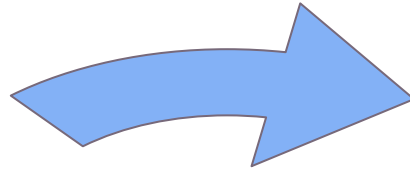
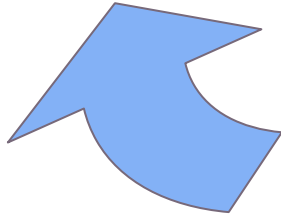


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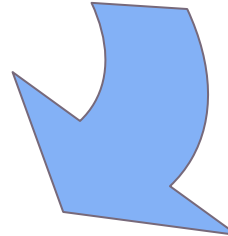
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OCCUPATIONAL THERAPY UPDATE 9: WINTER 2018



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- ❖ To respond to your information needs – if you have any suggestions on the type of research articles you would find helpful in future editions of the Update, then please let us know – contact details are below.

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Articles

Return to car driving is safe 6 weeks after operative treatment of right ankle fractures.

Author(s): Ho, Sean W. L.; Yam, Michael; Chan, M. L.; Kwek, Ernest B. K.

Source: Archives of Orthopaedic & Trauma Surgery; Dec 2018; vol. 138 (no. 12); p. 1691-1697

Publication Date: Dec 2018

Publication Type(s): Academic Journal

PubMedID: 30229342

Abstract:Background: There is no clear consensus on when patients with surgically treated right ankle fractures can return to car driving, or how best to assess their fitness to drive. Through a rigorous driving assessment program consisting of both off-road and on-road tests, we aim to determine if these patients are able to pass a standard driving test, even before weight bearing has been initiated.Methods: A prospective grant-funded (Supported by AOTrauma Asia Pacific Ref: AOTAP12-17) clinical study was conducted. Patients aged 25-65 years who underwent surgery for right ankle fractures and held a valid motorcar driving license were recruited in a single institution from 2013 to 2015. The surgeon and a specialist occupational therapist assessed the patients at 2, 6 and 12 weeks post-surgery. A Short Musculoskeletal Functional Assessment (SMFA) Questionnaire was administered and the brake reaction time was measured using a driving simulator. Patients who met the minimal criteria were then subjected to a full on-road driving test in a real-world environment with a driving instructor. A follow-up telephone questionnaire was administered at least 6 months after return to driving to determine if patients had returned to driving safely.Results: A total of 23 patients (8 females, 15 males) were recruited. The mean age was 42.8 (\pm 12.9) years. There was a significant improvement in the SMFA ($p < 0.05$) and braking time ($p < 0.05$) at 6 and 12 weeks post-surgery. Nearly all (91%) patients passed the on-road driving test at 6 weeks, before their fractures had healed or weight bearing was initiated. The questionnaire administered at least 6 months after return to driving revealed that all patients had returned to regular driving safely.Conclusion: We conclude that patients with isolated, surgically treated right ankle fractures can successfully pass a standard driving test at 6 weeks post-surgery, even before weight bearing has been initiated. We also showed that the ability to drive correlates with improvements in the SMFA scores and braking times.Level Of Evidence: II.

Database: CINAHL

Otoprotective Effects of *Stephania tetrandra* S. Moore Herb Isolate against Acoustic Trauma.

Author(s): Yu, Yan; Hu, Bing; Bao, Jianxin; Mulvany, Jessica; Bielefeld, Eric; Harrison, Ryan T.; Neton, Sarah A.; Thirumala, Partha; Chen, Yingying; Lei, Debin; Qiu, Ziyu; Zheng, Qingyin; Ren, Jihao; Perez-Flores, Maria Cristina; Yamoah, Ebenezer N.; Salehi, Pezhman

Source: JARO - Journal of the Association for Research in Otolaryngology; Dec 2018; vol. 19 (no. 6); p. 653-668

Publication Date: Dec 2018

Publication Type(s): Academic Journal

PubMedID: 30187298

Abstract:Noise is the most common occupational and environmental hazard, and noise-induced hearing loss (NIHL) is the second most common form of sensorineural hearing deficit. Although therapeutics that target the free-radical pathway have shown promise, none of these compounds is currently approved against NIHL by the United States Food and Drug Administration. The present

study has demonstrated that tetrandrine (TET), a traditional Chinese medicinal alkaloid and the main chemical isolate of the *Stephania tetrandra* S. Moore herb, significantly attenuated NIHL in CBA/CaJ mice. TET is known to exert antihypertensive and antiarrhythmic effects through the blocking of calcium channels. Whole-cell patch-clamp recording from adult spiral ganglion neurons showed that TET blocked the transient Ca²⁺ current in a dose-dependent manner and the half-blocking concentration was 0.6 + 0.1 μM. Consistent with previous findings that modulations of calcium-based signaling pathways have both prophylactic and therapeutic effects against neural trauma, NIHL was significantly diminished by TET administration. Importantly, TET has a long-lasting protective effect after noise exposure (48 weeks) in comparison to 2 weeks after noise exposure. The otoprotective effects of TET were achieved mainly by preventing outer hair cell damage and synapse loss between inner hair cells and spiral ganglion neurons. Thus, our data indicate that TET has great potential in the prevention and treatment of NIHL.

Database: CINAHL

Parental-reported neurodevelopmental issues in Loeyes-Dietz syndrome.

