disciplinary teams, enhanced integration across primary and secondary care, development of a national clinical pathway and a multisectoral approach. CONTRIBUTION OF PAPER.; Competing Interests: Conflicts of interest The authors have no conflicts of interest to declare that are relevant to the content of this article. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

16. Cognitive Functional Therapy compared with usual physiotherapy care in people with persistent low back pain: a mixed methods feasibility randomised controlled trial in the United Kingdom National Health Service

Authors: Newton, Christopher;Singh, Gurpreet;Nolan, David;Booth, Vicky;Diver, Claire;O'Neill, Seth;Purtill, Helen;Logan, Pip;O'Sullivan, Kieran and O'Sullivan, Peter

Publication Date: 2024

Journal: Physiotherapy 123, pp. 118-132

Abstract: To determine the feasibility of completing a definitive randomised controlled trial (RCT), evaluating the clinical and cost-effectiveness of Cognitive Functional Therapy (CFT) in comparison to usual physiotherapy care (UPC), for people with persistent low back pain (LBP). A two-arm parallel feasibility RCT completed in a United Kingdom (UK) Secondary Care National Health Service (NHS) physiotherapy service. Sixty adult participants who reported LBP lasting for more than three months, that was not attributable to a serious (e.g. cancer) or specific (e.g. radiculopathy) underlying cause, were invited to participate. Participants were allocated at random to receive CFT or UPC. Cognitive Functional Therapy and Usual Physiotherapy Care for persistent LBP. The primary outcome was the feasibility of completing a definitive RCT, defined by recruitment of at least 5 participants per month, delivery of CFT per protocol and securing relevant and acceptable outcome measures. Data concerning study processes, resources, management and participant reported outcome measures were collected at baseline, 3, 6 and 12-month follow-up. Sixty participants (n = 30 CFT and n = 30 UPC) were recruited with 80% (n = 48), 72% (n = 43) and 53% (n = 32) retained at 3, 6 and 12-month follow-up respectively. NHS physiotherapists were trained to competence and delivered CFT with fidelity. CFT was tolerated by participants with no adverse events. Relevant and clinically important outcome data were collected at all time points (0.4%, 3%, 1% and 0.8% of data was missing from the returned outcome measure booklets at baseline and 3, 6 and 12-month follow-up respectively). The

Roland-Morris disability questionnaire was considered the most suitable primary outcome measure with a proposed sample size of 540 participants for a definitive cluster RCT. It is feasible to conduct a randomised study of CFT in comparison to UPC for NHS patients. A future study should incorporate an internal pilot to address aspects of feasibility further, including participant retention strategies. ISRCTN12965286 • Cognitive Functional Therapy (CFT) has shown encouraging results for reducing pain and disability in people with persistent LBP in previous clinical trials. The clinical and cost-effectiveness of CFT has not previously been evaluated in a definitive trial in the United Kingdom National Health Service. This is the first study to evaluate the feasibility of completing such a trial. • The findings of this study confirmed that; • NHS patients can be recruited on time and to target, with no safety concerns regarding a randomised controlled trial. • NHS physiotherapists can be trained to competence to deliver CFT with fidelity. • Clinically relevant and important data can be collected using standardised outcome measures. • New knowledge about the feasibility of completing a definitive trial of CFT in the UK NHS has been gained.

17. Personalized rehabilitation: A step towards humanizing critical care

Authors: Nydahl, Peter;Heras-La Calle, Gabriel and McWilliams, David

Publication Date: 2024

Journal: Intensive & Critical Care Nursing 82, pp. 103634

18. Physiotherapy students are underprepared to work with people living with dementia: a qualitative study

Authors: Quick, Stephen M.;Lawler, Katherine;Shannon, Michelle M.;Soh, Sze-Ee;McGinley, Jennifer L.;Peiris, Casey L.;Snowdon, David A. and Callisaya, Michele L.

