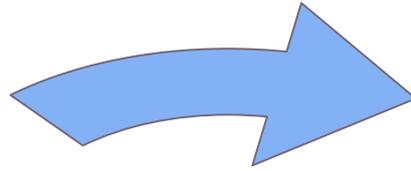
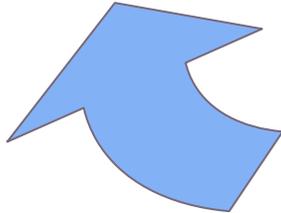


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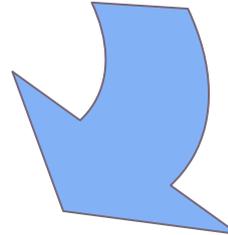
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OCCUPATIONAL THERAPY UPDATE 7: WINTER 2017



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Articles

1. Therapy access among children with autism spectrum disorder, cerebral palsy, and attention-deficit-hyperactivity disorder: a population-based study.

Author(s): Benevides, Teal W; Carretta, Henry J; Ivey, Carole K; Lane, Shelly J

Source: Developmental Medicine & Child Neurology; Dec 2017; vol. 59 (no. 12); p. 1291-1298

Publication Date: Dec 2017

Publication Type(s): Academic Journal

PubMedID: 28940224

Available at [Developmental Medicine and Child Neurology](#) - from Wiley Online Library All Journals

Abstract:Aim: This study examined cross-sectional population-based rates in reported need and unmet need for occupational, physical, and speech therapy services in children with autism spectrum disorder (ASD) compared with children with attention-deficit-hyperactivity disorder (ADHD) and cerebral palsy (CP).Method: The 2005-2006 and 2009-2010 (USA) National Survey of Children with Special Health Care data sets were used to compare therapy need and unmet need among children younger than 18 years with ASD (n=5178), ADHD (n=20 566), and CP (n=1183). Bivariate approaches and multivariate logistic regression using imputed data were used to identify associations between child and family characteristics, and access to therapy services.Results: After adjusting for other variables, children with ASD had a significantly greater likelihood of having an unmet therapy need compared with children with ADHD (odds ratio [OR] 1.66, 95% confidence interval [CI] 1.36-2.03), but a similar unmet need as children with CP (OR 1.30, 95% CI 0.97-1.74). Factors associated with unmet need included survey year, younger child age, no health insurance, and increased functional and behavioral difficulties.Interpretation: Children in our sample had greater unmet therapy needs in 2009 than in 2005. Caregiver-reported reasons for unmet need included cost and school resources. Research examining future trends in therapy access are warranted for children with ASD and CP.What This Paper Adds: Children with complex diagnoses of autism spectrum disorder and cerebral palsy had reported unmet need for therapy services. High costs of therapy were the primary reported reason contributing to reduced access among children.

Database: CINAHL

2. Social participation of people with cognitive problems and their caregivers: a feasibility evaluation of the Social Fitness Programme.

Author(s): Donkers, H. W.; Veen, D. J.; Vernooij-Dassen, M. J.; Nijhuis-van der Sanden, M. W. G.; Graff, M. J. L.; van der Veen, D J

Source: International Journal of Geriatric Psychiatry; Dec 2017; vol. 32 (no. 12)

Publication Date: Dec 2017

Publication Type(s): Academic Journal

PubMedID: 28168863

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

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract:Objective: We developed a tailor-made intervention aimed at improving social participation of people with cognitive problems and their caregivers. This programme consists of an integration of healthcare and welfare interventions: occupational therapy, physiotherapy and guidance by a

welfare professional. This article describes the feasibility evaluation of this Social Fitness Programme. Methods: Feasibility in terms of acceptability, demand, implementation, practicability and limited efficacy was evaluated based on experiences from professionals (programme deliverers), people with cognitive problems and their caregivers (programme recipients). We used qualitative research methods (focus group discussions, interviews, collection of treatment records) and applied thematic analyses. Results: The intervention was feasible according to stakeholders, and limited efficacy showed promising results. However, we found feasibility barriers. First, an acceptability barrier: discussing declined social participation was difficult, hindering recruitment. Second, a demand barrier: some people with cognitive problems lacked motivation to improve declined social participation, sometimes in contrast to their caregivers' wishes. Third, implementation and practicability barriers: shared decision-making, focusing the intervention and interdisciplinary collaboration between healthcare and welfare professionals were suboptimal during implementation. Discussion: Although this intervention builds upon scientific evidence, expert opinions and stakeholder needs, implementation was challenging. Healthcare and welfare professionals need to overcome obstacles in their collaboration and focus on integrated intervention delivery. Also, they need to find ways to (empower caregivers to) motivate people with cognitive problems to participate socially. After modifying the intervention and additional training of professionals, a consecutive pilot study to assess feasibility of the research design and outcome measures is justified. Copyright © 2017 John Wiley & Sons, Ltd.

Database: CINAHL

3. A Pilot Trial of a Lifestyle Intervention for Stroke Survivors: Design of Healthy Eating and Lifestyle after Stroke (HEALS).

Author(s): Hill, Valerie A.; Vickrey, Barbara G.; Cheng, Eric M.; Valle, Natalie P.; Ayala-Rivera, Monica; Moreno, Lilian; Munoz, Cynthia; Dombish, Heidi; Espinosa, Annaliese; Wang, Debbie; Ochoa, Dina; Chu, Allison; Heymann, Rebecca; Towfighi, Amytis

Source: Journal of Stroke & Cerebrovascular Diseases; Dec 2017; vol. 26 (no. 12); p. 2806-2813

Publication Date: Dec 2017

Publication Type(s): Academic Journal

PubMedID: 28823491

Abstract:Background: Stroke survivors have high rates of subsequent cardiovascular and recurrent cerebrovascular events, and mortality. While healthy lifestyle practices - including a diet rich in fruits and vegetables, limited alcohol intake, and regular physical activity - can mitigate these outcomes, few stroke survivors adhere to them. Minorities from socioeconomically disadvantaged communities who obtain care in safety-net health systems experience the most barriers to implementing healthy lifestyle changes after stroke. Purpose: To report the design of Healthy Eating and Lifestyle After Stroke (HEALS), a randomized controlled trial (RCT) was designed to test the feasibility of using a manualized, lifestyle management intervention in a safety-net setting to improve lifestyle practices among ethnically diverse individuals with stroke or transient ischemic attack (TIA). Methods: Design: Pilot RCT. Participants: Inclusion criteria: 1) Adults (≥ 40 years) with ischemic stroke or TIA (≥ 90 days prior); 2) English- or Spanish-speaking. Setting: Outpatient clinic, safety-net setting. Intervention: Weekly two-hour small group sessions led by an occupational therapist for six weeks. The sessions focused on implementing nutrition, physical activity, and self-management strategies tailored to each participant's goals. Main Outcome Measures: Body mass index, diet, and physical activity. Conclusions: Recruitment for this study is complete. If the HEALS intervention study is feasible and effective, it will serve as a platform for a large-scale RCT that will investigate the efficacy and cost-effectiveness of life management interventions for racially and ethnically diverse, low-income individuals with a history of stroke or TIA who seek healthcare in the safety-net system.

