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Rehabilitation

Current Awareness Bulletin

September 2026

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  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.
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- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
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  Next sessions: 29th October @ 11am and 6th November @ 12pm

- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.
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New / Updated Guidance from NICE

Low back pain and sciatica in over 16s: assessment and management [NICE]
National Institute for Health and Care Excellence (NICE); 2026.
https://www.nice.org.uk/guidance/ng59/chapter/Update-information
[NICE guideline NG59. Published: 30 November 2016. Last updated: 29 July 2026. See Update Information section for amendments.]

Osteoporosis [NICE]
National Institute for Health and Care Excellence (NICE); 2026.
https://www.nice.org.uk/guidance/qs149/chapter/Update-information
[Quality standard QS149. Published: 28 April 2017. Last updated: 29 July 2026. See Update Information section for amendments.]
Freely available online

Osteoporosis: Risk Assessment [NICE]
National Institute for Health and Care Excellence (NICE); 2026.
https://www.nice.org.uk/guidance/ng259
[NICE guideline NG259. Published: 29 July 2026]

Stepping into your career - from graduate to NQP.
Royal College of Speech and Language Therapists (RCSLT); 2026.

https://www.rcslt.org/members/your-career/stepping-into-your-career-from-graduate to-nqp/

[New guidance, resources and support from the RCSLT to help you move from student to your first role with confidence.]

Strengthening our collective voice: the future of AHP leadership in Northern Ireland

We recently worked with senior allied health professional (AHP) leaders in Northern Ireland through a five-month leadership development programme. Together, we explored how AHPs can strengthen their collective voice, increase their influence in strategic decision-making and work more effectively across organisational boundaries

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1. **Use of primary care physiotherapy and its associations with clinical and socioeconomic outcomes in musculoskeletal disorders: a cohort study**

Authors: Amundsen, Olav;Moger, Tron Anders;Holte, Jon Helgheim;Haavaag, Silje Bjørnsen;Bragstad, Line K.;Hellesø, Ragnhild;Tjerbo, Trond and Vøllestad, Nina Køpke

Publication Date: 2026

Journal: Scandinavian Journal of Primary Health Care 44(1), pp. 2660328

Abstract: Objectives To assess how physiotherapy contact frequency relates to clinical outcomes in patients with musculoskeletal disorders across prognostic groups, and how outcomes are associated with future healthcare costs and disability pension. Design and Setting Cohort study linking clinical data from the FYSIOPRIM primary care physiotherapy cohort (12-month follow-up) with national registry data on healthcare use, costs, and socioeconomic factors. Participants 1475 patients were included in FYSIOPRIM at baseline, 671 provided data on all covariates and 12-month outcomes and were included in the analysis. Method Comparing low and high physiotherapy use during a 12 month follow-up period (High use: Median or higher (9+ contacts)). Patients were categorized into good, medium, and poor clinical prognosis based on seven baseline clinical factors. Main Outcome Measures Global Perceived Effect (GPE) at 12 months, high healthcare costs (≥95th percentile two years post-FYSIOPRIM), and disability pension (1-3 years post-FYSIOPRIM). Results High physiotherapy use was associated with improvement in GPE in patients with poor prognosis (OR 4.04, 95%CI 1.56-10.50) but not for good or medium prognosis. Improvement on GPE was associated with lower odds of high future healthcare costs (OR 0.27, 95%CI 0.13-0.58) and disability pension (OR 0.06, 95%CI 0.01-0.53). Conclusions Patients with poor prognosis may benefit from more physiotherapy contacts, while those with better prognosis may require fewer contacts. Tailoring treatment intensity to prognosis may support more efficient resource allocation and support long-term societal benefits through reduced healthcare costs and disability risk

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2. **Effects of Intensive Early Physiotherapy Intervention After Myocardial Infarction on Quality of Life, Anxiety and Depression Scores: A Controlled Clinical Trial**

Authors: Balla, Kinga;Haase, Karl K. and Wick, Alexander

Publication Date: 2026

Journal: Physiotherapy Research International : The Journal for Researchers and Clinicians in Physical Therapy 31(4), pp. e70305

