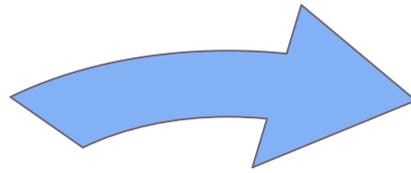
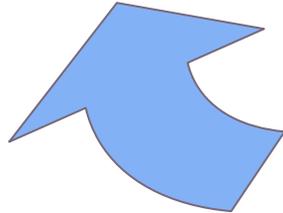


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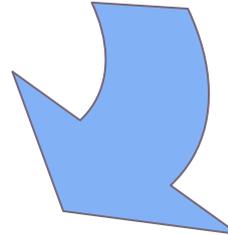
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OCCUPATIONAL THERAPY UPDATE 11: WINTER 2019



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The following abstracts are taken from a selection of recently published papers.

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Articles

Occupational Therapy in the ICU: A Scoping Review of 221 Documents.

Author(s): Costigan, F. Aileen; Duffett, Mark; Harris, Jocelyn E.; Baptiste, Susan; Kho, Michelle E.

Source: Critical Care Medicine; Dec 2019; vol. 47 (no. 12)

Publication Date: Dec 2019

Publication Type(s): Academic Journal

PubMedID: 31738741

Available at [Critical care medicine](#) - from Ovid (Journals @ Ovid) - Remote Access

Abstract: Objectives: Occupational therapists have specialized expertise to enable people to perform meaningful "occupations" that support health, well-being, and participation in life roles. Given the physical, cognitive, and psychologic disability experienced by ICU survivors, occupational therapists could play an important role in their recovery. We conducted a scoping review to determine the state of knowledge of interventions delivered by occupational therapists in adult ICU patients. Data Sources: Eight electronic databases from inception to 05/2018. Study Selection: We included reports of adult patients receiving direct patient care from an occupational therapist in the ICU, all study designs, and quantitative and qualitative traditions. Data Extraction: Independently in duplicate, interprofessional team members screened titles, abstracts, and full texts and extracted report and intervention characteristics. From original research articles, we also extracted study design, number of patients, and primary outcomes. We resolved disagreements by consensus. Data Synthesis: Of 50,700 citations, 221 reports met inclusion criteria, 74 (79%) published after 2010, and 125 (56%) appeared in critical care journals. The three most commonly reported types of interventions were mobility (81%), physical rehabilitation (61%), and activities of daily living (31%). We identified 46 unique original research studies of occupational therapy interventions; the most common study research design was before-after studies (33%). Conclusions: The role of occupational therapists in ICU rehabilitation is not currently well established. Current interventions in the ICU are dominated by physical rehabilitation with a growing role in communication and delirium prevention and care. Given the diverse needs of ICU patients and the scope of occupational therapy, there could be an opportunities for occupational therapists to expand their role and spearhead original research investigating an enriched breadth of ICU interventions.

Database: CINAHL

Physical or Occupational Therapy Use in Systemic Sclerosis: A Scleroderma Patient-centered Intervention Network Cohort Study.

Author(s): Becetti, Karima; Kwakkenbos, Linda; Carrier, Marie-Eve; Gordon, Jessica K.; Nguyen, Joseph T.; Mancuso, Carol A.; Mouthon, Luc; Nguyen, Christelle; Rannou, François; Welling, Joep; Thombs, Brett D.; Spiera, Robert F.

Source: Journal of Rheumatology; Dec 2019; vol. 46 (no. 12); p. 1605-1613

Publication Date: Dec 2019

Publication Type(s): Academic Journal

PubMedID: 31043542

Abstract: Objective: Systemic sclerosis (SSc) is characterized by significant disability because of musculoskeletal involvement. Physical and occupational therapy (PT/OT) have been suggested to improve function. However, the rate of PT/OT use has been shown to be low in SSc. We aimed to identify demographic, medical, and psychological variables associated with PT/OT use in

Ssc.Methods: Participants were patients with SSc enrolled in the Scleroderma Patient-centered Intervention Network (SPIN) Cohort. We determined the rate and indication of PT/OT use in the 3 months prior to enrollment. Multivariable logistic regression was used to identify variables independently associated with PT/OT use. **Results:** Of the 1627 patients with SSc included in the analysis, 23% used PT/OT in the preceding 3 months. PT/OT use was independently associated with higher education (OR 1.08, 95% CI 1.04-1.12), having moderately severe small joint contractures (OR 2.09, 95% CI 1.45-3.03), severe large joint contractures (OR 2.33, 95% CI 1.14-4.74), fewer digital ulcerations (OR 0.70, 95% CI 0.51-0.95), and higher disability (OR 1.54, 95% CI 1.18-2.02) and pain scores (OR 1.04, 95% CI 1.02-1.06). The highest rate of PT/OT use was reported in France (43%) and the lowest, in the United States (17%). **Conclusion:** Despite the potential of PT/OT interventions to improve function, < 1 in 4 patients with SSc enrolled in a large international cohort used PT/OT services in the last 3 months. Patients who used PT/OT had more severe musculoskeletal manifestations and higher pain and disability.

Database: CINAHL

Activities of daily living retraining and goal attainment during posttraumatic amnesia.

Author(s): Trevena-Peters, Jessica; McKay, Adam; Ponsford, Jennie

Source: Neuropsychological Rehabilitation; Dec 2019; vol. 29 (no. 10); p. 1655-1670

Publication Date: Dec 2019

Publication Type(s): Academic Journal

PubMedID: 29516771

Abstract: It is uncertain whether therapy delivered during posttraumatic amnesia (PTA) following traumatic brain injury can be effective due to risk of agitation and poor learning capacity. This study used goal attainment scaling (GAS) to assess gains in activities of daily living (ADL) retraining during PTA. Occupational therapists' perspectives on goal setting and therapy delivery were also explored qualitatively. Forty-nine rehabilitation inpatients were provided with manualised ADL retraining following errorless and procedural learning principles during PTA. From 104 GAS goals, 90% were achieved at PTA emergence. GAS T-scores changed significantly ($p < .001$) from baseline ($M = 26.94$, $SD = 4.90$) to post-intervention ($M = 61.44$, $SD = 11.45$). Mean post-intervention T-scores correlated significantly ($p < .001$) with change in Functional Independence Measure scores. The four therapists reported that GAS was unfamiliar and time-consuming initially, although it aided goal-directed therapy and measurement of patient performance. Application of manualised skill retraining using errorless and procedural learning techniques was described as novel and challenging, but providing valuable structure. The intervention reportedly promoted therapeutic alliance, skill-building and meaningful time-use without elevating agitation, but fatigue impeded therapy. Overall, GAS captured positive individual change following ADL retraining during PTA and therapists indicated that the intervention and use of GAS was generally beneficial and feasible within clinical practice.

Database: CINAHL

Pediatric Chronic Critical Illness: Gaps in Inpatient Intrateam Communication.

Author(s): Hirschfeld, Ryan S.; Barone, Silvana; Johnson, Emily; Boss, Renee D.

Source: Pediatric Critical Care Medicine; Dec 2019; vol. 20 (no. 12)

Publication Date: Dec 2019

Publication Type(s): Academic Journal

PubMedID: 31634307

Abstract: Objectives: The number of children with medical complexity and prolonged hospitalizations is rising. Strategies to adapt acute care approaches for this population are falling behind clinical demand. This study aimed to identify how inpatient team communication practices match the needs of teams caring for these patients and families, and to identify priority areas for improvement. Design: Cross-sectional mixed methods survey. Setting: Academic children's hospital. Subjects: Interdisciplinary healthcare professionals: physicians, nurse practitioners, nurses, resident and fellow trainees, respiratory therapists, clinical pharmacists, occupational therapists, physical therapists, social workers, and child life specialists. Interventions: None. Measurements and Main Results: Four-hundred eight interdisciplinary healthcare professionals participated (33% response rate). Half (53%) worked in ICUs and 37% had greater than 10 years clinical experience. Three overarching themes emerged regarding communication during care of children with prolonged hospitalizations are as follows: 1) Dysfunctional team collaboration: the many involved healthcare providers for these children have inconsistent team meetings and few platforms for reaching clinical consensus; 2) Continuity gaps: time-limited clinician rotations and no designated longitudinal clinical leaders undermine relationships with families and key elements of shared decision-making; and 3) Inadequate communication skills and tools: healthcare professionals have inadequate training to address complex conversations and big picture concerns, and often default to daily management conversations. Nearly half (40%) perceived intra-team conflict to occur more commonly during care of these children compared with those with short hospitalizations, and many feel unskilled to address these conflicts. Healthcare providers working in ICUs were more likely than other healthcare providers to find care of children with chronic critical illness stressful "most of the time" (ICU 46%; 60/131 vs non-ICU 25%; 21/84; $p = 0.02$). Conclusions: Acute care inpatient communication practices require modification to meet the needs of healthcare professionals who provide longitudinal care to children with repeated and prolonged hospitalizations. Improvement strategies should prioritize building collaboration, continuity, and communication skills among healthcare professionals.