Database: CINAHL

4. Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates.

Author(s): Rogers, Andrew T.; Bai, Ge; Lavin, Robert A.; Anderson, Gerard F.

Source: Medical Care Research & Review; Dec 2017; vol. 74 (no. 6); p. 668-686

Publication Date: Dec 2017

Publication Type(s): Academic Journal

PubMedID: 27589987

Abstract:Hospital executives are under continual pressure to control spending and improve quality. While prior studies have focused on the relationship between overall hospital spending and quality, the relationship between spending on specific services and quality has received minimal attention. The literature thus provides executives limited guidance regarding how they should allocate scarce resources. Using Medicare claims and cost report data, we examined the association between hospital spending for specific services and 30-day readmission rates for heart failure, pneumonia, and acute myocardial infarction. We found that occupational therapy is the only spending category where additional spending has a statistically significant association with lower readmission rates for all three medical conditions. One possible explanation is that occupational therapy places a unique and immediate focus on patients' functional and social needs, which can be important drivers of readmission if left unaddressed.

Database: CINAHL

5. No Racial Difference in Rehabilitation Therapy Across All Post-Acute Care Settings in the Year Following a Stroke.

Author(s): Skolarus, Lesli E.; Chunyang Feng; Burke, James F.; Feng, Chunyang

Source: Stroke (00392499); Dec 2017; vol. 48 (no. 12); p. 3329-3335

Publication Date: Dec 2017

Publication Type(s): Academic Journal

PubMedID: 29089456

Available at [Stroke; a journal of cerebral circulation](#) - from Ovid (Journals @ Ovid)

Abstract:Background and Purpose: Black stroke survivors experience greater poststroke disability than whites. Differences in post-acute rehabilitation may contribute to this disparity. Therefore, we estimated racial differences in rehabilitation therapy utilization, intensity, and the number of post-acute care settings in the first year after a stroke.Methods: We used national Medicare data to study 186 168 elderly black and white patients hospitalized with a primary diagnosis of stroke in 2011. We tabulated the proportion of stroke survivors receiving physical, occupational, and speech and language therapy in each post-acute care setting (inpatient rehabilitation facility, skilled nursing facility, and home health agency), minutes of therapy, and number of transitions between settings. We then used generalized linear models to determine whether racial differences in minutes of physical therapy were influenced by demographics, comorbidities, thrombolysis, and markers of stroke severity.Results: Black stroke patients were more likely to receive each type of therapy than white stroke patients. Compared with white stroke patients, black stroke patients received more minutes of physical therapy (897.8 versus 743.4; $P<0.01$), occupational therapy (752.7 versus 648.9; $P<0.01$), and speech and language therapy (865.7 versus 658.1; $P<0.01$). There were no clinically significant differences in physical therapy minutes after adjustment. Blacks had more transitions

(median, 3; interquartile range, 1-5) than whites (median, 2; interquartile range, 1-5; $P < 0.01$). Conclusions: There are no clinically significant racial differences in rehabilitation therapy utilization or intensity after accounting for patient characteristics. It is unlikely that differences in rehabilitation utilization or intensity are important contributors to racial disparities in poststroke disability.

Database: CINAHL

6. Efficacy of constraint-induced movement therapy compared with bimanual intensive training in children with unilateral cerebral palsy: a systematic review.

Author(s): Tervahauta, M. H.; Girolami, G. L.; Øberg, G. K.

Source: Clinical Rehabilitation; Nov 2017; vol. 31 (no. 11); p. 1445-1456

Publication Date: Nov 2017

Publication Type(s): Academic Journal

Available at [Clinical Rehabilitation](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Objective: To systematically review the evidence on the effect of constraint-induced movement therapy compared with bimanual intensive training in children with unilateral cerebral palsy. Data sources: Seven electronic databases (Cinahl, Cochrane Library, EMBASE, Ovid MEDLINE, PEDro, PsycINFO, PubMed) were searched from database inception through December 2016. Methods: A systematic review was performed using the American Academy of Cerebral Palsy and Developmental Medicine and Preferred Reporting Items for Systematic Review and Meta-Analysis guidelines. Standardised mean differences (effect sizes) were calculated for each study and outcome. Results: Nine studies met the eligibility criteria. All studies provided level II evidence. Methodological quality was high in two studies, moderate in four studies and low in three studies. The methodology, participant and intervention characteristics were heterogeneous. The participant's ages ranged from 1.5 to 16 years. Their initial hand function ranged from Manual Ability Classification System Level I to Level III. The total intervention dose ranged from 24 to 210 hours and duration from one week to ten weeks. The studies measured outcomes assessing unimanual and bimanual hand and arm function, participation and attainment of individualised goals. Overall, the effect sizes did not favour one of the interventions at short- or long-term follow-up. The 95% confidence intervals were broad, indicating inaccurate precision of the effect sizes. Pooling of the data for a meta-analysis was judged to be of little clinical value owing to heterogeneity. Conclusion: It is not possible to conclude whether constraint-induced movement therapy or bimanual intensive training is more effective than the other in children with unilateral cerebral palsy.

Database: CINAHL

7. HIV Prevention and Treatment: The Evolving Role of the Emergency Department.

Author(s): Stanley, Kristi; Lora, Meredith; Merjavy, Stephen; Chang, Jennifer; Arora, Sanjay; Menchine, Michael; Jacobson, Kathleen R.

Source: Annals of Emergency Medicine; Oct 2017; vol. 70 (no. 4); p. 562-562

Publication Date: Oct 2017

Publication Type(s): Academic Journal

PubMedID: 28347557

Abstract: Historically, the role of the emergency physician in HIV care has been constrained to treating sick patients with opportunistic infections and postexposure prophylaxis for occupational exposures. However, advances in HIV care have led to medications that have substantially fewer

issues with toxicity and resistance, opening up an exciting new opportunity for emergency physicians to participate in treating the HIV virus itself. With this new role, it is crucial that emergency physicians be familiar with the advances in testing and medications for HIV prevention and treatment. To our knowledge, to date there has not yet been an article addressing this expansion of practice. We have compiled a summary of what the emergency physician needs to know, including misconceptions associated with antiretroviral therapy, medication complexity, toxicity, resistance, and usability. Additionally, we review potential indications for prescribing these drugs in the emergency department, including the role of the emergency physician in postexposure prophylaxis, preexposure prophylaxis, and treatment of acute HIV, as well as how emergency physicians can engage with chronic HIV infection.

