

# Rehabilitation

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### February 2025

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## **Relative efficacy of prehabilitation interventions and their components: systematic review with network and component network meta-analyses of randomised controlled trials**

**Authors:** Daniel I Mclsaac, Gurlavine Kidd, Chelsia Gillis et al

**Publication Date:** 2025

**Journal:** BMJ

### **Abstract**

**Objective** To estimate the relative efficacy of individual and combinations of prehabilitation components (exercise, nutrition, cognitive, and psychosocial) on critical outcomes of postoperative complications, length of stay, health related quality of life, and physical recovery for adults who have received surgery.

**Design** Systematic review with network and component network meta-analyses of randomised controlled trials.

**Data sources** Medline, Embase, PsycINFO, CINAHL, Cochrane Library, and Web of Science were initially searched 1 March 2022, and updated on 25 October 2023. Certainty in findings were assessed using the Confidence in Network Meta-Analysis (CINeMA) approach.

**Main outcome measures** To compare treatments and to compare individual components informed by partnership with patients, clinicians, researchers, and health system leaders using an integrated knowledge translation framework. Eligible studies were any randomised

controlled trial including adults preparing for major surgery who were allocated to prehabilitation interventions or usual care, and where critical outcomes were reported.

**Results** 186 unique randomised controlled trials with 15 684 participants were included. When comparing treatments using random-effects network meta-analysis, isolated exercise (odds ratio 0.50 (95% confidence interval (CI) 0.39 to 0.64); very low certainty of evidence), isolated nutritional (0.62 (0.50 to 0.77); very low certainty of evidence), and combined exercise, nutrition, plus psychosocial (0.64 (0.45 to 0.92); very low certainty of evidence) prehabilitation were most likely to reduce complications compared with usual care. Combined exercise and psychosocial (−2.44 days (95% CI −3.85 to −1.04); very low certainty of evidence), combined exercise and nutrition (−1.22 days (−2.54 to 0.10); moderate certainty of evidence), isolated exercise (−0.93 days (−1.27 to −0.58); very low certainty of evidence), and isolated nutritional prehabilitation (−0.99 days (−1.49 to −0.48); very low certainty of evidence) were most likely to decrease length of stay. Combined exercise, nutrition, plus psychosocial prehabilitation was most likely to improve health related quality of life (mean difference on Short Form-36 physical component scale 3.48 (95% CI 0.82 to 6.14); very low certainty of evidence) and physical recovery (mean difference in meters on the six min walk test 43.43 (95% CI 5.96 to 80.91); very low certainty of evidence). When comparing individual components using component network meta-analysis, exercise and nutrition were the individual components most likely to improve all critical outcomes. The certainty of evidence for all comparisons across all outcomes was generally low to very low due to trial level risk of bias and imprecision; however, results for exercise and nutritional prehabilitation were robust with exclusion of high risk of bias trials.

**Conclusions** Consistent and potentially meaningful effect estimates suggest that exercise prehabilitation, nutritional prehabilitation, and multicomponent interventions including exercise may benefit adults preparing for surgery and could be considered in clinical care. However, multicentre trials that are appropriately powered for high priority outcomes and that have a low risk of bias are required to have greater certainty in prehabilitation's efficacy.

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## **Preparing physiotherapists for the future: the development and evaluation of an innovative curriculum.**

**Author:** Stolwijk N

**Publication Date:** 2025

**Journal:** BMC Medical Education

[Educational innovation in health professional education is needed to keep up with rapidly changing healthcare systems and societal needs. This study evaluates the implementation of PACE, an innovative curriculum designed by the physiotherapy department of the HAN University of Applied Sciences in The Netherlands. The PACE concept features an integrated approach to learning and assessment based on pre-set learning outcomes, learning goals, flexible learning routes, and programmatic assessment.]