Database: CINAHL

Patient and service factors associated with referral and admission to inpatient rehabilitation after the acute phase of stroke in Australia and Norway.

Author(s): Labberton, Angela S.; Barra, Mathias; Rønning, Ole Morten; Thommessen, Bente; Churilov, Leonid; Cadilhac, Dominique A.; Lynch, Elizabeth A.

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

Publication Date: Nov 2019

Publication Type(s): Academic Journal

PubMedID: 31752874

Available at [BMC health services research](#) - from BioMed Central

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Abstract: Background: Unequal access to inpatient rehabilitation after stroke has been reported. We sought to identify and compare patient and service factors associated with referral and admission to an inpatient rehabilitation facility (IRF) after acute hospital care for stroke in two countries with publicly-funded healthcare. Methods: We compared two cohorts of stroke patients admitted consecutively to eight acute public hospitals in Australia in 2013-2014 ($n = 553$), and to one large

university hospital in Norway in 2012-2013 (n = 723). Outcomes were: referral to an IRF; admission to an IRF if referred. Logistic regression models were used to identify and compare factors associated with each outcome. Results: Participants were similar in both cohorts: mean age 73 years, 40-44% female, 12-13% intracerebral haemorrhage, ~ 77% mild stroke (National Institutes of Health Stroke Scale < 8). Services received during the acute admission differed (Australia vs. Norway): stroke unit treatment 82% vs. 97%, physiotherapy 93% vs. 79%, occupational therapy 83% vs. 77%, speech therapy 78% vs. 13%. Proportions referred to an IRF were: 48% (Australia) and 37% (Norway); proportions admitted: 35% (Australia) and 28% (Norway). Factors associated with referral in both countries were: moderately severe stroke, receiving stroke unit treatment or allied health assessments during the acute admission, living in the community, and independent pre-stroke mobility. Directions of associations were mostly congruent; however younger patients were more likely to be referred and admitted in Norway only. Models for admission among patients referred identified few associated factors suggesting that additional factors were important for this stage of the process. Conclusions: Similar factors were associated with referral to inpatient rehabilitation after acute stroke in both countries, despite differing service provision and access rates. Assuming it is not feasible to provide inpatient rehabilitation to all patients following stroke, the criteria for the selection of candidates need to be understood to address unwanted biases.

Database: CINAHL

Female sexual dysfunction associated with idiopathic cerebellar ataxia: A case report.

Author(s): López-Sosa, Carmen; Gámez-Zapata, Jorge; Iglesias-de-Sena, Helena; Alonso-Sardón, Montserrat

Source: BMC Women's Health; Nov 2019; vol. 19 (no. 1)

Publication Date: Nov 2019

Publication Type(s): Academic Journal

PubMedID: 31699074

Available at [BMC women's health](#) - from BioMed Central

Available at [BMC women's health](#) - from Europe PubMed Central - Open Access

Available at [BMC women's health](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC women's health](#) - from Unpaywall

Abstract: Background: Cerebellar ataxia affects individuals in reproductive age. To date, few clinical cases of cerebellar ataxia and involvement of the cerebellum in sexual response were reported. We report a case of a woman that need to restore skills related for execution of sexual activity and coordination of movements during sexual intercourse. Case Presentation: We present a case of idiopathic cerebellar ataxia in a 25-year-old woman who was referred for sexual health consultation. The patient complained of sexual problems as follows: "I forgot the behaviors that I should adopt in a sexual encounter, and I know what to do only after paying attention to my movements." The history of sexual behavior indicated that this patient presented a "romantic love" model. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) reports that this condition involves anorgasmia disorder and female sexual arousal disorder. In addition, there was a loss of automatism and coordination of movements in the pelvis and lower extremities. The patient's condition improved with occupational and physical therapy combined with rehabilitation therapy based on cognitive behavioral criteria for sexual therapy. Conclusions: The case evolved from the romantic-affective model to a realistic model. The patient reported being comfortable during sexual intercourse and could explain her sexual needs to her partner. She managed to coordinate lower limb and pelvic movements, but did not reach an orgasm. Moreover, vaginal lubrication occurred with a time lag of 15-30 min after the end of sexual intercourse or masturbation.

Database: CINAHL

Occupational therapy in primary care: exploring the role of occupational therapy from a primary care perspective.

Author(s): Chamberlain, Emily; Truman, Juliette; Scallan, Samantha; Pike, Amanda; Lyon-Maris, Johnny

Source: British Journal of General Practice; Nov 2019; vol. 69 (no. 688); p. 575-576

Publication Date: Nov 2019

Publication Type(s): Academic Journal

PubMedID: 31672831

Available at [British Journal of General Practice](#) - from EBSCO (MEDLINE Complete)

Available at [British Journal of General Practice](#) - from Unpaywall

Database: CINAHL

Effects of virtual reality-based planar motion exercises on upper extremity function, range of motion, and health-related quality of life: a multicenter, single-blinded, randomized, controlled pilot study.

Author(s): Park, Mina; Ko, Myoung-Hwan; Oh, Sang-Wook; Lee, Ji-Yeong; Ham, Yeajin; Yi, Hyoseok; Choi, Younggeun; Ha, Dokyeong; Shin, Joon-Ho

Source: Journal of NeuroEngineering & Rehabilitation (JNER); Oct 2019; vol. 16 (no. 1)

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31651335

Available at [Journal of neuroengineering and rehabilitation](#) - from BioMed Central

Available at [Journal of neuroengineering and rehabilitation](#) - from Europe PubMed Central - Open Access

Available at [Journal of neuroengineering and rehabilitation](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Journal of neuroengineering and rehabilitation](#) - from Unpaywall

Abstract:Background: Virtual reality (VR)-based rehabilitation is considered a beneficial therapeutic option for stroke rehabilitation. This pilot study assessed the clinical feasibility of a newly developed VR-based planar motion exercise apparatus (Raphael Smart Board™ [SB]; Neofect Inc., Yong-in, Korea) for the upper extremities as an intervention and assessment tool.Methods: This single-blinded, randomized, controlled trial included 26 stroke survivors. Patients were randomized to the intervention group (SB group) or control (CON) group. During one session, patients in the SB group completed 30 min of intervention using the SB and an additional 30 min of standard occupational therapy; however, those in the CON group completed the same amount of conventional occupational therapy. The primary outcome was the change in the Fugl-Meyer assessment (FMA) score, and the secondary outcomes were changes in the Wolf motor function test (WMFT) score, active range of motion (AROM) of the proximal upper extremities, modified Barthel index (MBI), and Stroke Impact Scale (SIS) score. A within-group analysis was performed using the Wilcoxon signed-rank test, and a between-group analysis was performed using a repeated measures analysis of covariance. Additionally, correlations between SB assessment data and clinical scale scores were analyzed by repeated measures correlation. Assessments were performed three times (baseline,

immediately after intervention, and 1 month after intervention).Results: All functional outcome measures (FMA, WMFT, and MBI) showed significant improvements ($p < 0.05$) in the SB and CON groups. AROM showed greater improvements in the SB group, especially regarding shoulder abduction and internal rotation. There was a significant effect of time \times group interactions for the SIS overall score ($p = 0.038$). Some parameters of the SB assessment, such as the explored area ratio, mean reaching distance, and smoothness, were significantly associated with clinical upper limb functional measurements with moderate correlation coefficients.Conclusions: The SB was available for improving upper limb function and health-related quality of life and useful for assessing upper limb ability in stroke survivors.Trial Registration: The study was registered with the clinical research information service (CRIS) (KCT0003783 , registered 15 April 2019; retrospectively registered).