Publication Date: 2024

Journal: Physiotherapy 123, pp. 47-55

Abstract: Objectives: To 1) explore physiotherapy students' experience in caring for people with dementia; 2) develop a rich understanding of their perceived preparedness to work with people with dementia upon graduation; and 3) identify opportunities to improve dementia education from the perspectives of students.; Design: A qualitative study comprised of semi-structured interviews via web conferencing software. Thematic analysis was undertaken, with themes/subthemes derived and a qualitative framework generated.; Setting: Three Victorian Universities in Australia.; Participants: Physiotherapy students of entry-to-professional practice education programs (n = 17; mean age 23.7 years, 65% female), having completed at least 15 weeks of clinical placements.; Results: The overarching theme was that students' experience of providing care for people with dementia was variable. The three sub-themes were: 1) students experience significant challenges when working with people with dementia, 2) students experience a range of emotions when working with people with dementia, and 3) the quality of dementia learning experiences during entry-to-professional practice training is mostly inadequate. Students described the importance of the supervisor during clinical placements, and suggested incorporating 'real-life' scenario training in the classroom to assist them learn to manage the challenging symptoms of dementia.; Conclusion: Physiotherapy students believe that entry-to-practice dementia education is insufficient. These findings have important implications for the future planning and delivery of physiotherapy dementia education. CONTRIBUTION OF THE PAPER. (Copyright © 2023 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

19. Occupational therapy's oversight: How science veiled our humanity

Authors: Reid, Heleen;Hocking, Clare and Smythe, Elizabeth

Publication Date: 2024

Journal: Scandinavian Journal of Occupational Therapy 31(1), pp. 2306585

Abstract: Background: Occupational therapy's connection to positivist science predates the profession's formal beginning, with important contributing knowledge sources coming from mathematics, physics, psychology, and systems theory. While these sources of objective knowledge provide a rational, defensible position for practice, they can only explain a portion of what it means to exist as an occupational being.; Aims/objectives: This article aims to reveal some of the history of science within occupational therapy and reveal the subjective, ontological nature of doing everyday activities that the profession's preoccupation with positivist science has obscured.; Methods: This research used a history of ideas methodology to uncover how occupational therapy perceived people and how practice was conceptualised and conducted between 1800 and 1980s, as depicted in writing of the time.; Conclusion: Analysis showed that, through history, people were increasingly categorised and delimited. Practice also became systematically controlled, moving occupational therapy into a theoretical, scientific, and abstract realm.; Significance: The emphasis placed on objectivity diminishes the attention given to human ways of practicing, where the subjective experience is central to our thinking.

20. Breaking new ground? An analysis of the use of embedded occupational therapy in a postsecondary education programme for students with intellectual disabilities

Authors: Ringwood, Barbara;Banks, Jennifer and Shevlin, Michael

Publication Date: 2024

Journal: British Journal of Learning Disabilities 52(2), pp. 422-431

Abstract: Background: Despite the growing diversity among students in higher education, nonprogression to postsecondary education persists for many students with intellectual disabilities with low completion rates for those who do progress. Research suggests that occupational therapy (OT) support can be extremely beneficial in assisting students. Less is known however about the impact of OT in higher education. This study aims to examine the use of OT embedded in a postsecondary programme for students with intellectual disabilities. Methods: This study uses a scoping review of relevant literature and a qualitative analysis of OT working in a higher education programme specifically designed for students with intellectual disabilities in Ireland. Findings: This paper highlights how the OT support within this programme uses a four-fold collaborative approach supporting students, staff, business partners and wider organisational structures in the university. Conclusion: The analysis highlights the opportunities for collaboration between OT and curriculum developers, teaching and ancillary staff and students in higher education along with the significant OT input into work placements and internships with business partner mentors. Challenges in educating stakeholders to understand OT in the higher education environment would suggest a substantial need for further research. Accessible summaries: Many students with intellectual disabilities go to university now. Some students find university hard. They need help with university. We did research on one programme for students with an intellectual disability. This programme has occupational therapists. The occupational therapists help students. Occupational therapy helps people with problems/challenges in university. Our research showed how occupational therapists can work with students with an intellectual disability in university. The study also documented how the occupational therapists work with other people to help the students such as lecturers, people who design the programme and business people.

21. Video analysis of communication by physiotherapists and patients in video consultations: a qualitative study using conversation analysis

Authors: Seuren, Lucas M.;Gilbert, Anthony;Ramdharry, Gita;Walumbe, Jackie and Shaw, Sara E.