## **Intensive care unit acquired weakness and physical rehabilitation in the ICU**

**Authors:** Stephanie L Hiser, Kelly Casey, Peter Nydahl et al

**Publication Date:** 2025

**Journal:** BMJ

Approximately half of critically ill adults experience intensive care unit acquired weakness (ICUAW). Patients who develop ICUAW may have negative outcomes, including longer duration of mechanical ventilation, greater length of stay, and worse mobility, physical functioning, quality of life, and mortality. Early physical rehabilitation interventions have potential for improving ICUAW; however, randomized trials show inconsistent findings on the efficacy of these interventions. This review summarizes the latest evidence on the definition, diagnosis, epidemiology, pathophysiology, risks factors, implications, and management of ICUAW. It specifically highlights research gaps and challenges, with considerations for future research for physical rehabilitation interventions.

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### **1. Trapeziometacarpal total joint arthroplasty, with or without supervised hand rehabilitation: A quasi-experimental trial**

**Authors:** Bonhof-Jansen, Elske;Brink, Sander M.;de Jong et al

**Publication Date:** 2025

**Journal:** Hand Therapy

**Abstract:** Introduction: Aim of this study was to determine whether postoperative supervised rehabilitation improves functional outcomes after trapeziometacarpal (TMC) total joint arthroplasty (TJA), compared to education alone.; Method: A quasi-experimental before-after trial included 31 women ( $\geq 40$  years) per group diagnosed with trapeziometacarpal osteoarthritis who underwent TJA. A cohort ( $n = 31$ ) who was given education alone was compared to a cohort ( $n = 31$ ) who were subjected to supervised rehabilitation. Primary outcome was the difference in hand function 3 months postoperatively, measured by the Michigan Hand Outcomes Questionnaire (MHOQ). Other outcomes were the MHOQ subscale scores, the active range of motion, strength, time to return to work, satisfaction and complications.; Results: Patients in the education group had a significantly higher median delta MHOQ score when compared to the rehabilitation group at 3 months; 28.5 (20.5-31.3) versus 15.8 (1.9-21.1), ( $p = <0.01$ ) and at 12 months 36.6 (26.8 - 47.2) versus 27.4 (14.5 - 33.0), ( $p = 0.01$ ). Only the secondary outcomes the MHOQ subscales hand function, ADL and satisfaction revealed significant differences in favor of the education group. The education method reduced the median number of hand therapy sessions with eight visits.; Conclusion: The present study does not show a significant or clinically relevant benefit from supervised rehabilitation in terms of functional outcomes following TJA compared to education alone. Based on this, it seems safe to leave patients unsupervised in their recovery following TJA and to suffice with just education, however further exploration of effectiveness and safety of this intervention is recommended in larger trials.; Competing Interests: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. (© The Author(s) 2024.)

## **2. Contribution of cognitive status on admission to mobility and balance at discharge from acute rehabilitation for stroke**

**Authors:** Campo, Marc;Toglia, Joan;Jaywant, Abhishek and O'Dell, Michael W.

**Publication Date:** 2025

**Journal:** International Journal of Rehabilitation Research

**Abstract:** Acute inpatient rehabilitation is crucial for improving mobility and balance for individuals with stroke. A potentially important factor in the recovery of mobility and balance is cognition. The purpose of this study was to determine the effect of cognition on mobility and balance in acute stroke rehabilitation. This was a longitudinal cohort study based on an inpatient rehabilitation unit at a large academic medical center. Participants were individuals with stroke admitted to acute rehabilitation after an acute care hospital stay (N = 281). Demographic data and predictor variables were collected on admission to the unit. Outcomes were collected at discharge from the unit. Multiple regression analyses were used to determine the associations between cognition (Montreal Cognitive Assessment) on mobility (Functional Independence Measure mobility subscale) and balance (Berg Balance Scale). Subtests from the Montreal Cognitive Assessment were also examined to determine if specific dimensions of cognition could predict balance after controlling for covariates. Dominance analysis was used to determine the relative importance of baseline predictors. In separate models, cognition was a significant predictor of mobility (B = 0.19) and balance (B = 0.28) at discharge after adjusting for admission mobility and balance, as well as age, sex, and length of stay. The most important predictors in both models were baseline mobility and balance, but cognition contributed to the models independently of baseline scores. Cognition was generally more important than age and sex while about equally important as length of stay. In separate models, the visuospatial/executive (B = 0.42) and the delayed recall (B = 0.37) subtests were also significant predictors of mobility. The models' most important predictors were baseline mobility and balance scores. Cognition is a clinically relevant predictor of mobility and balance in acute stroke rehabilitation. Specific dimensions of cognition, such as executive function, visuospatial function, and delayed recall, may be especially important. Cognitive challenges and meta-cognitive strategies should be included in mobility and balance tasks when possible. Studies that evaluate the efficacy of dual-task training and meta-cognitive approaches are needed.