Database: CINAHL

Toilet Training: Common Questions and Answers.

Author(s): Baird, Drew C.; Bybel, Michael; Kowalski, Adam W.

Source: American Family Physician; Oct 2019; vol. 100 (no. 8); p. 468-474

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31613577

Available at [American family physician](#) - from EBSCO (MEDLINE Complete)

Abstract:Toilet training is a significant developmental milestone in early childhood. Most U.S. children achieve the physiologic, cognitive, and emotional development necessary for toilet training by 18 to 30 months of age. Markers of readiness for toilet training include being able to walk, put on and remove clothing, and follow parental instruction; expressive language; awareness of a full bladder or rectum; and demonstrated dissatisfaction with a soiled diaper. Other readiness cues include imitating toileting behavior, expressing desire to toilet, and demonstrating bladder or bowel control (staying dry through a nap or through the night). Physicians should provide anticipatory guidance to parents beginning at about 18 to 24 months of age, noting the signs of toilet training readiness, and setting realistic expectations for parents. Parents should be counseled that no training method is superior to another. Parents should choose a method that is best suited to them and their child, and the method should use positive reinforcement. Complications of toilet training include stool toileting refusal, stool withholding, encopresis, hiding to defecate, and enuresis. These problems typically resolve with time, although some may require further investigation and treatment. Medical comorbidities such as Down syndrome, autism spectrum disorder, and cerebral palsy reduce the likelihood of successfully attaining full toilet training and often require early consultation with occupational therapists, developmental pediatricians, or other subspecialists to aid in toilet training.

Database: CINAHL

Smart Phone APP to Restore Optimal Weight (SPAROW): protocol for a randomised controlled trial for women with recent gestational diabetes.

Author(s): Lim, Karen; Chi, Claudia; Chan, Shiao-Yng; Lim, Su Lin; Ang, Siew Min; Yoong, Joanne S.; Tsai, Cammy; Wong, Su Ren; Yew, Tong Wei; Tai, E. Shyong; Yong, Eu-Leong

Source: BMC Public Health; Oct 2019; vol. 19 (no. 1); p. 1-13

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31615456

Available at [BMC public health](#) - from BioMed Central

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Abstract:Background: Gestational diabetes (GDM) is a known risk factor for type 2 diabetes mellitus (T2DM), and women with a history of GDM have a 7-fold increased risk of developing the disease. Achieving a healthy weight post-delivery is key in reducing the risk of future diabetes in these women. The aim of this trial is to investigate the use of an interactive smartphone application (APP) to restore women to optimal weight following delivery.Methods: This will be an open-label randomized controlled trial. Two hundred women with gestational diabetes will be randomized to receive the intervention or standard care following delivery. Participants will be reviewed at 6 weeks and 4 months post-delivery. The intervention is an APP serving as a platform for weight, diet and physical activity tracking. The APP provides 3-5 min educational videos suggesting suitable lifestyle adjustments relevant to postnatal period such as breast feeding, diet and exercise. Lastly, the APP will allow real-time interaction between users and the team of dietitians, physiotherapists and occupational therapists to encourage restoration of optimal weight. Women in the control arm will be informed about the increased risk of developing T2DM and advised to maintain a healthy weight. Primary outcome measure is the restoration of participants' booking weight if booking BMI ≤ 23 , or weight loss of at least 5% from booking weight if booking BMI > 23 over the 4 month period. Secondary outcome measures will assess serum metabolic and inflammatory markers, quality of life via questionnaires and cost-effectiveness of the intervention at each follow-up visit.Discussion: This will be the first randomised controlled trial investigating the use of a smartphone application for postpartum weight loss in women with gestational diabetes. The major ethnic groups in our study population represent the majority of ethnic groups in Asia, amongst which the prevalence of diabetes is high. If shown to be effective, this APP may be used in wider clinical settings to improve postpartum weight loss and reduce the risk of developing T2DM in these women.Trial Registration: This study was registered on [clintrials.gov](#) on the 30th of October 2017, under the trial registration number: NCT03324737 .

Database: CINAHL

The process of determining driving safety in people with dementia: A review of the literature and guidelines from 5 English speaking countries.

Author(s): Walsh, Liam; Chacko, Emme; Cheung, Gary

Source: Australasian Psychiatry; Oct 2019; vol. 27 (no. 5); p. 480-485

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31084441

Abstract:Objectives: To review literature and guidelines related to the process of determining driving safety in people with dementia.Method: Four electronic databases were searched in December 2016/January 2017. We limited our search to literature and guidelines published in the UK, USA, Canada, New Zealand and Australia.Results: General practitioners are primarily responsible for driver licensing; however, they often feel ill-equipped and it can compromise the therapeutic relationship. Occupational therapist driving assessment is considered as the 'gold-standard' but is costly and often not available. Medical advisory boards assist the assessment process by providing

independent licencing decisions. Conclusions: General practitioner training, funding for occupational therapist driving assessment and the establishment of a medical advisory board could be considered to improve the current practice of driving assessment in dementia.

Database: CINAHL

Epilepsy: knowledge and attitudes of physiotherapists, occupational therapists, and speech therapists.

Author(s): Hackel, Katharina; Neininger, Martina Patrizia; Kiess, Wieland; Bertsche, Thilo; Bertsche, Astrid

Source: European Journal of Pediatrics; Oct 2019; vol. 178 (no. 10); p. 1485-1491

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31375900

Abstract:Physiotherapists, occupational therapists, and speech therapists play a key role in the treatment of children with epilepsy. We performed a survey of therapists' knowledge of and attitudes towards epilepsy in two regions of Germany, the city of Leipzig and the rural district of Zwickau. Therapists of 29/68 (43%) outpatient practices and 4/9 (44%) hospitals took part. In total, 195 therapists participated: 63 (32%) physiotherapists, 74 (38%) occupational therapists, and 58 (30%) speech therapist. In 65%, epilepsy was subject of vocational training. Of all therapists, 8% claimed they had not treated epilepsy patients so far. During professional life, 43% had witnessed a seizure. Of all therapists, 44% correctly assumed a seizure could result in death. During a seizure, 42% would perform the obsolete measure of placing something solid in the patient's mouth, and 41% would administer a prescribed rescue medication. More information on epilepsy was requested by 92%. Conclusion: Most therapists treat patients with epilepsy, and almost half have already witnessed a seizure. Often, however, epilepsy is not subject of vocational training. The risk of a fatal outcome of a seizure is underestimated, and many therapists would perform obsolete measures. Knowledge of seizure management should be transmitted to therapists especially during vocational training.

Database: CINAHL

Effects of nonpharmacological interventions on functioning of people living with dementia at home: A systematic review of randomised controlled trials.

Author(s): Scott, Iona; Cooper, Claudia; Leverton, Monica; Burton, Alex; Beresford-Dent, Jules; Rockwood, Kenneth; Butler, Laurie; Rapaport, Penny; Beresford-Dent, Jules

Source: International Journal of Geriatric Psychiatry; Oct 2019; vol. 34 (no. 10); p. 1386-1402

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31026082

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library

Available at [International journal of geriatric psychiatry](#) - from Unpaywall

Abstract:Objective: Slowing functional decline could enable people living with dementia to live for longer and more independently in their own homes. We aimed to update previous syntheses examining the effectiveness of nonpharmacological interventions in reducing functional decline (activities of daily living, activity-specific physical functioning, or function-specific goal attainment) in

people living in their own homes with dementia. Methods: We systematically searched electronic databases from January 2012 to May 2018; two researchers independently rated risk of bias of randomised controlled trials (RCTs) fitting predetermined inclusion criteria using a checklist; we narratively synthesised findings, prioritising studies judged to have a lower risk of bias. Results: Twenty-nine papers (describing 26 RCTs) met eligibility criteria, of which we judged 13 RCTs to have a lower risk of bias. Study interventions were evaluated in four groups: physical exercise, occupational, multicomponent, and cognition-oriented interventions. Four out of 13 RCTs reported functional ability as a primary outcome. In studies judged to have a lower risk of bias, in-home tailored exercise, individualised cognitive rehabilitation, and in-home activities-focused occupational therapy significantly reduced functional decline relative to control groups in individual studies. There was consistent evidence from studies at low risk of bias that group-based exercise and reminiscence therapies were ineffective at reducing functional decline. Conclusion: We found no replicated evidence of intervention effectiveness in decreasing functional decline. Interventions associated with slower functional decline in individual trials have been individually delivered and tailored to the needs of the person with dementia. This is consistent with previous findings. Future intervention trials should prioritise these approaches.