Abstract: Background and Purpose Early mobilisation after myocardial infarction (MI) is strongly recommended. However, evidence regarding the benefits of structured physiotherapy during the acute in-hospital phase remains limited. This controlled clinical trial (CCT) aimed to evaluate whether an intensive early physiotherapy programme could improve health-related quality of life (HRQoL) and psychological well-being. Methods This CCT included 172 adults hospitalised after MI and treated with primary percutaneous coronary intervention (PCI). The participants were quasi-randomly allocated (1:1) to the intervention or control group based on the hospital room number. They received either an

intensive physiotherapy programme (daily supervised mobilisation, education and graded activity) or standard medical care and an informational flyer. Primary outcomes included HRQoL (MacNew) and psychological well-being (Hospital Anxiety and Depression Scale, HADS-D). Clinically important changes were evaluated using the standardised response mean (SRM, which reflects the clinical relevance of observed changes), and the minimal clinically important difference (MCID, the smallest change in an outcome perceived as important by patients). Statistical analysis was conducted to assess group-by-time and pre-post interaction effects. Results Clinical significance metrics: The intervention group showed less deterioration in overall HRQoL (SRM: 0.04 vs. 0.1) and an enhancement in the MacNew emotional subscale (SRM: 0.22 vs. 0.09) compared with the control group. The HADS-D improved to a greater extent in the intervention group, exceeding the MCID (1.7 points). There were no statistically significant interaction effects between groups by time (interaction factor group * factor time; HRQoL p = 0.68 and anxiety/depression p = 0.15) or between the time points (pre-post, main effect factor time; HRQoL p = 0.35 and anxiety/depression p = 0.4). Discussion Clinically, intensive early in-hospital physiotherapy may lead to improved psychological outcomes and an attenuation of HRQoL decline. Although the change in HADS-D in the intervention group did not reach statistical significance, it exceeded the MCID, indicating a clinically meaningful improvement from the patients' perspective. The implementation of structured early mobilisation protocols may provide clinically relevant benefits during the acute post-PCI hospitalisation period and warrants further investigation. Trail Registration Ethical approval was first submitted in January 2023, then resubmitted after minor revision in March 2023, and was then accepted on 15 March 2023 (Reg.Nr. K-2023-001)

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3. **Exercise prehabilitation in head and neck cancer patients proposed for definitive chemoradiotherapy: The FIT4TREAT randomized controlled trial**

Authors: Garcia, Catarina;Leão, Inês;Pinto, Diogo;Rato, Nuno Dias;Campolargo, Ana;Dias, Isabel;Monteiro, Ana Raquel;Soares, Adriana Monteiro;Basto, Raquel;Dias, Enrique;Vilela, Eduardo;Teixeira, Madalena;Coimbra, Edite;Oliveira, Pedro;Amarelo, Anabela;Capela, Andreia;Viamonte, Sofia;Costa, Horácio;Joaquim, Ana;Ribeiro, Fernando, et al

Publication Date: 2026

Journal: Oral Oncology 181, pp. 108119

Abstract: Background Patients with head and neck cancer (HNC) initially scheduled for definitive chemoradiotherapy (CRT) often experience early functional decline and deterioration in health-related quality of life (HRQoL) even before treatment initiation. Evidence for prehabilitation in this non-surgical setting remains limited. This study evaluated whether exercise prehabilitation (EP) initiated before CRT improves functional capacity compared with usual care (UC). Methods FIT4TREAT (ClinicalTrials.gov: NCT05418842) was a prospective, single-center, randomized clinical trial. Adults with HNC proposed for definitive CRT were randomly assigned (1:1) to EP or UC. EP consisted of supervised combined aerobic and resistance exercise performed three times per week from baseline until radiotherapy initiation. The primary outcome was the six-minute walk distance (6MWD) at the end of the pre-treatment period. Secondary outcomes included muscle strength, lower-limb functionality, body composition, and HRQoL assessed using the EORTC QLQ-C30 and QLQ-HN43. Results Between May 2021 and February 2025, 47 patients were enrolled; 40 were included in the primary analysis. After adjustment for baseline 6MWD and the randomization stratification variables, EP resulted in a significantly greater pre-treatment 6MWD than UC (adjusted between-group difference, 28.6 m; 95 % CI, 4.1-53.1; P = 0.023). EP also improved lower-limb functionality (P < 0.001) and was associated with better preservation in the QLQ-C30 summary score (P = 0.008), social functioning (P = 0.038) and body image (P = 0.011). Conclusion EP before definitive CRT improves functional capacity and may help preserve HRQoL in patients with HNC, supporting its potential integration into routine oncology care.