Database: CINAHL

8. Fidget spinners: Purported benefits, adverse effects and accepted alternatives.

Author(s): Schechter, Rachel A.; Shah, Jay; Fruitman, Kate; Milanaik, Ruth Lynn

Source: Current Opinion in Pediatrics; Oct 2017; vol. 29 (no. 5); p. 616-618

Publication Date: Oct 2017

Publication Type(s): Academic Journal

PubMedID: 28692449

Abstract: Purpose Of Review: In the span of a few months, fidget spinners have caught the eyes of millions of children, parents, educators and paediatricians. Fidget spinners, hand-held toys designed to spin freely in your grasp, have become a source of entertainment for consumers of all ages. Despite a lack of scientific evidence, toy marketers have advertised the benefits of fidget spinners for children with attention-deficit/hyperactivity disorder and other disorders (e.g. autism, anxiety, sensory issues). Parents are incentivized by these purported benefits to purchase fidget spinners to improve their child's concentration and decrease stress. Recent Findings: While fidget spinners are a new phenomenon, existing therapy toys (e.g. sensory putty) have been used by occupational therapists for similar reasons, with comparably little research supporting these claims. The purpose of this review is to explore literature regarding sensory toys and examine educator/professional-reported concerns and medical adverse effects of using fidget spinners. Summary: Due to a recent surge in popularity, fidget spinners and other self-regulatory occupational therapy toys have yet to be subjected to rigorous scientific research. Thus, their alleged benefits remain scientifically unfounded. Paediatricians should be aware of potential choking hazards with this new fad, and inform parents that peer-reviewed studies do not support the beneficial claims.

Database: CINAHL

9. Educational and rehabilitation service utilization in adolescents born preterm or with a congenital heart defect and at high risk for disability.

Author(s): Majnemer, Annette; Dahan-Oliel, Noemi; Rohlicek, Charles; Hatzigeorgiou, Sean; Mazer, Barbara; Maltais, Desiree B; Schmitz, Norbert

Source: Developmental Medicine & Child Neurology; Oct 2017; vol. 59 (no. 10); p. 1056-1063

Publication Date: Oct 2017

Publication Type(s): Academic Journal

PubMedID: 28815583

Available at [Developmental Medicine and Child Neurology](#) - from Wiley Online Library All Journals

Abstract: Aim: This historical cohort study describes the use of educational and rehabilitation services in adolescents born preterm or with a congenital heart defect (CHD). Method: Parents of 76 young people (mean age 15y 8mo [SD 1y 8mo]) with CHD and 125 born \leq 29 weeks gestational age (mean age 16y [SD 2y 5mo]) completed a demographics questionnaire including educational and rehabilitation resource utilization within the previous 6 months. Rehabilitation services included occupational therapy, physical therapy, speech language pathology, psychology. Developmental (Leiter Brief IQ, Movement-ABC, Strengths and Difficulties Questionnaire) and functional (Vineland) status of the young people was assessed. Pearson χ^2 tests were used to perform simple pairwise comparisons of categorical outcomes across the two groups (CHD, preterm). Univariate logistic regression was used to examine predictors of service utilization. Results: Developmental profiles of the two groups (CHD/preterm) were similar (29.9%/30% IQ $<$ 80; 43.5%/50.0% motor difficulties; 23.7%/22.9% behavior problems). One-third received educational supports or attended segregated schools. Only 16% (preterm) and 26.7% (CHD) were receiving rehabilitation services. Services were provided predominantly in the school setting, typically weekly. Few received occupational therapy or physical therapy (1.3-7.6%) despite functional limitations. Leiter Brief IQ $<$ 70 was associated with receiving educational supports (CHD: OR 5.53, 95% CI 1.29-23.68; preterm: OR 14.63, 3.10-69.08) and rehabilitation services (CHD: OR 4.46, 1.06-18.88; preterm: OR 5.11, 1.41-18.49). Young people with motor deficits were more likely to require educational (CHD: OR 5.72, 1.99-16.42; preterm: OR 3.11, 1.43-6.77) and rehabilitation services (preterm: OR 3.97, 1.21-13.03). Interpretation: Although young people with impairments were more likely to receive educational and rehabilitation services, many may not be adequately supported, particularly by rehabilitation specialists. Rehabilitation services at this important transition phase could be beneficial in optimizing adaptive functioning in the home, school, and community.

Database: CINAHL

10. Multidisciplinary Team Treatment Approaches to Chronic Daily Headaches.

Author(s): Sahai-Srivastava, Soma; Sigman, Erica; Uyeshiro Simon, Ashley; Cleary, Lyssa; Ginoza, Lori

Source: Headache: The Journal of Head & Face Pain; Oct 2017; vol. 57 (no. 9); p. 1482-1491

Publication Date: Oct 2017

Publication Type(s): Academic Journal

Available at [Headache](#) - from Wiley Online Library All Journals

Available at [Headache](#) - from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract: Objective In this review, we focus on nonmedication treatment approaches to chronic daily headaches and chronic migraine. We review the current scientific data on studies using multimodal treatments, especially physical therapy and occupational therapy, and provide recommendations on the formation of interdisciplinary headache teams. Background Chronic daily headache, which includes chronic migraine, is a particularly challenging clinical entity which often involves multiple headache types and comorbidities. A team approach in treating these patients may be particularly useful. Design/Methods We review all current studies performed with at least one or more other modality in addition to usual medical treatment, with a focus on physical and occupational therapy. Emphasis on physical and occupational therapy with an explanation of their methods and role in multidisciplinary treatment is a pivotal part of this review. We also suggest approaches to setting up a multimodality clinic for the busy headache clinician. Conclusion Setting up a collaborative, multidisciplinary team of specialists in headache practices with the goal of modifying physical, environmental, and psychological triggers for chronic daily headaches may facilitate treatment of these refractory patients.

Database: CINAHL

11. A review of the nutritional challenges experienced by people living with severe mental illness: a role for dietitians in addressing physical health gaps.

Author(s): Teasdale, S. B.; Samaras, K.; Wade, T.; Jarman, R.; Ward, P. B.

Source: Journal of Human Nutrition & Dietetics; Oct 2017; vol. 30 (no. 5); p. 545-553

Publication Date: Oct 2017

Publication Type(s): Academic Journal

Available at [Journal of Human Nutrition and Dietetics](#) - from Wiley Online Library All Journals

Available at [Journal of Human Nutrition and Dietetics](#) - from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract: People experiencing a severe mental illness (SMI), such as schizophrenia, schizoaffective disorder, bipolar affective disorder or depression with psychotic features, have a 20-year mortality gap compared to the general population. This 'scandal of premature mortality' is primarily driven by preventable cardiometabolic disease, and recent research suggests that the mortality gap is widening. Multidisciplinary mental health teams often include psychiatrists, clinical psychologists, specialist mental health nurses, social workers and occupational therapists, offering a range of pharmacological and nonpharmacological treatments to enhance the recovery of clients who have experienced, or are experiencing a SMI. Until recently, lifestyle and life skills interventions targeting the poor physical health experienced by people living with SMI have not been offered in most routine clinical settings. Furthermore, there are calls to include dietary intervention as mainstream in psychiatry to enhance mental health recovery. With the integration of dietitians being a relatively new approach, it is important to review and assess the literature to inform practice. This review assesses the dietary challenges experienced by people with a SMI and discusses potential strategies for improving mental and physical health.

Database: CINAHL

12. Animal-Assisted Therapies and Dementia: A Systematic Mapping Review Using the Lived Environment Life Quality (LELQ) Model.