Database: CINAHL

Occupational Therapy in Mental Health: A Vision for Participation: C. Brown, V. Stoffel, & J. Munoz. (2nd Edition). 2019. Philadelphia, PA: F. A. Davis, 1000 pp, \$109.95; Hardcover, ISBN 9780803659292, ISBN 9780803659162.

Author(s): Haertl, Kristine

Source: Occupational Therapy in Mental Health; Oct 2019; vol. 35 (no. 4); p. 422-423

Publication Date: Oct 2019

Publication Type(s): Review

Database: CINAHL

How to evaluate effects of occupational therapy - lessons learned from an exploratory randomized controlled trial.

Author(s): Schaeffer, E.; Streich, S.; Wurster, I.; Schubert, R.; Reilmann, R.; Wolfram, S.; Berg, D.

Source: Parkinsonism & Related Disorders; Oct 2019; vol. 67 ; p. 42-47

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31621606

Abstract: Background: Although occupational therapy (OT) is frequently prescribed in clinical practice, there is still insufficient evidence regarding its efficacy to improve Parkinson's Disease (PD)-related activity limitations. Objectives: To evaluate the efficacy of OT and the validity of different outcome-parameters to reflect efficacy, including gold-standard clinical rating scales and quantitative motor assessments. Methods: 40 patients were included in an exploratory, randomized-controlled, single-blinded trial, receiving either (I) ten weeks of OT, with a main focus on motor aspects of activity limitations and a ten-week follow-up assessment or (II) no intervention. Inclusion criteria were diagnosis of PD and Hoehn & Yahr stage 2-3. Patients with major depression, other neurological or orthopedic diseases or OT beforehand were excluded from the study. To monitor treatment effects the MDS-UPDRS part II and III were used for patient- and clinician-based assessment. Objective Pegboard as well as Q-Motor "tremor motography" and "digitomography" were applied. Results: The interventional group reported a subjective amelioration of activity

limitations, with a significant improvement of MDS-UPDRS part II at the end of the study ($p = 0.030$). However, clinician's rating and quantitative motor assessment failed to detect a significant improvement of motor impairment and fine motor control. **Conclusions:** This study goes in line with previous trials, showing an individual improvement of activity limitations from the patients' point of view. The discrepancy between self-perception, focusing on activity limitation, and clinician-based rating, focusing on motor impairment, challenges the current gold standard assessments as valid outcome parameters for occupational therapy trials aiming for an individualized improvement of disease burden.

Database: CINAHL

Effect of Outpatient Service Utilization on Hospitalizations and Emergency Visits Among Youths With Autism Spectrum Disorder.

Author(s): Mandell, David S.; Candon, Molly K.; Xie, Ming; Marcus, Steven C.; Kennedy-Hendricks, Alene; Epstein, Andrew J.; Barry, Colleen L.

Source: Psychiatric Services; Oct 2019; vol. 70 (no. 10); p. 888-893

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: 31215353

Available at [Psychiatric services \(Washington, D.C.\)](#) - from American Psychiatric Association

Abstract: **Objective:** Psychiatric hospitalizations and emergency department (ED) visits occur more frequently for youths with autism spectrum disorder (ASD). One mechanism that may reduce the likelihood of these events is utilization of home and community-based care. Using commercial claims data and a rigorous analytical framework, this retrospective study examined whether spending on outpatient services for ASD, including occupational, physical, and speech therapies and other behavioral interventions, reduced the likelihood of psychiatric hospitalizations and ED visits. **Methods:** The study sample was composed of >100,000 children and young adults with ASD and commercial insurance from every state between 2008 and 2012. The authors estimated maximum-likelihood complementary log-log link survival models with robust standard errors. The outcomes of interest were a hospitalization or an ED visit with an associated psychiatric diagnosis code (ICD-9-CM 290 through 319) in a given week. **Results:** An increase of \$125 in weekly spending on ASD-specific outpatient services in the 7 to 14 weeks prior to a given week reduced the likelihood of a psychiatric hospitalization in that week by 2%. ASD-specific outpatient spending during the 6 weeks prior to a psychiatric hospitalization did not decrease risk of hospitalization. Spending on ASD-specific outpatient services did not reduce the likelihood of a psychiatric ED visit. **Conclusions:** The financial burden associated with ASD is extensive, and psychiatric hospitalizations remain the most expensive type of care, costing more than \$4,000 per week on average. Identifying the mechanisms by which psychiatric hospitalizations occur may reduce the likelihood of these events.

Database: CINAHL

An interdisciplinary statement of scientific societies for the advancement of delirium care across Europe (EDA, EANS, EUGMS, COTEC, IPTOP/WCPT).

Author(s): Morandi, Alessandro; Pozzi, Christian; Milisen, Koen; Hobbelen, Hans; Bottomley, Jennifer M.; Lanzoni, Alessandro; Tatzler, Verena C.; Carpena, Maria Gracia; Cherubini, Antonio; Ranhoff, Anette; MacLulich, Alasdair M. J.; Teodorczuk, Andrew; Bellelli, Giuseppe

Source: BMC Geriatrics; Sep 2019; vol. 19 (no. 1)

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Publication Type(s): Academic Journal

PubMedID: 31510941

Available at [BMC geriatrics](#) - from BioMed Central

Available at [BMC geriatrics](#) - from Europe PubMed Central - Open Access

Available at [BMC geriatrics](#) - from EBSCO (MEDLINE Complete)

Available at [BMC geriatrics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC geriatrics](#) - from Unpaywall

Abstract:Background: Delirium is a geriatric syndrome that presents in 1 out of 5 hospitalized older patients. It is also common in the community, in hospices, and in nursing homes. Delirium prevalence varies according to clinical setting, with rates of under 5% in minor elective surgery but up to 80% in intensive care unit patients. Delirium has severe adverse consequences, but despite this and its high prevalence, it remains undetected in the majority of cases. Optimal delirium care requires an interdisciplinary, multi-dimensional diagnostic and therapeutic approach involving doctors, nurses, physiotherapists, and occupational therapists. However, there are still important gaps in the knowledge and management of this syndrome. Main Body: The objective of this paper is to promote the interdisciplinary approach in the prevention and management of delirium as endorsed by a delirium society (European Delirium Association, EDA), a geriatrics society (European Geriatric Medicine Society, EuGMS), a nursing society (European Academy of Nursing Science, EANS), an occupational therapy society (Council of Occupational Therapists for European Countries, COTEC), and a physiotherapy society (International Association of Physical Therapists working with Older People of the World Confederation for Physical Therapy, IPTOP/WCPT). Short Conclusion: In this paper we have strongly promoted and supported interdisciplinary collaboration underlying the necessity of increasing communication among scientific societies. We have also provided suggestions on how to fill the current gaps via improvements in undergraduate and postgraduate delirium education among European Countries.

Database: CINAHL

'It's what you do that makes a difference' An interpretative phenomenological analysis of health care professionals and home care workers experiences of nutritional care for people living with dementia at home.