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Journal: Physiotherapy 123, pp. 30-37

Abstract: To investigate the challenges of doing physical examinations and exercises by video, and the communication strategies used by physiotherapists and patients to overcome them. A qualitative study of talk and social actions, examining the verbal and non-verbal communication practices used by patients and physiotherapists. Video consultations between physiotherapists and patients were video recorded using MS Teams, transcribed and analysed in detail using Conversation Analysis. Video consultations were recorded in three specialist settings (long-term pain, orthopaedics, and neuromuscular rehabilitation) across two NHS hospitals. 15 adult patients (10 female, 5 male; aged 20-77) with a scheduled video consultation. Examinations and exercises retain-->were successfully accomplished in all 15 consultations. Two key challenges were identified for physiotherapists and patients when doing video assessments: (1) managing safety and clinical risk, and (2) making exercises and movements visible. Challenges were addressed by through communication practices that were patient-centred and tailored to the video context (e.g., explaining how to frame the body to the camera or adjust the camera to make the body visible). Video is being used by physiotherapists to consult with their patients. This can work well, but tailored communication strategies are critical to help participants overcome the challenges of remote physical examinations and exercises. This paper is a first to use video-based analysis to determine the challenges of video consulting for doing remote assessments and exercises in physiotherapy settings. It demonstrates how patients and physiotherapists use communication strategies to raise concerns around safety and visibility and how they overcome these concerns.

22. Comparing the Effectiveness of Mindfulness-based Stress Reduction Training and Powell's Cognitive Rehabilitation on Improving the Quality of Life of Stroke Patients

Authors: Shojaei, Fatemeh;Shahabizadeh, Fatemeh;Mousavi-Mirzaei, Seyed;Firoozabadi, Mohammad Dehghani and Esmaeili, Aliakbar

Publication Date: 2024

Journal: Modern Care Journal: Scientific Quarterly of Birjand Nursing & Midwifery Faculty 21(3), pp. 1-8

23. Exercise-based physiotherapeutic interventions in frailty syndrome: A systematic review and meta-analysis

Authors: Silva, Laize Gabriele de Castro;da Silva, Silvia,Lanziotti Azevedo;Freire, Júlio César Guimarães;Nascimento, Emanuel Dos Santos;de Andrade, Palloma Rodrigues;Pereira, Daniele Sirineu and Brito, Geraldo Eduardo Guedes

Publication Date: 2024

Journal: Physiotherapy Research International : The Journal for Researchers and Clinicians in Physical Therapy 29(3), pp. e2092

Abstract: Objective: To identify the effect of exercise interventions on physical frailty in community-dwelling older adults.; Methods: Relevant articles were searched in MEDLINE, LILACS, Scielo, Embase, and PEDro in November 2022, based on a protocol registered in PROSPERO and according to items prescribed in Report for Systematic Reviews and Meta-Analyses, using Health Sciences Descriptors (DeCS) and free terms for search strategy, with no language restrictions. The studies were considered if they had been published between January 2010 and November 2022, and were randomized clinical trials in which pre-frail and frail older community-dwelling adults had undergone exercise-based physical therapy.; Results: The systematic review found 5360 citations; after screening, abstract, and full-text screening for eligibility, seven studies were included, involving 1304 participants overall. The exercise modalities differed substantially between studies. The meta-analysis identified a statistically significant difference in frailty between older adults who exercised compared with those who exercised with no or minimal intervention. No heterogeneity between articles was observed, and the risk of bias was considered low according to funnel plot visual inspection.; Conclusions: The results of this review suggest that physical therapy programs are effective in decreasing levels of physical frailty

24. Stopping Falls: A United Initiative among Physical Therapy Educators

Authors: Taylor, David W. M.;Lorio, Anne K.;Hergott, Collen;Karnes, James L.;Walton-Mouw, Rachael and McCall, SueAnn

Publication Date: 2024

Journal: Physical & Occupational Therapy in Geriatrics 42(2), pp. 204-215

Abstract: Falls are not a normal part of aging and pose a significant health risk to older adults. Physical therapists have a role in fall risk management. Preparation to manage falls varies across Doctor of Physical Therapy (DPT) curricula. This paper describes how six DPT programs integrated community-based fall prevention through the STOP (Screen one-Thousand Older adults to Prevent) Falls initiative. STOP Falls was collaboration among DPT faculty to integrate community-based fall risk screening into curricula using the Centers for Disease Control and Prevention Stopping Elderly Accidents, Deaths, and Injury (STEADI) initiative. Activities included screenings in nine different geriatric and clinical education courses, one interprofessional activity, and five service activities. Students reported benefits from participation and valued older adult interactions. Seven faculty, 228 students, and 27 community/clinical partners screened 605 older adults. Collaborative community-based fall prevention initiatives can be incorporated into DPT curricula.