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## **3. Rehabilitation and physiotherapists in the critical care medicine**

**Authors:** Clini, E.;Costi, S. and Girardis, M.

**Publication Date:** 2025

**Journal:** Pulmonology

#### **4. Informing the Development of Telehealth Education in Physiotherapy Programs. Assessments and Interventions for Individuals Accessing Physiotherapy Care via Synchronous Telehealth. A Scoping Review**

**Authors:** Davies, Luke M.;Lawton, Vidya;Bevan, Rebecca;Mestousis, Mikayla and Pacey, Verity

**Publication Date:** 2025

**Journal:** Musculoskeletal Care

**Abstract:** Background: In order to develop contemporary telehealth curricula for entry-to-practice physiotherapy programs that develop the capabilities required to practice telehealth, it is important to evaluate the delivery of telehealth practices within the physiotherapy profession.; Objective: To assess the current literature to (i) determine what types of assessments and interventions have been delivered via synchronous forms of telehealth (videoconferencing and telephone) by physiotherapists (ii) determine which platforms were used for service delivery and which practice areas have delivered synchronous telehealth physiotherapy assessments and interventions.; Design: Scoping review adhering to Joanna Briggs Institute guidelines. Three electronic databases (Medline, Embase, and CINAHL) were searched for articles involving physiotherapists using synchronous forms of telehealth (videoconferencing/telephone) to deliver assessments and/or interventions.; Study Selection: Articles were included if they related to physiotherapists using synchronous forms of telehealth (videoconferencing and/or telephone) to deliver assessments and/or interventions.; Data Synthesis: A narrative synthesis was conducted.; Results: From 2748 records, 134 studies were included. Standardised assessments (e.g. subjective assessments, range of motion, functional assessment) were the most commonly (82%) delivered. Most interventions delivered were exercise (82%), followed by education (27%). Freely available synchronous videoconferencing platforms including Zoom (n = 30, 34%), WhatsApp (n = 10, 11%), and Skype (n = 9, 10%) were commonly used. Telehealth-delivered physiotherapy assessment and interventions were primarily utilised in musculoskeletal (33%), neurological (23%) and respiratory (14%) practice areas.; Conclusion: The diverse use of physiotherapy telehealth-delivered assessments and interventions across varied clinical practice settings and patient populations highlights the importance of preparing future physiotherapists with telehealth skills fit for contemporary practice. (© 2025 The Author(s). Musculoskeletal Care published by John Wiley & Sons Ltd.)

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#### **5. Acceptability of physiotherapists as primary care practitioners for the care of people with musculoskeletal disorders: a French population-based cross-sectional survey**

**Authors:** Demont, A.;Vervaeke, R.;Lafrance, S.;Desmeules, F.;Dumas, A. and Bourmaud, A.

**Publication Date:** 2025

**Journal:** Physiotherapy

**Abstract:** Objectives: In France, early access to physiotherapy for people with

musculoskeletal disorders (MSKDs) depends on prescription and referral by the family physician in the physician-led model of care. The readiness of French people for direct access to physiotherapy is not known. This survey aims to identify the perceptions of French adults regarding physiotherapists' competence to diagnose and manage MSKDs if they were primary care practitioners, confidence in their ability to provide quality care, and satisfaction with the last episode of care for those concerned; and to identify factors associated with these three variables.; Design: French population-based cross-sectional survey.; Participants: A representative sample of the French adult population was surveyed between June 2020 and September 2021.; Outcome Measures: Collected variables included previous physiotherapy experience, perception of competence to diagnose and manage MSKDs as primary care practitioners, confidence about quality of care, and self-referral preferences. Multivariate logistic regression analyses were performed to identify the factors associated with these three variables.; Results: A total of 1000 participants completed the survey; 854 (85%) believed that physiotherapists would be competent primary care practitioners, and 920 (92%) were confident about the quality of care. Most had previously consulted a physiotherapist (n = 823, 82%); of these, 762 (91%) were satisfied with care received.; Conclusion: This large sample of French adults considered physiotherapists as competent to diagnose and treat some MSKDs as primary care practitioners, and that they provided quality care. Further studies should investigate the scope of care, safety, and efficacy of a direct access physiotherapy model. CONTRIBUTION OF PAPER.; Competing Interests: Conflict of Interest The authors declare that they have no competing interests. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