Author(s): Mole, Louise; Kent, Bridie; Hickson, Mary; Abbott, Rebecca

Source: BMC Geriatrics; Sep 2019; vol. 19 (no. 1)

Publication Date: Sep 2019

Publication Type(s): Academic Journal

PubMedID: 31500576

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Available at [BMC Geriatrics](#) - from Europe PubMed Central - Open Access

Available at [BMC Geriatrics](#) - from EBSCO (MEDLINE Complete)

Available at [BMC Geriatrics](#) - from Unpaywall

Abstract:Background: People living with dementia at home are a group who are at increased risk of malnutrition. Health care professionals and home care workers, are ideally placed to support nutritional care in this vulnerable group. Yet, few, if any studies, have captured the experiences of these workers in respect of treating and managing nutritional issues. This interpretative phenomenological study aimed to explore the experiences and perceptions of the nutritional care of people living with dementia at home from the perspectives of health care professionals and home

care workers. Methods: Semi-structured interviews were conducted between December 2017 and March 2018, and supplemented with the use of a vignette outlining a scenario of a husband caring for his wife with dementia. Health care professionals and home care workers were purposively recruited from local care providers in the south west of England, who had experience of working with people with dementia. An Interpretative Phenomenological Analysis (IPA) approach was used throughout. Results: Seven participants took part including two home care workers, a general practitioner, dietitian, occupational therapist, nurse and social worker. The time in their professions ranged from 3 to 15 years (mean = 8.9 years). Following analysis, four superordinate themes were identified: 'responsibility to care', 'practice restrained by policy', 'in it together', and 'improving nutritional care'. This group of health care professionals and home care workers recognised the importance of improving nutritional care for people living with dementia at home, and felt a responsibility for it. However they felt that they were restricted by time and/or knowledge. The importance of supporting the family carer and working collaboratively was highlighted. Conclusions: Health care professionals and home care workers require further training to better equip them to provide nutritional care for people living with dementia at home. Models of care may also need to be adapted to enable a more flexible and tailored approach to incorporate nutritional care. Future work in this area should focus on how health care professionals and home care workers can be better equipped to screen for malnutrition, and support changes to nutritional intake to mitigate malnutrition risk.

Database: CINAHL

An intervention to reduce neuropsychiatric symptoms and caregiver burden in dementia: Preliminary results from a randomized trial of the tailored activity program-outpatient version.

Author(s): Oliveira, Alexandra Martini; Radanovic, Marcia; Homem de Mello, Patricia Cotting; Buchain, Patricia Cardoso; Dias Vizzotto, Adriana; Harder, Janaína; Stella, Florindo; Piersol, Catherine Verrier; Gitlin, Laura N.; Forlenza, Orestes Vicente; de Oliveira, Alexandra Martini

Source: International Journal of Geriatric Psychiatry; Sep 2019; vol. 34 (no. 9); p. 1301-1307

Publication Date: Sep 2019

Publication Type(s): Academic Journal

PubMedID: 30035341

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library

Abstract: Objective: To evaluate the efficacy of the tailored activity program-outpatient version (TAP-O) and to reduce neuropsychiatric symptoms (NPS) in patients with dementia and caregiver burden compared with a control group (psychoeducation intervention). Methods: Twenty-one persons with dementia and their caregivers were recruited and randomized. The intervention group received TAP-O, designed for outpatients with dementia and their caregivers. TAP-O consisted of eight sessions in which an occupational therapist assessed the patient's abilities and interests; prescribed tailored activities; and educated caregivers about dementia, NPS, and how to implement meaningful activities in the daily routine. The control group received eight sessions of a psychoeducation intervention about dementia and NPS. Results: Compared with controls, patients receiving TAP-O had a significant decrease in hallucination ($P = 0.04$), agitation ($P = 0.03$), anxiety ($P = 0.02$), aggression ($P = 0.01$), sleep disorder ($P = 0.02$), aberrant motor behavior ($P = 0.02$), and in caregiver burden ($P = 0.003$). Conclusions: Findings suggest that TAP-O may be an effective nonpharmacological strategy to reduce NPS of outpatients with dementia and to minimize caregiver burden.

Database: CINAHL

Guidetomeasure-OT: A mobile 3D application to improve the accuracy, consistency, and efficiency of clinician-led home-based falls-risk assessments.

Author(s): Hamm, Julian; Money, Arthur; Atwal, Anita

Source: International Journal of Medical Informatics; Sep 2019; vol. 129 ; p. 349-365

Publication Date: Sep 2019

Publication Type(s): Academic Journal

PubMedID: 31445277

Available at [International journal of medical informatics](#) - from Unpaywall

Abstract:Background: A key falls prevention intervention delivered within occupational therapy is the home environment falls-risk assessment process. This involves the clinician visiting the patient's home and using a 2D paper-based measurement guidance booklet to ensure that all measurements are taken and recorded accurately. However, 30% of all assistive devices installed within the home are abandoned by patients, in part as a result of the inaccurate measurements being recorded as part of the home environment falls-risk assessment process. In the absence of more appropriate and effective guidance, high levels of device abandonment are likely to persist.Aim: This study presents guidetomeasure-OT, a mobile 3D measurement guidance application designed to support occupational therapists in carrying out home environment falls-risk assessments. Furthermore, this study aims to empirically evaluate the performance of guidetomeasure-OT compared with an equivalent paper-based measurement guidance booklet.Methods: Thirty-five occupational therapists took part in this within-subjects repeated measures study, delivered within a living lab setting. Participants carried out the home environment falls-risk assessment process under two counterbalanced treatment conditions; using 3D guidetomeasure-OT; and using a 2D paper-based guide. Systems Usability Scale questionnaires and semi-structured interviews were completed at the end of both task. A comparative statistical analysis explored performance relating to measurement accuracy, measurement accuracy consistency, task completion time, and overall system usability, learnability, and effectiveness of guidance. Interview transcripts were analysed using inductive and deductive thematic analysis, the latter was informed by the Unified Theory of Acceptance and Use of Technology model.Results: The guidetomeasure-OT application significantly outperformed the 2D paper-based guidance in terms task efficiency ($p < 0.001$), learnability ($p < 0.001$), system usability ($p < 0.001$), effectiveness of guidance ($p = 0.001$). Regarding accuracy, in absolute terms, guidetomeasure-OT produced lower mean error differences for 11 out of 12 items and performed significantly better for six out of 12 items ($p < 0.05$). In terms of SUS, guidetomeasure-OT scored 83.7 compared with 70.4 achieved by the booklet. Five high-level themes emerged from interviews: Performance Expectancy, Effort Expectancy, Social Influence, Clinical Benefits, and Augmentation of Clinical Practice. Participants reported that guidetomeasure-OT delivered clearer measurement guidance that was more realistic, intuitive, precise and usable than the paper-based equivalent. Audio instructions and animated prompts were seen as being helpful in reducing the learning overhead required to comprehend measurement guidance and maintain awareness of task progression.Conclusions: This study reveals that guidetomeasure-OT enables occupational therapists to carry out significantly more accurate and efficient home environment falls-risk assessments, whilst also providing a measurement guide tool that is considered more usable compared with the paper-based measurement guide that is currently used by clinicians in practice. These results are significant as they indicate that mobile 3D visualisation technologies can be effectively deployed to improve clinical practice, particularly within the home environment falls-risk assessment context. Furthermore, the empirical findings constitute overcoming the challenges associated with the digitisation of health care and delivery of new innovative and enabling technological solutions that health providers and policy makers so urgently need to ease the ever-increasing burden on existing public resources. Future work will focus on the development and empirical evaluation of a mobile 3D application for patient self-assessment and automated assistive equipment prescription.

Furthermore, broader User Experience aspects of the application design and the interaction mechanisms that are made available to the user could be considered so as to minimize the effect of cognitive overloading and optimise user performance.

Database: CINAHL

Effectiveness of Intensive Rehabilitation Therapy on Functional Outcomes After Stroke: A Propensity Score Analysis Based on Japan Rehabilitation Database.