Author(s): Wood, Wendy; Fields, Beth; Rose, Michelle; McLure, Merinda

Source: American Journal of Occupational Therapy; Sep 2017; vol. 71 (no. 5); p. 1-10

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Available at [The American Journal of Occupational Therapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: OBJECTIVE. The authors mapped the literature on animal-assisted therapies (AATs) and institutionalized adults with dementia onto the Lived Environment Life Quality (LELQ) Model as a guide for future services and research. METHOD. Refereed literature addressing AATs and institutionalized people with dementia was comprehensively gathered, described, categorized, and synthesized in this systematic mapping review. RESULTS. From 1,342 screened records, the authors included 10 research articles that incorporated dogs in therapy for institutionalized adults with dementia. These canine-assisted therapies offered occupational opportunities and environmental supports conducive to experiences of relative well-being, occupational engagement, and optimal functioning. CONCLUSION. The findings offer proof of the concept that canine-assisted therapies are feasible and can elicit positive quality-of-life experiences in institutionalized people with dementia. Researchers and practitioners need to elucidate the theoretical foundations of AATs. The LELQ

Model may serve as a guide for client-centered, occupation-focused, and ecologically valid approaches to animal-assisted occupational therapy.

Database: CINAHL

13. Clinical Effectiveness of Occupational Therapy in Mental Health: A Meta-Analysis.

Author(s): Ikiugu, Moses N.; Nissen, Ranelle M.; Bellar, Cali; Maassen, Alexya; Van Peurse, Katlin

Source: American Journal of Occupational Therapy; Sep 2017; vol. 71 (no. 5); p. 1-9

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Available at [The American Journal of Occupational Therapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:OBJECTIVE. The purpose of this study was to estimate the effectiveness of theory-based occupational therapy interventions in improving occupational performance and well-being among people with a mental health diagnosis. METHOD. The meta-analysis included 11 randomized controlled trials with a total of 520 adult participants with a mental health diagnosis. Outcomes were occupational performance, well-being, or both. We conducted meta-analyses using Comprehensive Meta-Analysis software (Version 3.0) with occupational performance and well-being as the dependent variables. RESULTS. Results indicated a medium effect of intervention on improving occupational performance (mean Hedge's g 5 0.50, Z 5 4.05, $p < .001$) and a small effect on well-being (mean Hedge's g 5 0.46, Z 5 4.96, $p < .001$). CONCLUSION. Theory-based occupational therapy interventions may be effective in improving occupational performance and well-being among people with a mental health diagnosis and should be an integral part of rehabilitation services in mental health.

Database: CINAHL

14. Effectiveness of Environment-Based Interventions That Address Behavior, Perception, and Falls in People With Alzheimer's Disease and Related Major Neurocognitive Disorders: A Systematic Review.

Author(s): Jensen, Lou; Padilla, Ren'e

Source: American Journal of Occupational Therapy; Sep 2017; vol. 71 (no. 5); p. 1-10

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Available at [The American Journal of Occupational Therapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:OBJECTIVE. This systematic review evaluated the effectiveness of environment-based interventions that address behavior, perception, and falls in the home and other settings for people with Alzheimer's disease (AD) and related major neurocognitive disorders (NCDs). METHOD. Database searches were limited to outcomes studies published in English in peer-reviewed journals between January 2006 and April 2014. RESULTS. A total of 1,854 articles were initially identified, of which 42 met inclusion criteria. CONCLUSION. Strong evidence indicates that person-centered approaches can improve behavior. Moderate evidence supports noise regulation, environmental design, unobtrusive visual barriers, and environmental relocation strategies to reduce problematic behaviors. Evidence is insufficient for the effectiveness of mealtime ambient music, bright light, proprioceptive input, wander gardens, optical strategies, and sensory devices in improving behavior or reducing wandering and falls. Although evidence supports many environment-based

interventions used by occupational therapy practitioners to address behavior, perception, and falls in people with AD and related major NCDs, more studies are needed.

Database: CINAHL

15. Systematic Review of Occupational Therapy in the Treatment of Addiction: Models, Practice, and Qualitative and Quantitative Research.

Author(s): Rojo-Mota, Gloria; Pedrero-Pérez, Eduardo J.; Huertas-Hoyas, Elisabet

Source: American Journal of Occupational Therapy; Sep 2017; vol. 71 (no. 5); p. 1-11

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Available at [The American Journal of Occupational Therapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:OBJECTIVE. The authors conducted a systematic review of theoretical models, professional practice, and research findings to understand occupational therapy's role in the treatment of addiction. METHOD. PubMed, Academic Search Premier, CINAHL, ERIC, OTseeker, and Google Scholar were searched to identify scientific journal articles, book chapters, or any other similar literature published from 1970 through July 2015 that addressed theoretical approaches, intervention models, and professional roles or were qualitative or quantitative studies in which occupational therapy had a central role. RESULTS. The literature search yielded 16 theoretical and professional role studies, 8 qualitative studies, and 14 quantitative studies. All studies had low levels of evidence, and all were case series, sometimes with very small samples. CONCLUSION. Although occupational therapy has been involved in the treatment of people with substance addiction and, more recently, with behavioral addictions for more than half a century, the research that has been published is poor.

Database: CINAHL

16. Jewelry Ring-Associated Electrothermal Burn Injuries: A Nine-Patient Case Series.

Author(s): Mushin, Oren P.; Bogue, Jarrod T.; Pencek, Megan E.; Bell, Derek E.

Source: Journal of Burn Care & Research; Sep 2017; vol. 38 (no. 5)

Publication Date: Sep 2017

Publication Type(s): Academic Journal

PubMedID: 28099239

Abstract:Ring-associated burns are infrequent, comprising only a small fraction of burn consults and admissions. However, because of the location of these burns and the propensity for circumferential wounds, small burn size may belie the severity of resultant injuries. Herein, the authors present their experience with this potentially severe type of burn. Records from a regional burn center were retrospectively analyzed during a 36-month period. All patients who sustained ring burns were included. Data points included demographics, burn location, need for surgical intervention, grafted area, hospital days (length of stay), percent graft take, complications, and time to re-epithelialization. Nine patients sustained ring-associated burns during the study period, accounting for 1.4% of all patients with burns seen during the same period. Average age was 41 years (range: 29-52 years). Seven (77%) ring-associated burns involved contact with a battery. All injuries were circumferential. Average burn TBSA was 0.07%. Two patients (22%) had third-degree injuries, both of which received split-thickness skin grafts. Grafted area was 4 and 5 cm, respectively. Average length of stay was 2.8 days. Mean graft take was 99.5 ± 1.5%. Average time to complete re-

epithelialization was 12 days. One patient suffered temporary disability. No patients suffered from compartment syndrome. Ring-associated burns are an uncommon source of injury in the burn population. Despite small burn TBSA, these patients are more likely to require split-thickness skin grafts and suffer dysfunction compared with similarly-sized burns in other body regions. Expedient treatment and coordination with occupational therapy should be undertaken to achieve optimal outcomes.