25. Portable robots for upper-limb rehabilitation after stroke: a systematic review and meta-analysis

Authors: Tseng, Kevin C.;Wang, Le;Hsieh, Chunkai and Wong, Alice M.

Publication Date: 2024

Journal: Annals of Medicine 56(1), pp. 2337735

Abstract: Background: Robot-assisted upper-limb rehabilitation has been studied for many years, with many randomised controlled trials (RCTs) investigating the effects of robotic-assisted training on affected limbs. The current trend directs towards end-effector devices. However, most studies have focused on the effectiveness of rehabilitation devices, but studies on device sizes are relatively few.; Goal: Systematically review the effect of a portable rehabilitation robot (PRR) on the rehabilitation effectiveness of paralysed upper limbs compared with non-robotic therapy.; Methods: A meta-analysis was conducted on literature that included the Fugl-Meyer Assessment (FMA) obtained from the PubMed and Web of Science (WoS) electronic databases until June 2023.; Results: A total of 9 studies, which included RCTs, were completed and a meta-analysis was conducted on 8 of them. The analysis involved 295 patients. The influence on upper-limb function before and after treatment in a clinical environment is analysed by comparing the experimental group using the portable upper-limb rehabilitation robot with the control group using conventional therapy. The result shows that portable robots prove to be effective (FMA: SMD = 0.696, 95% = 0.099 to.293, p < 0.05).; Discussion: Both robot-assisted and conventional rehabilitation effects are comparable. In some studies, PRR performs better than conventional rehabilitation, but conventional treatments are still irreplaceable. Smaller size with better portability has its advantages, and portable upper-limb rehabilitation robots are feasible in clinical rehabilitation.; Conclusion: Although portable upper-limb rehabilitation robots are clinically beneficial, few studies have focused on portability. Further research should focus on modular design so that rehabilitation robots can be decomposed, which benefits remote rehabilitation and household applications.

26. Physical therapy for acute and sub-acute low back pain: A systematic review and expert consensus

Authors: Wang, Xue-Qiang;Wang, Yu-Ling;Witchalls, Jeremy;Han, Jia;Zhang, Zhi-Jie;Page,

Phillip;Zhu, Yi;Stecco, Carla;Lin, Jian-Hua;El-Ansary, Doa;Ma, Quan-Sheng;Qi, Qi;Oh, Jae-seop;Zhang, Wei-Ming;Pranata, Adrian;Wan, Li;Li, Kui;Ma, Ming;Liao, Lin-Rong and Zhu, Yu-Lian

Publication Date: 2024

Journal: Clinical Rehabilitation 38(6), pp. 715-731

Abstract: Objective: To review the effectiveness of different physical therapies for acute and sub-acute low back pain supported by evidence, and create clinical recommendations and expert consensus for physiotherapists on clinical prescriptions. Data sources: A systematic search was conducted in PubMed and the Cochrane Library for studies published within the previous 15 years. Review methods: Systematic review and meta-analysis, randomized controlled trials assessing patients with acute and sub-acute low back pain were included. Two reviewers independently screened relevant studies using the same inclusion criteria. The Physiotherapy Evidence Database and the Assessment of Multiple Systematic Reviews tool were used to grade the quality assessment of randomized controlled trials and systematic reviews, respectively. The final recommendation grades were based on the consensus discussion results of the Delphi of 22 international experts. Results: Twenty-one systematic reviews and 21 randomized controlled trials were included. Spinal manipulative therapy and low-level laser therapy are recommended for acute low back pain. Core stability exercise/motor control, spinal manipulative therapy, and massage can be used to treat sub-acute low back pain. Conclusions: The consensus statements provided medical staff with applicable recommendations of physical therapy for acute and sub-acute low back pain. This consensus statement will require regular updates after 5–10 years.

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