Author(s): Kamo, Tomohiko; Momosaki, Ryo; Suzuki, Keisuke; Asahi, Ryoma; Azami, Masato; Ogihara, Hirofumi; Nishida, Yuusuke

Source: Journal of Stroke & Cerebrovascular Diseases; Sep 2019; vol. 28 (no. 9); p. 2537-2542

Publication Date: Sep 2019

Publication Type(s): Academic Journal

PubMedID: 31235378

Abstract:Aim: To examine the association of the amount of rehabilitation with functional gains of elderly stroke patients at a convalescent rehabilitation ward using propensity score analysis methods and the Japan Rehabilitation Database.Methods: This study was a retrospective cohort study. From the database, 6875 patients who were admitted to the convalescent rehabilitation wards with stroke were identified. After excluding 4586 patients, 2325 were eligible for the study. Intensive rehabilitation therapy (IRT) was defined as rehabilitation therapy of more than 15 hours per week by a physical therapist, an occupational therapist, and/or a speech therapist. Functional Independence Measure (FIM) gain, discharge rate to home, and FIM efficiency were examined using student's t test and the χ^2 test after inverse probability weighting (IPW).Results: IRT was provided to 862 patients (37.1%). The unadjusted data showed that patients in the IRT group had a longer hospital stay, more physical therapy, occupational therapy, and speech and language therapy. After adjustment for IPW, the baseline characteristics were found to be closely matched between the 2 groups. The IRT group showed significantly higher motor FIM gain, cognitive FIM gain, FIM gain, and discharge rate to home.Conclusions: The present study demonstrated that a longer rehabilitation time per week was associated with increased functional gain in elderly stroke patients at convalescent rehabilitation wards.

Database: CINAHL

Effectiveness of occupational therapy interventions in acute geriatric wards: A systematic review.

Author(s): Cuevas-Lara, César; Izquierdo, Mikel; Gutiérrez-Valencia, Marta; Marín-Epelde, Itxaso; Zambom-Ferraresi, Fabricio; Contreras-Escámez, Beatriz; Martínez-Velilla, Nicolás

Source: Maturitas; Sep 2019; vol. 127 ; p. 43-50

Publication Date: Sep 2019

Publication Type(s): Academic Journal

PubMedID: 31351519

Abstract:Objective: To review the evidence on the effectiveness of specific occupational therapy programs in elderly people hospitalized for acute medical pathology.Materials and Methods: Relevant randomized clinical trials were selected by searching the main bibliographic databases to evaluate the effectiveness of in-hospital occupational therapy interventions for people aged 65 years and over who were hospitalized for acute medical pathology.Results: Six studies were finally selected. The interventions consisted of individualized programs of occupational therapy: training and re-education in the activities of daily living (ADL); evaluation, prescription and training in the use

of support devices; and providing reports regarding recommendations and referrals on discharge. In five studies, the patients in the intervention group obtained higher scores on assessment tools used to measure functionality in ADL. In one of the studies there was a statistically significant reduction in delirium, as well as an improvement in cognitive function. There was no evidence for the effectiveness of occupational therapy interventions for anxiety, fear and/or perceived safety, in any of the studies analyzed. Conclusions: The evidence is limited as to whether specific occupational therapy programs are effective in improving functionality in ADL in this group of patients. However, occupational therapy was significantly effective in reducing delirium and improving cognitive function. There is insufficient evidence to claim that specific occupational therapy programs are effective in reducing levels of anxiety, increasing perceived quality of life, reducing readmission rates, or reducing the length of hospital stay.

Database: CINAHL

Hand therapy or not following collagenase treatment for Dupuytren's contracture? Protocol for a randomised controlled trial.

Author(s): Aglen, Terese; Matre, Karin Hoegh; Lind, Cecilie; Selles, Ruud W.; Aßmus, Jörg; Taule, Tina

Source: BMC Musculoskeletal Disorders; Aug 2019; vol. 20 (no. 1)

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: 31455312

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Available at [BMC musculoskeletal disorders](#) - from EBSCO (MEDLINE Complete)

Available at [BMC musculoskeletal disorders](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC musculoskeletal disorders](#) - from Unpaywall

Abstract:Background: Dupuytren's contracture (DC) is a fibrotic hand condition in which one or more fingers develop progressive flexion deformities. Quality of life is diminished due to disabling limitations in performing everyday activities. For DC patients treated with collagenase, referral for subsequent hand therapy is inconsistent. It is unknown whether subsequent hand therapy is beneficial compared to no therapy. The purpose of this study is to determine whether hand therapy improves DC patients' performance of and satisfaction with performing everyday activities one year after collagenase treatment. Methods: We will conduct a randomised controlled trial with two treatment groups (hand therapy vs. control) of DC patients who have received collagenase treatment. DC patients with contracted metacarpophalangeal joint(s) (MCPJ) (hand therapy, n = 40; control, n = 40) and those with proximal interphalangeal joint(s) (PIPJ) involvement (hand therapy, n = 40; control, n = 40) comprise two subgroups, and we will study if the treatment effect will be different between both groups (n = 160). Patients with a previous injury or treatment for DC in the treatment finger are excluded. Hand therapy includes oedema and scar management, splinting, movement exercises, and practice of everyday activities. The main outcome variable is patients' performance of and satisfaction with performing everyday activities, as assessed with the Canadian Occupational Performance Measure. Secondary outcomes are DC-specific activity problems, as assessed with the Unité Rhumatologique des Affections de la Main scale, and active/passive flexion/extension of treated joints and grip force using standard measuring tools, and self-reported pain level. Demographic and clinical variables, degree of scarring, cold hypersensitivity, number of occupational sick-leave days are collected. Self-reported global impression of change will be used to assess patient satisfaction with change in hand function. Assessments are done pre-injection and

6 weeks, 4 months, and 1 year later. Standard univariate and multivariate statistical analyses will be used to evaluate group differences. Discussion: This study aims to assess whether hand therapy is beneficial for activity-related, biomechanical, and clinical outcomes in DC patients after collagenase treatment. The results will provide an objective basis for determining whether hand therapy should be conducted after collagenase treatment. Trial Registration: This study has been registered at ClinicalTrials.gov as NCT03580213 (April 5, 2018).

Database: CINAHL

Management of Chronic Tendon Injuries.

Author(s): Kane, Shawn F.; Olewinski, Lucianne H.; Tamminga, Kyle S.

Source: American Family Physician; Aug 2019; vol. 100 (no. 3); p. 147-157

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: 31361101

Available at [American family physician](#) - from EBSCO (MEDLINE Complete)

Abstract:Chronic tendon injuries are common athletic and occupational injuries that account for many physician visits. Tendons have a complex biology that provides a unique combination of strength, flexibility, and elasticity but also predisposes them to injury. The term tendinopathy is preferred to tendinitis because of the presence of a disordered and degenerative healing process-not inflammation-in the pathologic tendon. Insidious onset of pain and dysfunction is a common presentation for most tendinopathies, and patients typically report that a change in activity affected the use of the tendon. Diagnosis is typically based on history and physical examination findings, but radiography is an acceptable initial imaging modality. Ultrasonography and magnetic resonance imaging may be useful when the diagnosis is unclear. The mainstays of treatment are activity modification, relative rest, pain control, and protection. Early initiation of rehabilitative exercises that emphasize eccentric loading is also beneficial. Despite a lack of high-quality evidence, cryotherapy has a role in controlling pain. Nonsteroidal anti-inflammatory drugs and corticosteroids have a role in treatment despite the lack of histologic evidence of inflammation. Short-term use of these drugs reduces pain and increases range of motion, which can assist patients in completing rehabilitative exercises. Care should be taken when injecting corticosteroids into and near major load-bearing tendons because of the risk of rupture. Topical nitroglycerin, extracorporeal shock wave therapy, and platelet-rich plasma injections have varying levels of evidence in certain tendinopathies and are additional nonsurgical treatment options.

Database: CINAHL

Safety and Feasibility of Early Mobilization in Patients with Subarachnoid Hemorrhage and External Ventricular Drain.

Author(s): Young, Bethany; Moyer, Megan; Pino, William; Kung, David; Zager, Eric; Kumar, Monisha A.