Database: CINAHL

17. Cardiovascular Responses Associated with the Moving Beans Task: Influence of Psychological Characteristics.

Author(s): Iokawa, Kazuaki; Munakata, Masanori; Hattori, Tomomi; Saiki, Shuko; Sone, Toshimasa; Kohzuki, Masahiro

Source: Journal of Stroke & Cerebrovascular Diseases; Sep 2017; vol. 26 (no. 9); p. 2013-2018

Publication Date: Sep 2017

Publication Type(s): Academic Journal

PubMedID: 28666804

Abstract:Background and Objective: High blood pressure (BP) after stroke is associated with a poor outcome. However, exercise training or speech therapy for patients with stroke can raise the BP. The aim of this study was to examine cardiovascular responses during the moving beans task (MBT) used in occupational therapy and to study the influence of psychological characteristics on cardiovascular responses during this task in healthy subjects. Materials and Methods: In 34 healthy volunteers, the BP and the heart rate (HR) were continuously measured during the baseline period, the 5-minute MBT, and the 1-minute cold pressor test (CPT). All subjects completed self-reported questionnaires, including the Center for Epidemiologic Studies Depression Scale (CES-D), the State Trait Anxiety Inventory Y-2, and the Japanese version of the 20-item Toronto Alexithymia Scale (TAS-20). Results: The systolic blood pressure (SBP), the diastolic blood pressure (DBP), and the mean blood pressure (MBP) significantly increased during the MBT and the CPT compared with the baseline values. SBP, DBP, and MBP responses during the MBT significantly correlated with the TAS-20 scores. Moreover, DBP response during the MBT correlated with the CES-D scores. Conclusions: The MBT significantly raised BP without increasing the HR. BP responses during this task were influenced by the psychological characteristics of depression and alexithymia.

Database: CINAHL

18. A Systematic Review of the Economic Evidence for Home Support Interventions in Dementia.

Author(s): Clarkson, Paul; Davies, Linda; Jasper, Rowan; Loynes, Niklas; Challis, David

Source: Value in Health; Sep 2017; vol. 20 (no. 8); p. 1198-1209

Publication Date: Sep 2017

Publication Type(s): Academic Journal

PubMedID: 28964453

Abstract:Background: Recent evidence signals the need for effective forms of home support to people with dementia and their carers. The cost-effectiveness evidence of different approaches to support is scant. Objectives: To appraise economic evidence on the cost-effectiveness of home support interventions for dementia to inform future evaluation. Methods: A systematic literature review of full and partial economic evaluations was performed using the British National Health Service Economic Evaluation Database supplemented by additional references. Study characteristics

and findings, including incremental cost-effectiveness ratios, when available, were summarized narratively. Study quality was appraised using the National Health Service Economic Evaluation Database critical appraisal criteria and independent ratings, agreed by two reviewers. Studies were located on a permutation matrix describing their mix of incremental costs/effects to aid decision making. Results: Of the 151 articles retrieved, 14 studies met the inclusion criteria: 8 concerning support to people with dementia and 6 to carers. Five studies were incremental cost-utility analyses, seven were cost-effectiveness analyses, and two were cost consequences analyses. Five studies expressed incremental cost-effectiveness ratios as cost per quality-adjusted life-year (£6,696-£207,942 per quality-adjusted life-year). In four studies, interventions were dominant over usual care. Two interventions were more costly but more beneficial and were favorable against current acceptability thresholds. Conclusions: Occupational therapy, home-based exercise, and a carers' coping intervention emerged as cost-effective approaches for which there was better evidence. These interventions used environmental modifications, behavior management, physical activity, and emotional support as active components. More robust evidence is needed to judge the value of these and other interventions across the dementia care pathway.

Database: CINAHL

19. Simulation in Occupational Therapy Curricula: A literature review.

Author(s): Bennett, Sally; Rodger, Sylvia; Fitzgerald, Cate; Gibson, Libby

Source: Australian Occupational Therapy Journal; Aug 2017; vol. 64 (no. 4); p. 314-327

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Available at [Australian Occupational Therapy Journal](#) - from Wiley Online Library All Journals

Available at [Australian Occupational Therapy Journal](#) - from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract: Background/aim Simulated learning experiences are increasingly being used in health-care education to enhance student engagement and provide experiences that reflect clinical practice; however, simulation has not been widely investigated in occupational therapy curricula. The aim of this paper was to: (i) describe the existing research about the use and evaluation of simulation over the last three decades in occupational therapy curricula and (ii) consider how simulation has been used to develop competence in students. Methods A literature review was undertaken with searches of MEDLINE, CINAHL and ERIC to locate articles that described or evaluated the use of simulation in occupational therapy curricula. Results/findings Fifty-seven papers were identified. Occupational therapy educators have used the full scope of simulation modalities, including written case studies (22), standardised patients (13), video case studies (15), computer-based and virtual reality cases (7), role-play (8) and mannequins and part-task trainers (4). Ten studies used combinations of these modalities and two papers compared modalities. Most papers described the use of simulation for foundational courses, as for preparation for fieldwork, and to address competencies necessary for newly graduating therapists. The majority of studies were descriptive, used pre-post design, or were student's perceptions of the value of simulation. Conclusion Simulation-based education has been used for a wide range of purposes in occupational therapy curricula and appears to be well received. Randomised controlled trials are needed to more accurately understand the effects of simulation not just for occupational therapy students but for longer term outcomes in clinical practice.

Database: CINAHL

20. Revision of the Competency Standards for Occupational Therapy Driver Assessors: An overview of the evidence for the inclusion of cognitive and perceptual assessments within fitness-to-drive evaluations.

Author(s): Fields, Sally M.; Unsworth, Carolyn A.

Source: Australian Occupational Therapy Journal; Aug 2017; vol. 64 (no. 4); p. 328-339

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Available at [Australian Occupational Therapy Journal](#) - from Wiley Online Library All Journals

Available at [Australian Occupational Therapy Journal](#) - from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract:Background/aim Determination of fitness-to-drive after illness or injury is a complex process typically requiring a comprehensive driving assessment, including off-road and on-road assessment components. The competency standards for occupational therapy driver assessors (Victoria, Australia) define the requirements for performance of a comprehensive driving assessment, and we are currently revising these. Assessment of cognitive and perceptual skills forms an important part of the off-road assessment. The aim of this systematic review of systematic reviews (known as an overview) is to identify what evidence exists for including assessment of cognitive and perceptual skills within fitness-to-drive evaluations to inform revision of the competency standards. Methods Five electronic databases (MEDLINE, CINAHL, PsycINFO, The Cochrane Library, OT Seeker) were systematically searched. Systematic review articles were appraised by two authors for eligibility. Methodological quality was independently assessed using the AMSTAR tool. Narrative analysis was conducted to summarise the content of eligible reviews. Results A total of 1228 results were retrieved. Fourteen reviews met the inclusion criteria. Reviews indicated that the components of cognition and perception most frequently identified as being predictive of fitness-to-drive were executive function (n = 13), processing speed (n = 12), visuospatial skills, attention, memory and mental flexibility (n = 11). Components less indicative were perception, concentration (n = 10), praxis (n = 9), language (n = 7) and neglect (n = 6). Conclusion This overview of systematic reviews supports the inclusion of assessment of a range of cognitive and perceptual skills as key elements in a comprehensive driver assessment and therefore should be included in the revised competency standards for occupational therapy driver assessors.