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## 6. Quantifying and Measuring Value in Rehabilitation: A Scoping Review Protocol

**Authors:** Gallant, Karen M.;Pottkotter, Kristy;McGrath, Shana;Crick, James P.;Bourcier, Bryan;Johnson, Joshua K.;McDonough, Christine;Minick, Kate I.;Ruediger, Tom and Briggs, Matthew S.

**Publication Date:** 2025

**Journal:** Musculoskeletal Care

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## 7. Reporting of sex and/or gender in randomised controlled trials of physiotherapy interventions remains problematic: a systematic review

**Authors:** Ilhan, Emre;Solis, Kathleen;Liu, Cindy;Khawaja, Jamal;Chau, Tran Dang Khoa and Gray, Kelly

**Publication Date:** 2025

**Journal:** Physiotherapy

**Abstract:** Background: Little is known about how sex and/or gender is reported in trials on physiotherapy interventions.; Objectives: To determine the nature and extent of reporting sex and/or gender information in randomised controlled trials of physiotherapy interventions.; Data Sources: Physiotherapy, Journal of Physiotherapy, Physical Therapy, Brazilian Journal of

Physical Therapy, and Journal of Orthopaedics and Sports Physical Therapy.; Study Selection or Eligibility Criteria: Randomised controlled trials of physiotherapy interventions published between 2018 and 2024 were independently screened by two reviewers throughout title/abstract and full-text stages, then data were extracted from eligible full texts. Information on whether and how sex and/or gender data were collected, reported, and defined were extracted.; Synthesis Methods: Data were analysed descriptively using frequencies and percentages.; Results: Of 182 studies included in the review, 153 studies did not have sex and/or gender exclusive recruitment. Of these, 136 studies (89%) used the terms "sex" or "gender" when reporting demographic characteristics. Three studies used the term "sex assigned at birth". When reporting sex and/or gender, 82/139 (59%) studies provided two descriptors for sex and/or gender (e.g., male and female; men and women), 39/139 (28%) studies provided one descriptor (e.g., female) despite not being sex and/or gender exclusive. Four studies provided more than 2 descriptors (e.g., transgender women). In all studies, it was unclear how sex and/or gender was defined. In all but three studies, it was unclear how sex and/or gender was collected and whether data collection methods allowed for gender diverse options (e.g., non-binary) to be selected.; Limitations: Only 5 journals were surveyed.; Conclusions and Implications of Key Findings: The lack of inclusive reporting of gender and/or sex characteristics limits the scope and applicability of research in physiotherapy to the full spectrum of human experiences.; Prospero Registration: CRD42022383976. CONTRIBUTION OF THE PAPER.; Competing Interests: Declarations of interest None. (Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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## **8. Systematic development of a complex intervention: a theory and evidence-based physiotherapist led group intervention to increase physical activity and reduce sedentary behaviour following bariatric surgery (PARIS)**

**Authors:** James, Jennifer;Hardeman, Wendy;Goodall, Mark;Eborall, Helen and Wilding, John P. H.

**Publication Date:** 2025

**Journal:** Physiotherapy

**Abstract:** Objectives: To describe the systematic development of a physiotherapist led group behaviour change intervention targeting physical activity and sedentary behaviour in individuals who have undergone bariatric surgery.; Study Design: Intervention development including evidence synthesis, qualitative research and mapping of intervention components, using the 2008 MRC framework for complex interventions.; Methods: We conducted a systematic review to identify the evidence for promising interventions and components to increase physical activity and reduce sedentary behaviour following bariatric surgery. We also conducted primary qualitative research exploring these behaviours with three key stakeholder groups: patients, clinicians and commissioners. We selected two contemporary behaviour change frameworks to inform intervention development and developed a conceptual matrix in which intervention objectives were defined to inform selection of appropriate behaviour change techniques, proposed mechanisms of action(s), and mode of delivery. We also developed two intervention handbooks for participants and facilitators to support delivery and receipt of the intervention.; Results: We have developed a behaviour change intervention targeting physical activity and sedentary behaviour in patients following bariatric surgery. Eight intervention