Source: Neurocritical Care; Aug 2019; vol. 31 (no. 1); p. 88-96

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: 30659467

Abstract:Background/objective: In November 2014, our Neurointensive Care Unit began a multi-phased progressive early mobilization initiative for patients with subarachnoid hemorrhage and an

external ventricular drain (EVD). Our goal was to transition from a culture of complete bed rest (Phase 0) to a physical and occupational therapy (PT/OT)-guided mobilization protocol (Phase I), and ultimately to a nurse-driven mobilization protocol (Phase II). We hypothesized that nurses could mobilize patients as safely as an exclusively PT/OT-guided approach. **Methods:** In Phase I, patients were mobilized only with PT/OT at bedside; no independent time out of bed occurred. In Phase II, nurses independently mobilized patients with EVDs, and patients could remain out of bed for up to 3 h at a time. Physical and occupational therapists continued routine consultation during Phase II. **Results:** Phase II patients were mobilized more frequently than Phase I patients [7.1 times per ICU stay (± 4.37) versus 3.0 times (± 1.33); $p = 0.02$], although not earlier [day 4.9 (± 3.46) versus day 6.0 (± 3.16); $p = 0.32$]. All Phase II patients were discharged to home PT services or acute rehabilitation centers. No patients were discharged to skilled nursing or long-term acute care hospitals, versus 12.5% in Phase I. In a multivariate analysis, odds of discharge to home/rehab were 3.83 for mobilized patients, independent of age and severity of illness. Other quality outcomes (length of stay, ventilator days, tracheostomy placement) between Phase I and Phase II patients were similar. No adverse events were attributable to early mobilization. **Conclusions:** Nurse-driven mobilization for patients with EVDs is safe, feasible, and leads to more frequent ambulation compared to a therapy-driven protocol. Nurse-driven mobilization may be associated with improved discharge disposition, although exact causation cannot be determined by these data.

Database: CINAHL

Gross motor skill performance in children with and without CHARGE syndrome: Research to practice.

Author(s): Haibach-Beach, Pamela; Perreault, Melanie; Foster, Elizabeth; Lieberman, Lauren

Source: Research in Developmental Disabilities; Aug 2019; vol. 91 ; p. 103423-103423

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: 31238243

Abstract:Background: CHARGE syndrome is a multifaceted syndrome of complex birth defects. The heterogeneous nature of children with CHARGE syndrome brings unique issues and challenges affecting the overall motor development of the child, often resulting in developmental delays including motor delays. **Aims:** The purpose of this research was to assess children with CHARGE Syndrome on locomotor and object control skills to better understand their motor development. This information is relevant to adapted physical education teachers, paraeducators, vision teachers, health care professionals (occupational therapists, physical therapists, and physicians) and parents and family members of children with CHARGE Syndrome. **Methods and Procedures:** Thirty-seven children with CHARGE syndrome and thirty peers without disabilities participated in the study. Each participant was assessed on two object control and three locomotor skills with modifications, if necessary. In addition, the age of onset of independent walking was recorded for each participant. **Outcome and Results:** Children with CHARGE syndrome performed significantly behind their same age peers in most gross motor skills with the biggest deficits found in the run and kick. Age of onset of walking was associated with performance in jumping, running, and throwing. **Conclusions and Implications:** Early intervention services should focus on gross motor skills such as throwing, kicking, as well as walking at an early age.

Database: CINAHL

Views of professionals about the educational needs of children with neurodevelopmental disorders.

Author(s): Van Herwegen, Jo; Ashworth, Maria; Palikara, Olympia

Source: Research in Developmental Disabilities; Aug 2019; vol. 91 ; p. 103422-103422

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: 31247387

Abstract:Background: Professionals play a key role in supporting children with special educational needs in schools. However, the views of those working with neurodevelopmental disorders are less known.Aims: This study examined the views of professionals (including teachers, teaching assistants, educational psychologists, speech and language therapists, physio and occupational therapists etc.) working with children with Williams Syndrome (WS), Down Syndrome (DS) or with Autism Spectrum Disorders (ASD) in terms of how informed professionals are about the disorder and their views about the type of support these children need to be receiving.Methods and Procedures: Professionals working with 77 children with ASD, 26 with DS and 38 with WS completed an online questionnaire.Outcomes and Results: Professionals in all three groups highlighted relevant areas of difficulty for these children, but they did not recognise some of the less phenotypical difficulties that children with a specific disorder may experience. In addition, there was a disconnect between the difficulties identified by the professionals and the type of specialist support that may be necessary.Conclusions and Implications: Although professionals have a lot of knowledge about the specific neurodevelopmental disorders, further evidence-based training would allow more effective support for children with neurodevelopmental disorders in the classroom but also equip professionals better and raise their confidence in meeting these children's needs.

Database: CINAHL

A pragmatic randomised controlled trial (RCT) and realist evaluation of the interdisciplinary home-based Reablement program (I-HARP) for improving functional independence of community dwelling older people with dementia: an effectiveness-implementation hybrid design.

Author(s): Jeon, Yun-Hee; Simpson, Judy M.; Low, Lee-Fay; Woods, Robert; Norman, Richard; Mowszowski, Loren; Clemson, Lindy; Naismith, Sharon L.; Brodaty, Henry; Hilmer, Sarah; Amberber, Amanda Miller; Gitlin, Laura N.; Szanton, Sarah

Source: BMC Geriatrics; Jul 2019; vol. 19 (no. 1)

Publication Date: Jul 2019

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Available at [BMC Geriatrics](#) - from EBSCO (MEDLINE Complete)

Available at [BMC Geriatrics](#) - from Unpaywall

Abstract:Background: A major gap exists internationally in providing support to maintain functional and social independence of older people with dementia living at home. This project evaluates a model of care that integrates evidence-based strategies into a person-centred interdisciplinary rehabilitation package: Interdisciplinary Home-based Reablement Program (I-HARP). Two central aims are: 1) to determine the effectiveness of I-HARP on functional independence, mobility, quality of life and depression among people with dementia, their home environmental safety, carer burden and quality of life, and I-HARP cost-effectiveness; and 2) to evaluate the processes, outcomes and influencing factors of the I-HARP implementation.Methods: I-HARP is a 4-month model of care, integrated in community aged care services and hospital-based community geriatric services, and

consists of: 1) 8-12 home visits, tailored to the individual client's needs, by an occupational therapist, registered nurse, and other allied health staff; 2) minor home modifications/assistive devices to the value of 60 years with mild to moderate dementia and his/her carer). During Phase I, I-HARP advisory group is established and training of I-HARP interventionists is completed, and the effectiveness of I-HARP is examined using a pragmatic RCT. Phase II, conducted concurrently with Phase I, focuses on the process evaluation of the I-HARP implementation using a realist approach. Semi-structured interviews with participants and focus groups with I-HARP interventionists and participating site managers will provide insights into the contexts, mechanisms and outcomes of I-HARP. Discussion: I-HARP is being evaluated within the real-world systems of hospital-based and community-based aged care services in Australia. Future directions and strategies for reablement approaches to care for community dwelling people living with dementia, will be developed. The study will provide evidence to inform key stakeholders in their decision making and the use/delivery of the program, as well as influence future systems-thinking and changes for dementia care. Trial Registration: Australian New Zealand Clinical Trial Registry ACTR N12618000600246 (approved 18/04/2018).

Database: CINAHL

How to improve eRehabilitation programs in stroke care? A focus group study to identify requirements of end-users.

Author(s): Wentink, Manon; van Bodegom-Vos, L.; Brouns, B.; Arwert, H.; Houdijk, S.; Kewalbansing, P.; Boyce, L.; Vliet Vlieland, T.; de Kloet, A.; Meesters, J.

Source: BMC Medical Informatics & Decision Making; Jul 2019; vol. 19 (no. 1)

Publication Date: Jul 2019

Publication Type(s): Academic Journal

PubMedID: 31349824

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Available at [BMC Medical Informatics & Decision Making](#) - from EBSCO (MEDLINE Complete)

Available at [BMC Medical Informatics & Decision Making](#) - from Unpaywall

Abstract:Background: A user-centered design approach for eHealth interventions improves their effectiveness in stroke rehabilitation. Nevertheless, insight into requirements of end-users (patients/informal caregivers and/or health professionals) for eRehabilitation is lacking. The aim of this study was to identify end-user requirements for a comprehensive eHealth program in stroke rehabilitation. Methods: Eight focus groups were conducted to identify user requirements; six with patients/informal caregivers and two with health professionals involved in stroke rehabilitation (rehabilitation physicians, physiotherapists, occupational therapists, psychologists, team coordinators, speech therapist). The focus groups were audiotaped and transcribed in full. Direct content analysis was used to identify the end-user requirements for stroke eHealth interventions concerning three categories: accessibility, usability and content. Results: In total, 45 requirements for the accessibility, usability and content of a stroke eRehabilitation program emerged from the focus groups. Most requirements concerned content (27 requirements), followed by usability (12 requirements) and accessibility (6 requirements). Patients/informal caregivers and health professionals each identified 37 requirements, respectively, with 29 of them overlapping. Conclusions: Requirements between stroke patients/informal caregivers and health professionals differed on several aspects. Therefore, involving the perspectives of all end users in the design process of stroke eRehabilitation programs is needed to achieve a user-centered design. Trial

Registration: The study was approved by the Medical Ethical Review Board of the Leiden University Medical Center [P15.281].