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4. **Physical therapy for urinary incontinence in older women: A systematic review**

Authors: Hao, Jie;Yao, Zixuan;Fan, Peng;Ding, Yue;Remis, Andréas and Liu, Shan

Publication Date: 2026

Journal: Archives of Gerontology and Geriatrics 150, pp. 106315

Abstract: Background Urinary incontinence is highly prevalent among older women, affecting more than one-third of this population and significantly impairing quality of life, independence, and healthcare utilization. Older women often present with complex needs that may require broader rehabilitation strategies. Methods This systematic review evaluated randomized controlled trials of physical therapy interventions for urinary incontinence in older women. PubMed, Embase, and Scopus were searched to October 2025. Eligible studies included women ≥60 years and assessed interventions such as Pelvic floor muscle training (PFMT), bladder training, Yoga, Pilates, general resistance training, electrical stimulation, or multimodal programs. Methodological quality was appraised using the PEDro scale, and random-effects meta-analysis was performed where appropriate. Results Twenty studies involving 2002 women across 13 countries were included. Eleven trials were rated as good quality and nine as fair. Meta-analysis demonstrated that PFMT significantly reduced urinary incontinence severity compared with usual care (SMD = -1.27, 95% CI: -2.18 to -0.36, p = 0.006). Multimodal programs combining PFMT with mobility, strength, or fall-prevention training also showed significant benefits (SMD = -0.98, 95% CI: -1.60 to -0.36, p = 0.002). Comparative studies indicated that PFMT was similarly effective to Yoga and Pilates, while adjuncts such as general resistance training or tibial nerve stimulation provided additional improvements. Conclusion Physical therapy interventions, particularly PFMT and multimodal programs, are effective in reducing urinary incontinence severity and improving functional outcomes among older women. These findings support prioritizing physical therapy as an important management strategy, with multimodal approaches offering added value for enhancing functional independence and fall prevention.

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5. **Exercise prescription: Physiotherapy's most important and least standardized skill**

Authors: Hinrichs-Kinney, Lauren;Mintken, Paul E. and Zaffarano, Bryce

Publication Date: 2026

Journal: Musculoskeletal Science & Practice 85, pp. 103631

Abstract: Background Exercise is a nearly ubiquitous recommendation in musculoskeletal (MSK) physiotherapy (PT), yet confidence, consistency, and clarity in how prescription decisions are made and communicated remain limited. Inconsistent reporting of exercise parameters obscures whether interventions are delivered at therapeutic intensities, while opaque prescription reasoning limits clinical practice translation. Current approaches often emphasize prescription outputs rather than longitudinal reasoning that links patient assessment to prescription, progression, and modification. Existing efforts have advanced exercise prescription by highlighting the complexity of mechanisms, specifying targets, and proposing region-specific models. Yet, no shared language or systematic processes allow exploration and explanation of the often-implicit reasoning strategies used to justify our prescription decisions across MSK presentations. High-quality exercise prescription is an iterative, progressive process that requires individualized integration of biopsychosocial patient factors into actionable and specific parameters. Purpose The purpose of this Professional Practice paper is to establish the rationale for a shared exercise prescription framework in MSK patients and to briefly introduce a novel Exercise Decision Making Framework. Implications Greater standardization of the reasoning process, rather than prescription itself, may improve our ability to appraise exercise prescription and identify warranted, individualized practice from unwarranted variation. A clearer framework for how exercise is selected, dosed, progressed, and modified according to the patients' biopsychosocial profile may strengthen clinical reasoning, improve translation of research into practice, and better prepare graduates for contemporary MSK care. As PT continues to define expertise around movement, improving how we prescribe exercise should be a priority.

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6. **Acceptance and commitment therapy in rehabilitation for chronic pain and fatigue: a**