objectives were defined and mapped to the Behaviour Change Wheel and Theoretical Domains Framework. We identified what the intervention must be able to do (intervention functions), behaviour change techniques that could be used to achieve this, the proposed mechanism of action, and mode of delivery. This intervention will be subject to a feasibility study, with the intervention delivered online over a six-week period to participants who have had bariatric surgery within the previous five years. CONTRIBUTION OF THE PAPER.; Competing Interests: Conflict of interest None declared. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

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## **9. Factors influencing participation and engagement in post-stroke cardiac rehabilitation and exercise: an exploratory qualitative study**

**Authors:** Martin, Emma;Cameron, Trudi and Radford, Kate

**Publication Date:** 2025

**Journal:** International Journal of Rehabilitation Research

**Abstract:** The secondary prevention benefits of cardiac rehabilitation and similar exercise classes for stroke survivors are well established, however post-stroke exercise participation remains low. This research aimed to explore the factors affecting participation and engagement in UK-based post-stroke cardiac rehabilitation and exercise, from the perspective of the service user and service provider. An exploratory study, using semi-structured interviews, was conducted (n = 8, service user = 4), adopting a phenomenological approach. All interviews applied a topic guide informed by the Health Belief Model and the International Classification of Functioning, Disability and Health, and were analysed using inductive thematic analysis. Post-stroke cardiac rehabilitation and exercise participation was influenced by numerous factors, encompassed into three themes: Accessibility (describing the environmental pre-class limiting factors), Programme Structure (valuing in-class supervision, socialisation and adaptations) and Patient Characteristics (encompassing the influence of the service user's personality and experiences). Effective secondary prevention of stroke through cardiac rehabilitation and other exercise-based rehabilitation requires policy development and commissioning to ensure appropriate delivery. Further research should determine the feasibility of novel exercise class formats, in addition to larger trials investigating their clinical benefit and cost effectiveness.

## 10. Development and implementation of a physiotherapy exercise intervention with tailored support for exercise adherence for people with vertebral fragility fractures (OPTIN trial)

**Authors:** Newman, Meredith;Room, Jonathan;Hannink, Erin and Barker, Karen L.

**Publication Date:** 2025

**Journal:** Physiotherapy

**Abstract:** Objectives: The Osteoporosis Tailored exercise adherence Intervention (OPTIN) trial is a two-arm, multi-centre randomised controlled trial. It compares the effectiveness of physiotherapy exercise rehabilitation with integrated support for exercise adherence, to physiotherapy exercise rehabilitation alone, for people with vertebral fragility fracture (VFF) and back pain. This paper describes the development of the physiotherapist-led adherence enhanced intervention.; Methods: We used an intervention mapping approach and followed Medical Research Council guidelines for developing complex interventions. We co-created the intervention involving expert clinicians, service managers, researchers, and adults with long-term musculoskeletal conditions, including osteoporosis. We identified a theoretical framework, reviewed the evidence, used a feasibility study, and considered clinical practice and deliverability within UK National Health Service (NHS) outpatient physiotherapy secondary care. Through a collaborative workshop, we refined the intervention, involved patients again and re-tested the intervention. Finally, we manualised the intervention, produced patient and physiotherapist materials and trained physiotherapists for delivery.; Results: The OPTIN intervention uses a motivational interviewing approach and captures information about patient goals, barriers, and facilitators to exercise. Physiotherapists assess exercise capability, opportunities and motivation and utilise at least three behaviour change approaches, selecting from an intervention toolkit of nine approaches to support exercise behaviour. Ninety minutes of additional physiotherapy are provided to deliver the intervention, integrated within the assessment and six follow-up visits.; Conclusions: A theory-informed intervention to support exercise adherence was developed and delivered by physiotherapists trained in the intervention to older adults with VFF and back pain in the intervention arm (n = 63) of the OPTIN trial.; Trial Registration Number: ISRCTN 14465704. CONTRIBUTION OF PAPER.; Competing Interests: Conflict of Interest Karen Barker is on the Editorial Board of Physiotherapy but has not been involved in the peer review process. The authors declare no conflicts of interest. (Copyright © 2024 Chartered Society of Physiotherapy. All rights reserved.)