Database: CINAHL

21. Moisturisers in scar management following burn: A survey report.

Author(s): Klotz, Tanja; Kurmis, Rochelle; Munn, Zachary; Heath, Kathryn; Greenwood, John

Source: Burns (03054179); Aug 2017; vol. 43 (no. 5); p. 965-972

Publication Date: Aug 2017

Publication Type(s): Academic Journal

PubMedID: 28413108

Abstract:Scar management is a recognised key component of rehabilitation following burn. Moisturising often combined with massage is commenced once healing tissue has gained sufficient strength to tolerate surface friction, with the aim being to hydrate the dry scar. The studies on various moisturisers and creams provide some guidance on moisturiser selection, but many are inconclusive. Objective: This survey aimed to determine the current expert opinion regarding moisturiser recommendations, including the basis for these recommendations, across the burns community. Methods: A brief web-based survey was distributed to burn therapists via mailing lists of the Australian and New Zealand Burn Association (ANZBA), and American Burn Association (ABA)

'Occupational and Physical Therapist Burn Special Interest Group'. Results: The fifty three respondents indicated that there were 29 different moisturisers commonly recommended in practice. Three main themes were indicated as influencing recommendations for moisturiser: the perceived effects on the scar/skin (48%); the general properties of the moisturiser (38%); the ingredients (14%). Therapists reported that the principle stimuli determining their recommendations were patient feedback and the choice of the previous burn therapist in their service. Many were also guided by medical staff, pharmacists and sales representatives. Only three respondents were able to provide citations for published evidence supporting their recommendations. Conclusions: There is a paucity of evidence currently to support optimal moisturiser choice. This survey demonstrates that conflicting opinions are held on the ideal moisturiser brand, properties and ingredients. The recommendations made are based on low level evidence. Further research is required to inform clinicians which moisturiser to recommend to their clients. An ideal moisturiser should be one that is conducive to scar maturation, non- or minimally irritant, prevent skin drying, minimise transepidermal water loss and have no negative effect on barrier function.

Database: CINAHL

22. Home- and Community-Based Occupational Therapy Improves Functioning in Frail Older People: A Systematic Review.

Author(s): De Coninck, Leen; Bekkering, Geertruida E.; Bouckaert, Leen; Declercq, Anja; Graff, Maud J. L.; Aertgeerts, Bert

Source: Journal of the American Geriatrics Society; Aug 2017; vol. 65 (no. 8); p. 1863-1869

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Available at [Journal of the American Geriatrics Society](#) - from Wiley Online Library All Journals

Available at [Journal of the American Geriatrics Society](#) - from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

Abstract: Objectives The objective is to assess the effectiveness of occupational therapy to improve performance in daily living activities in community-dwelling physically frail older people. Design We conducted a systematic review and meta-analysis. We included randomized controlled trials reporting on occupational therapy as intervention, or as part of a multidisciplinary approach. This systematic review was carried out in accordance with the Cochrane methods of systematic reviews of interventions. Measurements Meta-analyses were performed to pool results across studies using the standardized mean difference. The primary outcome measures were mobility, functioning in daily living activities, and social participation. Secondary outcome measures were fear of falling, cognition, disability, and number of falling persons. Results Nine studies met the inclusion criteria. Overall, the studies were of reasonable quality with low risk of bias. There was a significant increase in all primary outcomes. The pooled result for functioning in daily living activities was a standardized mean difference of -0.30 (95% CI -0.50 to -0.11 ; $P = .002$), for social participation -0.44 (95% CI -0.69 , -0.19 ; $P = .0007$) and for mobility -0.45 (95% CI -0.78 to -0.12 ; $P = .007$). All secondary outcomes showed positive trends, with fear of falling being significant. No adverse effects of occupational therapy were found. Conclusion There is strong evidence that occupational therapy improves functioning in community-dwelling physically frail older people.

Database: CINAHL

23. Occupational therapists' experience of workplace fatigue: Issues and action.

Author(s): Brown, Cary A.; Schell, Jennifer; Pashniak, Lisa M.

Source: Work; Aug 2017; vol. 57 (no. 4); p. 517-527

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Abstract:BACKGROUND: Occupational therapists (OTs) work in all areas of health and wellbeing. The work is physically and psychologically demanding, but OTs are often not diligent about recognizing and attending to the workplace health and safety issue of fatigue in their own work settings. OBJECTIVE: The purpose of this paper is to determine current issues and the evidence-base as presented in the literature so as to develop awareness and best practice interventions for fatigue reduction and management in occupational therapists' workplace. METHODS: A comprehensive search strategy was carried out by the medical librarian on the study team and themes were extracted from the relevant literature by the study team. RESULTS: The literature revealed little research directly addressing occupational therapy workplace fatigue and we expanded our review of the evidence-base across all healthcare workers to identify publications of particular relevance to occupational therapists. CONCLUSION: This background paper is an important first step to raising awareness among OTs, guide key stakeholders regarding contributing factors to, and consequences of, OTs' workplace fatigue, and set research direction. Knowing which factors influencing workplace fatigue are shared across healthcare professionals and which are unique to OTs can also help organizations develop more tailored workplace fatigue risk reduction programs. This review concludes with a list of existing guidelines and tools for developing workplace fatigue risk assessment and management programs relevant to occupational therapists.

Database: CINAHL

24. Effectiveness of cognition-focused interventions in activities of daily living performance in people with dementia: A systematic review.

Author(s): Garrido-Pedrosa, Jèssica; Sala, Isabel; Obradors, Núria

Source: British Journal of Occupational Therapy; Jul 2017; vol. 80 (no. 7); p. 397-408

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Abstract:Introduction Dementia affects cognitive functions and has a direct impact on the ability to perform activities of daily living. Studies have focused on the impact of cognition-focused interventions on cognitive functions, but less on the daily functionality of people with dementia. The aim of this study was to review systematically evidence of the effectiveness of cognition-focused interventions on the ability of people with dementia to perform activities of daily living. Method A search of randomised controlled trials was performed in 10 databases to find all available evidence on the subject. Two reviewers independently selected articles based on predetermined inclusion criteria. The articles had to describe randomised controlled trials involving cognition-focused interventions in people with some form of dementia, aged 65 years or over, and specify their score on the Mini-Mental State Examination or the Clinical Dementia Rating. Eleven articles met the inclusion criteria for the review. Results Cognitive rehabilitation through functional tasks led to maintenance or improvement in everyday tasks in some cases. In cognitive stimulation studies the subjects maintained their performance in activities of daily living with respect to the control condition, but this was not the case in reminiscence stimulation groups. Subjects who underwent cognitive training of cognitive functions did not show significant improvements in activities of daily living. Conclusion The evidence on the effectiveness of cognition-focused interventions suggests that multi-component programmes that include cognitive rehabilitation or cognitive stimulation could maintain or improve functionality in people with dementia.