qualitative interview study with patients

Authors: Johansen, May-Lill;Eriksen, Thor Eirik and Solhaug, Ida Therese

Publication Date: 2026

Journal: Scandinavian Journal of Primary Health Care 44(1), pp. 2608121

Abstract: Purpose To shed a nuanced light on the experiences of taking part in a rehabilitation programme using acceptance and commitment therapy (ACT) for people living with persistent pain and fatigue. Materials and Methods The ACT intervention, designed by the Pain Clinic of a University Hospital, consisted of six four-hour sessions, each for four groups of 6-8 participants, given over the course of four months. An interdisciplinary research team thematically analysed 13 post-programme individual interviews with people aged 21 to 54 with different symptoms and diagnoses using systematic text condensation. Results Participants reported that while illness had led to feelings of loneliness, loss and failure, participating in a safe and supportive group setting led to a nurturing sense of shared community, understanding and learning. Increased self-awareness, self-acceptance and self-compassion were valued outcomes of the programme. Most felt that they had acquired new tools, such as exercises, practices and altered ways of thinking. A few participants were uncomfortable with the sharing practices and felt that the programme brought few benefits for them. Conclusions The study indicates the value of a sense of community and experiencing illness as a shared human condition. Learning to see oneself as worthy of self-compassion, suggested in the literature as key to pain rehabilitation, was connected to group validation and ACT-specific sessions. Information, exercises and sharing practices could have been even better targeted and tailored to individual participants.

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7. **Exploring successful implementation of occupational therapy led home fall-hazard reduction interventions**

Authors: Melchert, Susan;Franklin, Richard and Lowrie, Daniel

Publication Date: 2026

Journal: Australian Occupational Therapy Journal 73(5), pp. e70123

Abstract: Introduction Falls among older adults are a major cause of death, injury, and loss of independence. High-certainty evidence demonstrates that comprehensive, occupational therapy-led home fall-hazard reduction interventions can reduce the number of falls among older adults at high risk. Despite this evidence, these interventions are not routinely implemented in practice. Current literature provides limited insight into the factors that influence successful implementation of home fall-hazard reduction interventions. This study seeks to address the following research question: 'What influences the success of occupational therapy-led, home fall-hazard reduction intervention implementation from the perspectives of academic and practising therapists with expertise and experience in this field?' Methods Using a descriptive qualitative design, data were gathered via two small group interviews and one individual interview with occupational therapists experienced in implementing home fall-hazard reduction initiatives. Participants were purposively sampled to ensure data collection from participants with relevant experience, either as an academic or practising therapist. Data were analysed using reflexive thematic analysis to identify factors influencing successful implementation. Consumer and Community Involvement There was no consumer or community involvement. Findings Five academics and four practising therapists were interviewed. Four interconnected themes were derived from the data: (1) multiple and layered measures of implementation success; (2) foregrounding falls prevention; (3) articulating a place for home fall-hazard reduction in the falls prevention landscape; and (4) structured guidance and protocols. The interrelated nature of the themes has been illustrated in a theoretical conceptual model. Conclusion The findings suggest that attending to the multiple measures of implementation success for home fall-hazard reduction intervention, particularly those that are context driven, may strengthen uptake across diverse practice settings. Furthermore, maximised success in implementation requires clear guidance on intervention components, improved articulation of intervention fit within the wider fall prevention landscape, and targeted support to enable

occupational therapists to foreground falls prevention in practice.

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8. **Feasibility and barriers to same-day physical therapy following lumbar fusion surgery**

Authors: Ogura, Yoji;Nakatsuka, Michelle;Ogelle, Kingsley;Maglaras, Constance;Protopsaltis, Themistocles;Raman, Tina and Goldstein, Jeffrey

Publication Date: 2026

Journal: Journal of Clinical Neuroscience : Official Journal of the Neurosurgical Society of Australasia 153, pp. 112207

Abstract: Objective To evaluate the feasibility of same-day (postoperative day 0; POD0) physical therapy (PT) following lumbar fusion and to identify factors associated with failure to participate. Methods This retrospective study analyzed prospectively collected data from patients undergoing single-level posterior spinal fusion (PSF), with or without anterior (ALIF) or lateral (LLIF) interbody fusion, between January and December 2024 at a single institution. A standardized POD0 PT protocol was implemented for eligible patients. Patients were categorized into two groups: successful POD0 PT (ambulatory on POD0) and unable to participate. Demographic and surgical variables were compared between groups. Reasons for inability to participate were recorded and categorized. Results Among 129 patients in whom POD0 PT was attempted, 84 (65%) successfully participated, while 45 (35%) were unable. There were no significant differences in age, sex, BMI, ASA class, operative time, estimated blood loss, or surgical approach between groups. Patients who successfully completed POD0 PT had a significantly shorter hospital length of stay compared to those who did not (3.4 ± 1.6 vs 5.8 ± 2.9 days, $P < 0.001$), with no differences in complication rates, discharge disposition, emergency department visits, or reoperation rates. The most common barriers to POD0 PT were postoperative pain, medical issues (e.g., orthostatic hypotension, nausea, dizziness), and anesthesia-related somnolence. Less common factors included postoperative restrictions and logistical issues such as brace availability. Conclusions POD0 PT following lumbar fusion is feasible in the majority of patients and is associated with a shorter hospital stay without increased complications. Failure to participate was not associated with the baseline patient or surgical characteristics evaluated in this study. Instead, the most common barriers were postoperative pain, transient medical issues, and anesthesia-related somnolence, suggesting that optimization of modifiable perioperative factors may improve the implementation of POD0 PT.