## 11. Pelvic Floor Physical Therapy and Female Sexual Dysfunction

**Authors:** Prendergast, Stephanie A. and Mueller, Jandra

**Publication Date:** 2025

**Journal:** Clinical Obstetrics and Gynecology

**Abstract:** The pelvic floor muscles, integral to urinary, bowel, and sexual function, can cause various symptoms when impaired, including pelvic pain, bowel and bladder dysfunction, incontinence, pelvic organ prolapse, and sexual dysfunction. This chapter explores pelvic floor anatomy, symptoms, and associated diagnoses. It provides screening tools for OBGYNs to use in practice, language to help address patient fears around sexual dysfunction, and emphasizes the role of pelvic floor physical and occupational therapy in treating these conditions. (Copyright © 2024 Wolters Kluwer Health, Inc. All rights reserved.)

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## 12. Beyond pulmonary rehabilitation: can the PICK UP programme fill the gap? A randomised trial in COPD

**Authors:** Rebelo, P.;Brooks, D.;Cravo, J.;Mendes, M. A.;Oliveira, A. C.;Rijo, A. S.;Moura, M. J. and Marques, A.

**Publication Date:** 2025

**Journal:** Pulmonology

**Abstract:** Introduction and Objectives: Pulmonary rehabilitation (PR) is a fundamental intervention to manage COPD, however, maintaining its benefits is challenging. Engaging in physical activity might help to prolong PR benefits. This study assessed the efficacy and effectiveness of a personalised community-based physical activity programme to sustain physical activity and other health-related PR benefits, in people with COPD.; Materials and Methods: This was a multicentre, assessor blinded, randomised controlled trial. Following 12-weeks of PR, people with COPD were assigned to a six-months personalised community-based physical activity programme (experimental group), or to standard care (control group). Physical activity was assessed via: time spent in moderate to vigorous physical activities per day (primary outcome measure), steps/day and the brief physical activity assessment tool. Secondary outcomes included sedentary behaviour, functional status, peripheral muscle strength, balance, symptoms, emotional state, health-related quality of life, exacerbations and healthcare utilization. Assessments were performed immediately post-PR and after three- and six-months. Efficacy and effectiveness were evaluated using intention-to-treat and per-protocol analysis with linear mixed models.; Results: Sixty-one participants (experimental group: n = 32; control group: n = 29), with balanced baseline characteristics between groups (69.6 ± 8.5 years old, 84 % male, FEV<sub>1</sub> 57.1 ± 16.7 %predicted) were included. Changes in all physical activity outcomes and in one-minute sit-to-stand were significantly different ( P < 0.05) between groups at the six-month follow-up. In the remaining outcomes there were no

differences between groups.; Conclusions: The community-based physical activity programme resulted in better physical activity levels and sit-to-stand performance, six-months after completing PR, in COPD. No additional benefits were observed for other secondary outcome

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### **13. Overground robotic exoskeleton vs conventional therapy in inpatient stroke rehabilitation: results from a pragmatic, multicentre implementation programme**

**Authors:** Tam, Pui Kit;Tang, Ning;Kamsani, Nur Shafawati Binte;Yap, Thian Yong;Coffey-Aladdin, Ita;Goh, Shi Min;Tan, Jean Pei Pei;Lui, Yook Cing;Lee, Rui Ling;Suresh, Ramaswamy and Chew, Effie

**Publication Date:** 2025

**Journal:** Journal of NeuroEngineering & Rehabilitation

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### **14. A core capability framework for physiotherapists to deliver quality care when working with people living with dementia and their families/caregivers: an international modified e-Delphi study**

**Authors:** Taylor, Morag E.;Sverdrup, Karen;Ries, Julie;Rosendahl, Erik;Tangen, Gro Gujord;Telenius, Elisabeth;Lawler, Katherine;Hill, Keith;Toots, Annika;Hobbelen, Hans;Dal Bello-Haas, Vanina;Hall, Abi;Hunter, Susan W.;Goodwin, Victoria A.;Whitney, Julie and Callisaya, Michele L.