Database: CINAHL

25. Occupational therapy interventions in the treatment of people with severe mental illness.

Author(s): Höhl, Werner; Moll, Sandra; Pfeiffer, Andreas

Source: Current Opinion in Psychiatry; Jul 2017; vol. 30 (no. 4); p. 300-305

Publication Date: Jul 2017

Publication Type(s): Academic Journal

PubMedID: 28459731

Abstract: Purpose Of Review: Life expectancy of people with severe mental illness is considerably shortened and their risk for cardiovascular and metabolic disorders is increased. They spend more time in solitary and less time in structured activities than the general population. Engagement in healthy patterns of activity, including active, meaningful participation in the community can, therefore, be critical to recovery from severe mental illness. Occupational therapy is a profession that focuses on time use, activity patterns and occupational engagement, and the links to health and well-being. In this study, we review research evidence regarding approaches to occupational engagement, including behavioural activation, time use, and activity promotion. We also will review studies that specifically evaluate the impact of occupational therapy interventions. Recent Findings: There is a growing body of evidence regarding the value of interventions addressing occupational engagement of individuals with severe mental illness, including a range of activation strategies and approaches. There is a need, however, for documentation of theoretically informed approaches that are supported by fidelity measures to ensure standardization. Summary: Larger-scale studies are needed, including consistent outcome measures to document engagement and changes in activity patterns as well as health-related outcomes. High-quality randomized clinical trials are important to establish effectiveness. As occupational therapy interventions are complex and embedded within a range of multidisciplinary approaches, new models of pragmatic trials within the naturalistic context of psychiatric rehabilitation are also needed.

Database: CINAHL

26. Exercise Treadmills: A Cause of Significant Hand Burns in Young Children.

Author(s): Noffsinger, Dana L.; Johnson, Susan R.; Wheeler, Krista; Junxin Shi; Huiyun Xiang; Groner, Jonathan I.; Shi, Junxin; Xiang, Huiyun

Source: Journal of Burn Care & Research; Jul 2017; vol. 38 (no. 4); p. 215-219

Publication Date: Jul 2017

Publication Type(s): Academic Journal

PubMedID: 27679959

Abstract: A pediatric nurse practitioner and an occupational therapist were impressed by the number and severity of treadmill-related hand burns encountered in their outpatient burn clinic. They observed that treadmill burns appeared to be deeper compared with other contact hand burns. Literature review revealed that research was inadequate in this area. A retrospective chart review was conducted, and a total of 384 patients were found to receive treatments at a regional level 1 pediatric burn center for treadmill and contact hand burns from 2010 to 2014. Age distribution, severity, and negative outcomes were compared between treadmill hand burns and contact hand burns. Recommendations for primary caregivers to prevent treadmill hand burns were given. Treadmill burns were the second most common hand injury mechanism after stovetop burns. Both hot surface contact burns and treadmill burns were more frequently seen in patients 0 to 4 years of age. Treadmill hand burns were more severe than contact hand burns in depth of injury (24.5 vs 1.4% full thickness), need for operative intervention (6.4 vs 0.0%), mean number of burn

appointments (4.9 vs 1.9), median time to skin closure (25.2 days vs 11.0 days), and median length of care (51.0 days vs 11.0 days). Treadmill hand burns were frequently seen, and they were more severe and required an increased level and duration of care in comparison with other contact hand burns.

Database: CINAHL

27. A Review of the Effectiveness of a Combat and Operational Stress Control Restoration Center in Afghanistan.

Author(s): Judkins, Jason L.; Bradley, Devvon L.

Source: Military Medicine; Jul 2017; vol. 182 (no. 7)

Publication Date: Jul 2017

Publication Type(s): Academic Journal

PubMedID: 28810969

Available at [Military medicine](#) - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at [Military medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Military medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Background: The management of Combat and Operational Stress Reactions (COSR) within an operational environment is a multidimensional process. The aim is to help prevent behavioral health problems, preserve combat power, and increase return to duty rates for combat stress related casualties. In some COSR cases, enhanced services are required and the Combat and Operational Stress Control (COSC) Clinic refers Service Members (SMs) to the Freedom Restoration Clinic (FRC). The purpose was to describe a deployed restoration center in Afghanistan and examine the long-term effectiveness of those services.Methods: The data analyzed were obtained by a retrospective clinical records review from the participants' responses to the Outcome Questionnaire-45.2 (OQ-45.2) and a 30-Day Post-Restoration Program Survey created by the occupational therapist. The OQ-45.2 was administered pretreatment and immediately post-treatment. In addition, the OQ-45.2 and 30-Day Post-Restoration Program Survey was sent electronically by secure e-mail to each participant 30 days after treatment. These outcome measures were part of the standard operating procedures and were ongoing for the duration of the FRC restoration program. Descriptive statistics and frequencies were computed to describe participant characteristics. Paired t-tests were used to compare the means of the OQ45.2 total and subscale scores at pretreatment versus post-treatment and post-treatment versus 30-day follow-up.Findings: There were 37 participants with an average age of 29 years, primarily Army (81.1%), served in combat-support roles (75.6%), and reported no exposure to combat (89.2%). The results showed a statistically significant decrease ($p < 0.001$) in OQ-45.2 scores from pre to post for the total score and for each subscale. There was no significant difference in means when comparing post versus 30 days. Lastly, the top five utilized classes were anger management (78%), goal setting (76%), resiliency (76%), stress management (76%), and positive thinking (76%); 81% of SMs reported that they are almost always or sometimes using the lessons learned from the FRC.Discussion: This performance improvement project described an occupational therapist's role within a COSC restoration center and examined the effectiveness of the FRC program. There were several limitations: no control/comparison groups, use of only one clinical assessment tool, and a short follow-up. This performance improvement evaluation provides some empirical support for the utility of the COSC FRC program in reducing psychological distress in SM in a deployed environment.

Database: CINAHL

28. Case Report on the Use of a Custom Myoelectric Elbow-Wrist-Hand Orthosis for the Remediation of Upper Extremity Paresis and Loss of Function in Chronic Stroke.

Author(s): Dunaway, Stefanie; Naft, Jonathan; Dezsi, D. Brianna; Perkins, Jessica; Tran, Daniel

Source: Military Medicine; Jul 2017; vol. 182 (no. 7)

Publication Date: Jul 2017

Publication Type(s): Academic Journal

PubMedID: 28810999

Available at [Military medicine](#) - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at [Military medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Military medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:Introduction: This case study describes the application of a commercially available, custom myoelectric elbow-wrist-hand orthosis (MEWHO), on a veteran diagnosed with chronic stroke with residual left hemiparesis. The MEWHO provides powered active assistance for elbow flexion/extension and 3 jaw chuck grip. It is a noninvasive orthosis that is driven by the user's electromyographic signal. Experience with the MEWHO and associated outcomes are reported. Materials and Methods: The participant completed 21 outpatient occupational therapy sessions that incorporated the use of a custom MEWHO without grasp capability into traditional occupational therapy interventions. He then upgraded to an advanced version of that MEWHO that incorporated grasp capability and completed an additional 14 sessions. Range of motion, strength, spasticity (Modified Ashworth Scale [MAS]), the Box and Blocks test, the Fugl-Meyer assessment and observation of functional tasks were used to track progress. The participant also completed a home log and a manufacturers' survey to track usage and user satisfaction over a 6-month period. Results: Active left upper extremity range of motion and strength increased significantly (both with and without the MEWHO) and tone decreased, demonstrating both a training and an assistive effect. The participant also demonstrated an improved ability to incorporate his affected extremity (with the MEWHO) into a wide variety of bilateral, gross motor activities of daily living such as carrying a laundry basket, lifting heavy objects (e.g. a chair), using a tape measure, meal preparation, and opening doors. Conclusion: Custom myoelectric orthoses offer an exciting opportunity for individuals diagnosed with a variety of neurological conditions to make advancements toward their recovery and independence, and warrant further research into their training effects as well as their use as assistive devices.