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9. **The role of physiotherapists in acute post-stroke neurorehabilitation: qualitative perspectives from clinicians and stroke unit managers**

Authors: Pérez-De La Cruz, Sagrario

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2634880

Abstract: Purpose The aim of this study was to explore and compare the perspectives of both physiotherapists and medical managers regarding the professional role and clinical contributions of physiotherapy within stroke units. Method A qualitative study was conducted involving ten physiotherapists and five medical managers from stroke units. Participants shared their professional experiences concerning work performance and the perceived impact of physiotherapy on patient care. Results Thematic analysis identified four key areas for physiotherapists: specific training, professional functions, treatment modalities, and the relevance of professionalism and empathy. For medical managers, the analysis focused on their perception of physiotherapy work, their understanding of factors that enhance treatment, and assigned functions. The findings reveal a lack of standardized treatment protocols (non-heterogeneity) and emphasize the need for strong interpersonal professional relationships and high standards of professionalism. Conclusions The observed heterogeneity in practices leads to inconsistencies in patient care. Furthermore, there is a notable gap in medical managers' understanding of the specific clinical scope and technical interventions provided by

physiotherapists. These findings highlight the need for coordinated rehabilitation programs and a clearer definition of the physiotherapist's role in acute stroke units to ensure equitable and comprehensive care.

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10. **Chronic pain and mobile health: Are the apps that occupational therapists recommend of high quality?**

Authors: Smith, Jessica;Tran, Thuy;Hunt, Jacqui and Liddiard, Katrina

Publication Date: 2026

Journal: Australian Occupational Therapy Journal 73(5), pp. e70111

Abstract: Introduction Chronic pain is a biopsychosocial experience that can impact peoples' ability to participate in everyday occupations. Mobile health applications, or apps, have the potential to make chronic pain services more effective and accessible. However, the quality of many health apps is not known, which creates a critical challenge for occupational therapists who aim to deliver evidence-informed intervention. This study rated the quality of apps available for Australian occupational therapists to use with clients who have chronic pain. Consumer and Community Involvement No consumer and community involvement. Methods This study used a cross-sectional descriptive design to (1) identify chronic pain-relevant apps through browser and app store searches, and through a survey of Australian occupational therapists; and (2) evaluate the quality of the apps relevant to occupational therapy practice, at a single point in time, using the Mobile Application Rating Scale. Results A total of 27 eligible apps were identified (n = 27). The 27 apps were rated for quality. The mean Objective Quality score of all apps was 3.33/5.00 (acceptable), with a range of 2.14 (poor) to 4.13 (good). The mean Objective Subsection Quality scores were 3.88 (acceptable) for Functionality, 3.25 (acceptable) for Aesthetics, 3.23 (acceptable) for Information, and 2.96 (poor) for Engagement. The mean Subjective Quality score of all apps was 2.67 (poor), with a range of 1.00 (inadequate) to 4.25 (good). Conclusion There was no consistent standard to the quality of chronic pain-relevant apps identified. Occupational therapists may not be identifying all high-quality chronic pain-relevant apps currently available. Findings highlight that occupational therapists lack access to an easy method to identify and verify high-quality apps for use with clients who have chronic pain. Further work is needed to ensure occupational therapists can identify and evaluate the quality of chronic pain-relevant apps in a rapidly changing field of practice.

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11. **Social care occupational therapy and learning disabilities: professional perspectives on communication, collaboration and making a difference**

Authors: Swinson, T.;Littlechild, B.;Howcroft, G.;McNamara, K.;Prowse, S.;White, B. and Almack, K.