**Publication Date:** 2025

**Journal:** Physiotherapy

**Abstract:** Objective: What are the core capabilities physiotherapists need to deliver quality care when working with people with dementia and their families/caregivers?; Design: A three-round modified e-Delphi study.; Participants: Panel members were physiotherapists experienced in working with people with dementia and/or educating and/or researching in the dementia field.; Methods: A steering group (16 international physiotherapists and a consumer) developed a draft framework including 129 core capabilities across 5 domains for panel members to rate their appropriateness for inclusion as a core capability to provide high quality care to people with dementia and their caregivers/families. The RAND/UCLA method was used to assess consensus.; Results: Thirty-five physiotherapists from 11 countries participated in Round 1, 31 (89%) in Round 2 and 28 (80% of Round 1) in Round 3. All core capabilities were rated appropriate for inclusion in each round. Panel members recommended wording refinements across the rounds and suggested 51 core capabilities for consideration. Three rounds were needed to reach consensus, resulting in 137 core capabilities rated appropriate for inclusion across 5 domains: 1) Knowledge and understanding, n = 36; 2) Assessment, n = 39; 3) Management, interventions and prevention n = 40; 4) Communication, therapeutic relationship and person-centred care, n = 17; and 5) Physiotherapists self-management and improvement, n = 5.; Conclusions: This e-Delphi study outlines the core capabilities physiotherapists need to provide high quality care to people with dementia and their

families/caregivers. These core capabilities can be used by physiotherapists to help identify knowledge/skill gaps, as well as by educators to improve their training of undergraduate and postgraduate students, and clinicians. CONTRIBUTION OF PAPER.; Competing Interests: Competing interests None to report. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

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## 15. Application of Action Observation Therapy in Swallowing Rehabilitation: A Randomised Controlled Study

**Authors:** Toksal Uçar, Arzucan;Piri Çınar, Bilge;Alıçioğlu, Banu;Bostan, Geylan and Bilgin, Sevil

**Publication Date:** 2025

**Journal:** Journal of Oral Rehabilitation

**Abstract:** Background: Action Observation Therapy (AOT) has emerged as a potential neurorehabilitation therapy to promote motor control for individuals with neurological dysphagia (ND), facilitating neural plasticity through activation of the mirror nervous system.; Objective: The aim of this study was to investigate the effect of AOT-based dysphagia rehabilitation on suprahyoid (SH) muscle activation, swallowing difficulties, swallowing function, depressive symptom and quality of life in ND patients.; Methods: Thirty-four participants with ND were randomly allocated to the AOT group (n = 17) or control group (n = 17). All participants underwent a 4-week (5 sessions per week) conventional swallowing therapy. The AOT group watched exercise videos before doing these exercises, and the control group performed the same exercises without the videos. Surface electromyographic (sEMG) activation of suprahyoid muscles, Eating Assessment Tool 10 Turkish Version (T-EAT 10) and Swallowing Ability and Function Evaluation (SAFE) for swallowing difficulties and swallowing function, Swallow Quality of Life Questionnaire (SWAL-QOL) and Beck Depression Inventory (BDI) for quality of life and depressive symptom severity were evaluated.; Results: Post-treatment SH amplitude level and T-EAT-10 scores were significantly lower in the AOT group compared to the control group ( $p = 0.001$ ,  $p = 0.012$ ). There was a significant improvement in SAFE after treatment in the AOT group ( $p 0.05$ ). Both groups showed similar improvement in quality of life and depression.; Conclusion: This study showed that AOT can be a good option for improving the SH muscle activation and dysphagia difficulties in ND patients.; Trial Registration: ClinicalTrials.gov identifier: NCT05782790. (© 2024 John Wiley & Sons Ltd.)