Database: CINAHL

29. Depression in the workplace: the role of OH.

Author(s): Aldridge, Jodie; Harriss, Anne

Source: Occupational Health; Jul 2017; vol. 69 (no. 7); p. 27-29

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Available at [Occupational health; a journal for occupational health nurses](#) - from EBSCO (Health Business FullTEXT Elite)

Available at [Occupational health; a journal for occupational health nurses](#) - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at [Occupational health; a journal for occupational health nurses](#) - from EBSCO (CINAHL with Full Text)

Abstract:The article discusses the role of occupational health to support employees to cope up with workplace depression. It talks about the causes, and nature of the depression in men and women employees. It also discusses the need for screening the depression and the necessary therapies to be extended to handle it well.

Database: CINAHL

30. Occupational Therapy in the Intensive Care Unit: A Systematic Review.

Author(s): Weinreich, Mark; Herman, Jennifer; Dickason, Stephanie; Mayo, Helen

Source: Occupational Therapy in Health Care; Jul 2017; vol. 31 (no. 3); p. 205-213

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Abstract:This paper is a synthesis of the available literature on occupational therapy interventions performed in the adult intensive care unit (ICU). The databases of Ovid MEDLINE, Embase, the Cochrane Library, ClinicalTrials.gov and CINAHL databases were systematically searched from inception through August 2016 for studies of adults who received occupational therapy interventions in the ICU. Of 1,938 citations reviewed, 10 studies met inclusion criteria. Only one study explicitly discussed occupational therapy interventions performed and only one study specifically tested the efficacy of occupational therapy. Future research is needed to clarify the specific interventions and role of occupational therapy in the ICU and the efficacy of these interventions.

Database: CINAHL

31. Practitioner Training for Use of Evidence-Based Practice in Occupational Therapy.

Author(s): Myers, Christine T.; Lotz, Jennifer

Source: Occupational Therapy in Health Care; Jul 2017; vol. 31 (no. 3); p. 214-237

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Abstract:The purpose of this integrative review was to examine the evidence-based practice (EBP) training literature for occupational therapy practitioners in order to describe the relationships between EBP use in practice and practitioner training for EBP. A systematic search of literature related to EBP training in occupational therapy was followed by a research evaluation, review of case examples, and qualitative content analysis. Findings suggest that comprehensive, contextually-relevant, and collaborative training approaches are necessary for practitioners to address implementation of EBP. Research investigating the mechanisms of practitioner training and ways to measure the relationships between training, changes in how practitioners use evidence-based practices, and client outcomes and other quality indicators is recommended.

Database: CINAHL

32. Continuous Regional Anesthesia and Inpatient Rehabilitation for Pediatric Complex Regional Pain Syndrome.

Author(s): Donado, Carolina; Lobo, Kimberly; Fe Velarde-Álvarez, María; Kim, Joseph; Kenney, Anne; Logan, Deirdre; Berde, Charles B.; Velarde-Álvarez, María Fe

Source: Regional Anesthesia & Pain Medicine; Jul 2017; vol. 42 (no. 4); p. 527-534

Publication Date: Jul 2017

Publication Type(s): Academic Journal

PubMedID: 28492436

Abstract:Background: Evidence supports treatment of pediatric complex regional pain syndromes (CRPS) with physical and occupational therapy and cognitive-behavioral therapy. Some patients have persistent pain and/or limb dysfunction despite these treatments. We performed a retrospective study of pediatric patients with CRPS treated by continuous epidural or peripheral perineural local anesthetic infusions along with inpatient rehabilitation at Boston Children's Hospital. Methods: After approval from the institutional review board, electronic medical records were reviewed for patients treated between September 2003 and September 2014. Primary outcomes were pain and functional scores. Data were collected at the first encounter, at follow-up visits between 4 months before and after admission, and daily while inpatient. Changes over time were assessed using Wilcoxon tests with Dunn corrections. Clinical significance of benefit or harm was assessed by the method of Jacobson and Truax. Response predictors were analyzed using linear mixed models and exploratory logarithmic regression analyses. Results: Pain, function, and disability scores improved during hospitalization and in follow-up over a 4-month period. Seventy percent of patients achieved clinically significant benefit (56% for pain reduction and 40% increased functionality, respectively). Univariate and adjusted predictors of favorable outcome included preadmission resting Numeric Pain Rating Scale score of less than 6 (odds ratio, 5.0; P = 0.0164 and subsequent attendance at the Pediatric Pain Rehabilitation Center at Boston Children's Hospital (odds ratio, 5.0; P = 0.0206). Mean pain scores greater than 3 during the regional anesthesia infusion predicted less favorable outcome. Conclusions: Continuous regional anesthesia may be an option to facilitate intensive rehabilitation for selected pediatric patients with CRPS. Further research should help clarify the role of regional anesthesia in a comprehensive management program.

Database: CINAHL

33. What are the short-term and long-term effects of occupation-focused and occupation-based occupational therapy in the home on older adults' occupational performance? A systematic review.

Author(s): Nielsen, Tove Lise; Petersen, Kirsten Schultz; Nielsen, Claus Vinther; Strøm, Janni; Ehlers, Monica Milters; Bjerrum, Merete

Source: Scandinavian Journal of Occupational Therapy; Jul 2017; vol. 24 (no. 4); p. 235-248

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Abstract:Background: There is a lack of evidence-based knowledge about the effectiveness of home-based OT for older adults aimed at improving occupational performance by practicing activities and tasks. Aim: This review synthesizes and discusses evidence for the effectiveness of occupation-focused and occupation-based OT for older adults at home. Material and methods: Peer-reviewed quantitative papers were included. Participants: ≥ 60-year-old adults with functional limitations. Intervention: OT aiming at improving occupational performance, primarily through the practice of activities and tasks. Outcome: Occupational performance. Context: Home. Three reviewers critically appraised 13 of 995 detected papers. Extracted data were presented and summarized descriptively. Results: Eight high-quality papers showed that occupation-focused and occupation-based OT using cognitive, behavioral and environmental strategies may significantly improve occupational performance in older, home-dwelling adults with physical health problems. Maintaining achieved improvements was a consistent challenge. Conclusions and significance: Evidence suggests that older adults' occupational performance can be significantly improved through low-intensity occupation-

focused and occupation-based intervention. It is recommended to develop and test high-intensity OT programs and maintenance programs.

Database: CINAHL