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2721738

Abstract: Purpose Adults with learning disabilities experience a poorer quality of life than the general population. Social care can critically support such adults and their informal carers, but limited literature exists about occupational therapy provision. This study explored the extent to which social care occupational therapists support communication and collaboration, and make a difference. Methods Eight social care occupational therapists were recruited through professional networks. Online interviews were undertaken using topic guides co-designed with professionals and experts by experience. Reflexive thematic analysis was employed, informed by critical realism. Findings Therapists pursued inclusive practices with adults with learning disabilities and valued informal carers. The communication challenges increased the reliance on carer input and raised doubts about interventions reflecting the wishes of adults with learning disabilities. Carer disagreements were navigated through diplomacy and positive risk-taking, but concerns about moving and handling safety led to faltering collaboration. Therapists felt that they enhanced community engagement and reduced carer burden, but workload limited their scope of practice. Conclusions Social care occupational

therapists strive to work inclusively with adults with learning disabilities and their informal carers, with beneficial outcomes, requiring various profession-based and interpersonal skillsets. However, communication difficulties create uncertainty. Practice-improvement opportunities include additional training and enhanced multidisciplinary working.

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12. **Effectiveness of aerobic physical training for spinal cord injury rehabilitation: A mini-review**

Authors: Uddin, Md Kutub;Ahmed, Faruq;Karim, Muhammad Rezaul;Ahmad, Myeen Uddin;Islam, Md Morshedul;Sufian, Abu;Nuruzzaman, Md;Hossain, Md Bellal and Mitu, Morshada Rahman

Publication Date: 2026

Journal: Hong Kong Physiotherapy Journal : Official Publication of the Hong Kong Physiotherapy Association Limited = Wu Li Chih Liao 46(2), pp. 107–114

Abstract: Background Spinal cord injury (SCI) is an unfortunate and terrible condition that causes serious locomotor illness, spasticity, neurological pain, bowel-bladder problems, pressure ulcers, and a decline in functional capacities. Aerobic physical training is increasingly incorporated into rehabilitation programs; however, its specific effectiveness for individuals with SCI-related paraplegia remains unclear. Objectives The objective of this review was to investigate the evidence on the effectiveness of aerobic physical training on rehabilitation outcomes in individuals with paraplegia following SCI. Methods A narrative mini-review was conducted using PubMed, PEDro, CINAHL, and EMBASE. Randomised controlled trials and clinical trials published in English between 2011 and 2022 were included where "spinal cord injury" was identified as the primary concern and "aerobic training" was one of the treatment options. Results The search identified 54 studies, from which 11 were considered potentially suitable. Ultimately, four studies were selected for the narrative review conclusions. The included studies reported improvements across several outcome domains, including aerobic capacity, walking performance, muscle strength, and psychological well-being. However, the evidence base was limited by small sample sizes, variability in training protocols, and short intervention durations. Aerobic physical training appears to have beneficial effects on physical and psychological outcomes in individuals with SCI-related paraplegia. Despite methodological variations and limited studies, evaluations indicate that aerobic exercise positively impacts patients with SCI. Conclusion A longer rehabilitation program may be necessary to obtain more benefits from aerobic exercises in SCI patients. Further high-quality, long-term studies are needed to establish optimal aerobic training protocols for SCI rehabilitation.

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13. **Effectiveness of an AI-based home exercise app for rehabilitation of rotator cuff-related shoulder pain: A randomized controlled trial**

Authors: Villar-Alises, Olga;Cortés, Celia Cónstenla;Rodríguez-Piñero Durán, Manuel;Sánchez-Laulhé, Pablo Rodríguez;Martinez-Calderon, Javier and Suero-Pineda, Alejandro

Publication Date: 2026

Journal: Musculoskeletal Science & Practice 85, pp. 103626

Abstract: Background Rotator cuff-related shoulder pain contributes to disability and healthcare use. Although therapeutic exercise is first-line treatment, limited supervision and adherence may reduce its effectiveness; digital rehabilitation with real-time feedback may address these limitations. Objectives To evaluate the effectiveness of adding a digital rehabilitation program to standard physiotherapy on pain, function, fear-avoidance beliefs, and healthcare utilization. Design Single-center, assessor-blinded, randomized controlled trial with two parallel groups. Method Forty-six adults (mean age 59 years) with rotator cuff-related shoulder pain were randomized to 12 weeks of conventional physiotherapy or physiotherapy plus an AI-based digital rehabilitation program using computer vision for real-time feedback and performance monitoring. Outcomes were assessed at baseline and at 2, 4, and 12 weeks. Pain intensity (NPRS) was primary outcome; secondary outcomes included upper limb function (QuickDASH), fear-avoidance beliefs (FABQ), and post-intervention healthcare utilization. Analyses