## 16. Explorations of strategies for inclusion for newly qualified physiotherapists from racially minoritised groups in a large, urban NHS Trust, UK

**Authors:** Turner, C.;Bhandari, T.;Jones, G. D.;Jones, J.;Gleave, L. and Hammond, J. A.

**Publication Date:** 2025

**Journal:** Physiotherapy

**Abstract:** Objectives: The study aimed to i) understand the experiences of newly qualified physiotherapists from racially minoritised backgrounds in a large hospital physiotherapy department and ii) co-create and implement inclusive strategies to affect work culture.; Design: The project used an action research design with co-creation principles and was in 3 phases. Phase 1 explored the experiences of inclusion for newly qualified racially minoritised staff, using focus groups and transcripts analysed thematically. The themes identified were used to co-create strategies for inclusion that were implemented in Phase 2 and evaluated Phase 3.; Setting: A large urban teaching hospital physiotherapy department in the UK.; Participants: Participants were invited to join focus groups for newly qualified racially minoritised staff, newly qualified white staff, or senior staff.; Results: Phase 1 findings are reported here, while phases 2 and 3 are reported elsewhere. Seventeen newly qualified physiotherapists (eight racially minoritised, nine white colleagues) and ten senior physiotherapists participated in seven focus groups. Thematic analysis identified four themes; 1) Fear spectrum: all colleagues struggled to find a common ground for discussing race, 2) Race as an additional burden for racially minoritised staff in belonging in the department, 3) Contradiction between the organisation culture and impact on racially minoritised staff, and 4) Consistent work practices give an illusion of inclusion.; Conclusions: The findings reflect previous studies that racially minoritised physiotherapists experience additional burdens not fully understood by their white peers. There are implications for the department which are currently being enacted and evaluated and will be reported elsewhere. CONTRIBUTION OF THE PAPER.; Competing Interests: Conflict of Interest Jacky Jones, Gareth Jones and Trupti Bhandari are all senior leaders in the physiotherapy department where the research takes place. Charmaine Turner and Trupti Bhandari identify from a racially minoritised group while all other researchers are white. John Hammond is also Associate Editor of the journal. There are no other conflicts of interest. (Copyright © 2024 Chartered Society of Physiotherapy. Published by Elsevier Ltd. All rights reserved.)

## 17. Managing non-traumatic musculoskeletal conditions presenting to emergency departments: Do patient profiles vary between a physiotherapy-led 'Diversion' pathway and routine care?

**Authors:** Waller, Robert;McLaughlin, Mathew;King, Sarah;Lai, Jessica;Holt, Reuben;Flanagan, Pippa;Lin, Ivan;Richards, Karen and Truter, Piers

**Publication Date:** 2025

**Journal:** Australasian Emergency Care

**Abstract:** Low urgency, non-traumatic musculoskeletal presentations are common in emergency departments. Although care is safe, it is expensive, and low priority. Pathways diverting these patients from emergency departments to physiotherapy care may improve hospital outcomes. Identifying the suitable patient profile for these pathways is important. A mixed prospective and retrospective, descriptive, cross-sectional study investigated adults aged 18–65 presenting to two emergency departments. Suitable patients were diverted directly to a physiotherapy outpatient diversion pathway. Three groups were compared, diverted patients, patients suitable but not diverted, and patients unsuitable for diversion. Diverted patients were aged 43 (median, inter-quartile range 34–53.5) years, triaged as low-urgency, self-referred, self-transported, and had few concerning features of serious pathology. Diverted patients had a 113-minute shorter emergency stay at 79 (median) minutes compared to suitable but not diverted patients, and both groups had a similar profile. Most (93.4 %) diverted patients were discharged within 4- hours, compared to suitable but not diverted patients (72.9 %). Key factors preventing diversion were concern for serious pathology or diversion capacity restraints. A group of patients with non-traumatic musculoskeletal conditions who can be safely diverted to physiotherapy outpatients are described. Diversion impact was high quality care and improved emergency department metrics.

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