Database: CINAHL

Toward overcoming physical disability in spinal cord injury: a qualitative inquiry of the experiences of injured individuals and their families.

Author(s): Nikbakht-Nasrabadi, Alireza; Mohammadi, Nooredin; Yazdanshenas, Manijeh; Shabany, Maryam

Source: BMC Neurology; Jul 2019; vol. 19 (no. 1)

Publication Date: Jul 2019

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PubMedID: 31324152

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Available at [BMC Neurology](#) - from Europe PubMed Central - Open Access

Available at [BMC Neurology](#) - from EBSCO (MEDLINE Complete)

Available at [BMC Neurology](#) - from Unpaywall

Abstract:Background: Spinal cord injury (SCI) is a life-changing experience for the individuals with SCI and their families. This study aimed to investigate physical strategies used for overcoming physical disability in individuals with SCI.Methods: In this qualitative study, 17 SCI persons and 13 family caregivers were selected by a purposeful sampling. Settings of the study were Brain and SCI research (BASIR) center of Tehran University of Medical Sciences and Southern Social Welfare Center of Tehran and SCI Association of Tehran, Iran. Data were collected by face-to-face semi-structured interviews, which were continued until data saturation. The gathered data were concurrently analyzed by the content analysis method.Results: The data analysis revealed one main theme (towards overcoming physical disability) and three sub-themes: 1) physical rehabilitation by various methods; 2) tendency towards the use of alternative medical methods; and 3) making effort for self-reliance.Conclusion: The participants used physiotherapy and occupational therapy as an effective and essential approach offered by the healthcare team. Some individuals with SCI with help of their family had invented simple rehabilitation equipment for help to their physical rehabilitation. However, most participants had referred to different complimentary medicine specialists based on advice friends and relatives and they often had spent a lot of time and money ineffectively. Therefore, they need training and support of the healthcare team as well as social support to achieve physical independence and physical recovery. Further research is suggested to investigate the barriers to achieving physical empowerment in people with SCI in Iran.

Database: CINAHL

The "Beam-Me-In Strategy" - remote haptic therapist-patient interaction with two exoskeletons for stroke therapy.

Author(s): Baur, Kilian; Rohrbach, Nina; Hermsdörfer, Joachim; Riener, Robert; Klamroth-Marganska, Verena

Source: Journal of NeuroEngineering & Rehabilitation (JNER); Jul 2019; vol. 16 (no. 1)

Publication Date: Jul 2019

Publication Type(s): Academic Journal

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Abstract:Background: We present a robot-assisted telerehabilitation system that allows for haptic interaction between therapist and patient over distance. It consists of two arm therapy robots. Attached to one robot the therapists can feel on their own arm the limitations of the patient's arm which is attached to the other robot. Due to the exoskeleton structure of the robot, movements can be performed in the three-dimensional space.Methods: Fifteen physical and occupational therapists tested this strategy, named "Beam-Me-In", while using an exoskeleton robot connected to a second exoskeleton robot in the same room used by the study experimenter. Furthermore, the therapists assessed the level of impairment of recorded and simulated arm movements. They quantified four typical impairments of stroke patients: reduced range of motion (active and passive), resistance to passive movement, a lack of ability to fractionate a movement, and disturbed quality of movement.Results: On a Likert Scale (0 to 5 points) therapists rated the "Beam-Me-In" strategy as a very useful medium (mode: 4 points) to evaluate a patient's progress over time. The passive range of motion of the elbow joint was assessed with a mean absolute error of 4.9° (absolute precision error: 6.4°). The active range of motion of the elbow was assessed with a mean absolute error of 4.9° (absolute precision error: 6.5°). The resistance to passive movement (i.e. modified Tardieu Scale) and the lack of ability to fractionate a movement (i.e. quantification of pathological muscle synergies) was assessed with an inter-rater reliability of 0.930 and 0.948, respectively.Conclusions: The "Beam-Me-In" strategy is a promising approach to complement robot-assisted movement training. It can serve as a platform to assess and identify abnormal movement patterns in patients. This is the first application of remote three-dimensional haptic assessment applied to telerehabilitation. Furthermore, the "Beam-Me-In" strategy has a potential to overcome barriers for therapists regarding robot-assisted telerehabilitation.

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User evaluation of a novel SMS-based reminder system for supporting post-stroke rehabilitation.

Author(s): Fors, Uno; Kamwesiga, Julius T.; Eriksson, Gunilla M.; von Koch, Lena; Guidetti, Susanne

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Abstract:Background: According to WHO stroke is a growing societal challenge and the third leading cause of global disease-burden estimated using disability-adjusted life years. Rehabilitation after stroke is an area of mutual interest for health care in many countries. Within the health care sector there is a growing emphasis on ICT services to provide clients with easier access to information, self-evaluation, and self-management. ICT-supported care programs possible to use in clients' home environments are also recommended when there are long distances to the health care specialists. The aim of this study was to evaluate the technical usability of a SMS-based reminder system as well

as user opinions when using such a system to assist clients to remember to perform daily rehabilitation activities, to rate their performance and to allow Occupational therapists (OT's) to track and follow-up clients' results over time. Methods: Fifteen persons with stroke were invited to participate in the study and volunteered to receive daily SMS-based reminders regarding three activities to perform on a daily basis as well as answer daily SMS-based questions about their success rate during eight weeks. Clients, a number of family members, as well as OTs were interviewed to evaluate their opinions of using the reminder system. Results: All clients were positive to the reminder system and felt that it helped them to regain their abilities. Their OTs agreed that the reminder and follow-up system was of benefit in the rehabilitation process. However, some technical and other issues were limiting the use of the system for some clients. The issues were mostly linked to the fact that the SMS system was based on a Swedish phone number, so that all messages needed to be sent internationally. Conclusion: In conclusion, it seems that this type of SMS-based reminder systems could be of good use in the rehabilitation process after stroke, even in low income countries where few clients have access to Internet or smart phones, and where access to healthcare services is limited. However, since the results are based on clients', OTs' and family members' expressed beliefs, we suggest that future research objectively investigate the intervention's beneficial effects on the clients' physical and cognitive health.

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Combination of Exoskeletal Upper Limb Robot and Occupational Therapy Improve Activities of Daily Living Function in Acute Stroke Patients.

Author(s): Iwamoto, Yuji; Imura, Takeshi; Suzukawa, Takahiro; Fukuyama, Hiroki; Ishii, Takayuki; Taki, Shingo; Imada, Naoki; Shibukawa, Masaaki; Inagawa, Tetsuji; Araki, Hayato; Araki, Osamu

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Abstract: Purpose: Previous studies have suggested that upper limb rehabilitation using therapeutic robots improves motor function of stroke patients. However, the effect of upper limb robotic rehabilitation on improving functioning in activities of daily living (ADL) remains unclear. The present study aimed to determine whether upper limb rehabilitation using single joint Hybrid Assistive Limb (HAL-SJ) affects ADL function and the use of a hemiparetic arm in ADLs of acute stroke patients. Materials and Methods: Twelve acute stroke patients participated in the study and were randomly divided into group A or group B. The patients in group A followed an A-B-A-B design and those in group B followed a B-A-B-A design. The patients received combination HAL-SJ and occupational therapy during A and conventional occupational therapy during B. Results: Upper limb motor function and ADLs, in particular, dressing the upper body, were improved during combination HAL-SJ and occupational therapy. Interestingly, the use of a hemiparetic arm in daily life evaluated using the motor activity log was also significantly improved during A in group A. Conclusions: Combination HAL-SJ and occupational therapy affects ADL function and real use of a hemiparetic arm in the daily life of acute stroke patients.

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