followed an intention-to-treat approach. Results Pain reduction exceeded the MCID (1.3) at 4 and 12 weeks. Between-group differences favoured the intervention at Weeks 2 and 4 (MD -0.7; 95% CI -1.13 to -0.14 and MD -1.01; 95% CI -1.8 to -0.2, respectively). Upper limb function improved more at Week 4 (MD -7.3; 95% CI -12.3 to -2.2). FABQ scores decreased more at Week 12 (MD -7.6; 95% CI -14 to -0.5). Fewer participants in the experimental group required post-intervention healthcare (3 vs 10; p = 0.02). Conclusion Adding AI-based home exercise app to conventional treatment improve pain and may improve function and reduce healthcare utilization in rotator cuff-related shoulder pain

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14. **Effectiveness of a blended care intervention in physiotherapy with exercise and education for patients with hip or knee osteoarthritis (SmArt-E): A multicentre pragmatic randomized controlled trial**

Authors: Weber, Franziska;Kloek, Corelien J. J.;Neumann, Sara;Bahns, Carolin;Böbinger, Hannes;Diederich, Freya;Dieter, Valerie;Gellert, Paul;Kopkow, Christian;Krauss, Inga;Lech, Sonia;Luschei, Remi;Pleus, Johanna;Repschläger, Ute;Rothgang, Heinz;Scharpenberg, Martin;Thiel, Christian;Valk-Draad, Maria;Veenhof, Cindy;Vollmar, Horst Christian, et al

Publication Date: 2026

Journal: Osteoarthritis and Cartilage 34(10), pp. 1525–1538

Abstract: Objective To evaluate the effectiveness of a twelve-month smartphone-assisted physiotherapy (SmArt-E) intervention versus usual care in hip and/or knee osteoarthritis (OA), and to assess usability and patient satisfaction with the digital support. Method We conducted a multicentre, pragmatic, parallel-group randomized controlled trial in 27 physiotherapy practices in Germany. Patients with physician-diagnosed hip and/or knee OA aged ≥50 (hip) or ≥38 years (knee) were randomly allocated to SmArt-E (IG; n=166) or usual care (CG; n=164). The twelve-month intervention combined supervised and smartphone-assisted training and education (blended care). Primary outcomes were pain (NRS, 0-10) and physical function (HOOS/KOOS-ADL, 0-100) at twelve months. Secondary outcomes followed OARSI domains; usability and patient satisfaction were also assessed. Results Among 330 participants (mean age 64±8 years), baseline NRS was 3.2±2.3 in the CG and 3.5±2.4 in the IG; HOOS/KOOS-ADL was 71.6±17.7 and 69.4±17.5, respectively. No significant between-group differences were found for pain (-0.36; 95% CI: -0.84 to 0.12; p=0.14) or physical function (2.66; 95% CI: -0.46 to 5.77; p=0.09). Among 13 secondary outcomes, significant differences favouring the IG emerged at three and twelve months for several domains; however, effect sizes were small and unlikely to be clinically meaningful. Conclusion SmArt-E did not demonstrate superior effectiveness over usual care in mild hip and/or knee OA. Both groups improved over time, with slightly more favourable but clinically inconclusive outcomes in the IG. Findings highlight the need to refine the intervention, better identify eligible patients, and optimize digital and in-person components.

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15. **Expert Consensus on a Cognitive Rehabilitation Learning Package for Novice Occupational Therapists**

Authors: Wheatcroft, Jacqueline;Lannin, Natasha A.;Baker, Anne M. and Unsworth, Carolyn A.

Publication Date: 2026

Journal: OTJR : Occupation, Participation and Health 46(4), pp. 637–648

Abstract: Novice occupational therapists struggle with clinical reasoning when interpreting cognitive assessments and planning interventions for patients with an acquired brain injury (ABI), impacting patient rehabilitation outcomes. This study aimed to establish expert consensus on a self-directed learning package (SDLP) for novice occupational therapists to support clinical reasoning when planning cognitive rehabilitation. A mixed-methods design consisting of an initial survey, then three virtual Nominal Group Technique focus groups, including 21 expert occupational therapists, prioritized SDLP content and teaching methods. Experts identified: "neuroanatomy," "evidence-based practice guidelines", "interpretation of functional errors," "delivery of cognitive rehabilitation," "goal setting," and

"progress measurement" as the most important content. They prioritized video demonstrations, case studies, online modules, and practical assignments as methods to deliver the SDLP. The virtual focus groups enabled rapid consensus of the content and teaching methods for an SDLP which can now be developed to support novices' clinical reasoning when planning cognitive rehabilitation.

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16. **The role of physiotherapists in acute post-stroke neurorehabilitation: qualitative perspectives from clinicians and stroke unit managers.**

Authors: Pérez-De La Cruz, Sagrario

Publication Date: 2026

Journal: International journal of qualitative studies on health and well-being, Dec 31, volume 21, issue 1, page 2634880

Abstract: Purpose The aim of this study was to explore and compare the perspectives of both physiotherapists and medical managers regarding the professional role and clinical contributions of physiotherapy within stroke units. Method A qualitative study was conducted involving ten physiotherapists and five medical managers from stroke units. Participants shared their professional experiences concerning work performance and the perceived impact of physiotherapy on patient care. Results Thematic analysis identified four key areas for physiotherapists: specific training, professional functions, treatment modalities, and the relevance of professionalism and empathy. For medical managers, the analysis focused on their perception of physiotherapy work, their understanding of factors that enhance treatment, and assigned functions. The findings reveal a lack of standardized treatment protocols (non-heterogeneity) and emphasize the need for strong interpersonal professional relationships and high standards of professionalism. Conclusions The observed heterogeneity in practices leads to inconsistencies in patient care. Furthermore, there is a notable gap in medical managers' understanding of the specific clinical scope and technical interventions provided by physiotherapists. These findings highlight the need for coordinated rehabilitation programs and a clearer definition of the physiotherapist's role in acute stroke units to ensure equitable and comprehensive care.

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17. **Mapping the occupational therapy process in response to COVID-19 and long COVID: A scoping review.**

Authors: Daniel Cezar da Cruz D C.

Publication Date: 2026

Journal: *British Journal of Occupational Therapy* 2026;89(7):435–448.

Abstract:[COVID-19 and long COVID have had an impact worldwide on people’s participation in occupations. Occupational therapists play a role in supporting individuals’ recovery and participation in daily life. Our review underscores the need for more comprehensive documentation of occupational therapy effectiveness, particularly in unpredictable circumstances such as COVID.]

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18. **Clinical practice guideline for physical therapist management of total knee arthroplasty: revision 2026.**

Authors: Bove AM.

Publication Date: 2026

Journal: *Physical Therapy* 2026;106(7):pzag058

Abstract: [An updated clinical practice guideline on total knee arthroplasty, initially published in 2020, was developed by an American Physical Therapy Association volunteer guideline development group consisting of physical therapists, an orthopedic surgeon, and an occupational therapist. The guideline was based on a systematic review of current scientific literature. Twenty recommendations were formulated.]

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19. **Exercise training in women with lipedema - A systematic review**

Authors: Lanzi, S. *Vasa*

Publication Date: 2026

Journal: Vasa- European Journal of Vascular Medicine,2026; 55(5):322–333.

Abstract: [Lipedema is a chronic disease characterized by the disproportionate and symptomatic accumulation of fat in the lower limbs and arms. Women with lipedema experience heaviness, fatigue and pain, leading to impairments in daily activities and reduced quality of life. Conservative treatment mainly focuses on lifestyle modifications, along with compression therapy and manual lymphatic drainage. Exercise training could also play a pivotal role in the management of lipedema. The aim of this systematic review was to explore the effectiveness of exercise training in women with lipedema. A comprehensive literature search was conducted in Embase, MEDLINE, Cochrane CENTRAL, Web of Science, CINAHL on June 23, 2025. The main outcomes were pain, fatigue and other symptoms, quality of life, anthropometric characteristics, lower limb volumes and/or circumference, and functional performance. The search strategy identified 523 studies, of which six were included in this review. Studies included 115 women with lipedema. Exercise training seems to improve pain and other symptoms, quality of life, limb volumes and/or circumference, and functional performance. The effects seem to be greater when combined with ongoing compression therapy. However, the effects of exercise training on the different outcomes varied among the studies, probably related to the high heterogeneity, different training approaches, and small sample sizes. Exercise training might be a promising therapeutic care option in women with lipedema, and the effects seem to be greater when combined with ongoing compression therapy. Appropriately designed and adequately powered studies are needed to further explore the benefits of exercise in these patients. (PROSPERO Registration No.: CRD42024604164).]

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