Author(s): Collins II, R.T.; Flor, J.M.; Tang, X.; Bange, J.M.; Zarate, Y.A.; Collins, R T 2nd

Source: Research in Developmental Disabilities; Dec 2018; vol. 83 ; p. 153-159

Publication Date: Dec 2018

Publication Type(s): Academic Journal

PubMedID: 30212788

Abstract:Background: Loeyes-Dietz syndrome (LDS) is a congenital multisystem disorder affecting the cardiovascular and musculoskeletal system. Limited data have reported neurodevelopmental (ND) issues in LDS.Aims: To determine the extent of ND issues in patients with LDS.Methods: A prospective study was performed of LDS patients or their caregivers. The study included data collected via an online survey of age-specific questions. Standard statistical methods were used for baseline and demographic characteristics, as well as group comparisons.Outcomes: Data were obtained from 67 patients with LDS (54% female). Median age was 14.9 years. Gene mutations included TGFBR1 (39%), TGFBR2 (40%), SMAD3 (7%), and unknown (14%). Motor delays (30%, 18/61) and hypotonia (63%, 37/60) occurred frequently. Physical (62%, 39/62), occupational (41%, 23/56), and speech therapies (34%, 20/58) were common. Feeding issues were common (41%, 23/56). TGFBR1 mutations were more frequent among those with motor delays and feeding issues.Conclusions: Patients with LDS and/or their caregivers report at least one ND problem in most cases, and many require therapies. These data suggest ND disorders should be considered to be part of the phenotype.

Database: CINAHL

Cancer-Related Cognitive Outcomes Among Older Breast Cancer Survivors in the Thinking and Living With Cancer Study.

Author(s): Mandelblatt, Jeanne S.; Small, Brent J.; Luta, Gheorghe; Hurria, Arti; Jim, Heather; McDonald, Brenna C.; Graham, Deena; Zhou, Xingtao; Clapp, Jonathan; Zhai, Wanting; Breen, Elizabeth; Carroll, Judith E.; Denduluri, Neelima; Dilawari, Asma; Extermann, Martine; Isaacs, Claudine; Jacobsen, Paul B.; Kobayashi, Lindsay C.; Holohan Nudelman, Kelly; Root, James

Source: Journal of Clinical Oncology; Nov 2018; vol. 36 (no. 32); p. 3211-3228

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 30281396

Available at [Journal of clinical oncology : official journal of the American Society of Clinical Oncology](#)
- from EBSCO (MEDLINE Complete)

Abstract: Purpose: To determine treatment and aging-related effects on longitudinal cognitive function in older breast cancer survivors. Methods: Newly diagnosed nonmetastatic breast cancer survivors (n = 344) and matched controls without cancer (n = 347) 60 years of age and older without dementia or neurologic disease were recruited between August 2010 and December 2015. Data collection occurred during presystemic treatment/control enrollment and at 12 and 24 months through biospecimens; surveys; self-reported Functional Assessment of Cancer Therapy-Cognitive Function; and neuropsychological tests that measured attention, processing speed, and executive function (APE) and learning and memory (LM). Linear mixed-effects models tested two-way interactions of treatment group (control, chemotherapy with or without hormonal therapy, and hormonal therapy) and time and explored three-way interactions of ApoE ($\epsilon 4+$ v not) by group by time; covariates included baseline age, frailty, race, and cognitive reserve. Results: Survivors and controls were 60 to 98 years of age, were well educated, and had similar baseline cognitive scores. Treatment was related to longitudinal cognition scores, with survivors who received chemotherapy having increasingly worse APE scores (P = .05) and those initiating hormonal therapy having lower LM scores at 12 months (P = .03) than other groups. These group-by-time differences varied by ApoE genotype, where only $\epsilon 4+$ survivors receiving hormone therapy had short-term decreases in adjusted LM scores (three-way interaction P = .03). For APE, the three-way interaction was not significant (P = .14), but scores were significantly lower for $\epsilon 4+$ survivors exposed to chemotherapy (-0.40; 95% CI, -0.79 to -0.01) at 24 months than $\epsilon 4+$ controls (0.01; 95% CI, 0.16 to 0.18; P < .05). Increasing age was associated with lower baseline scores on all cognitive measures (P < .001); frailty was associated with baseline APE and self-reported decline (P < .001). Conclusion: Breast cancer systemic treatment and aging-related phenotypes and genotypes are associated with longitudinal decreases in cognitive function scores in older survivors. These data could inform treatment decision making and survivorship care planning.

Database: CINAHL

Art therapy is associated with sustained improvement in cognitive function in the elderly with mild neurocognitive disorder: findings from a pilot randomized controlled trial for art therapy and music reminiscence activity versus usual care.

Author(s): Mahendran, Rathi; Gandhi, Mihir; Moorakonda, Rajesh Babu; Wong, Jonathan; Kanchi, Madhu Mathi; Fam, Johnson; Rawtaer, Iris; Kumar, Alan Prem; Feng, Lei; Kua, Ee Heok

Source: Trials; Nov 2018; vol. 19 (no. 1)

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 30413216

Available at [Trials](#) - from BioMed Central

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

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

Abstract: Background: Mild cognitive impairment (MCI) is a phase in cognitive decline when it is still possible to intervene to reverse the decline. Cognitive stimulation delivered through psychosocial interventions provides both psychological intervention and social stimulation to improve cognition. A pilot open-label parallel-arms randomized controlled trial was undertaken to examine the effects of art therapy (AT) and music reminiscence activity (MRA) compared to the control, on the primary outcome of neurocognitive domain assessments in elderly people with MCI. Methods: Community-

living elderly people with MCI (Petersen's criteria), assessed for study eligibility, were randomized using a web-based system with equal allocation to two intervention arms: AT (guided viewing of art pieces and production of visual arts) and MRA (listening, and recalling memories related to music) and a control arm (standard care without any intervention). Interventions were led by trained therapists weekly for 3 months, then fortnightly for 6 months. Neurocognitive domains (mean of memory, attention, and visuo-spatial abilities standardized scores), psychological wellbeing (subsyndromal depression and anxiety) and telomere length as a biological marker of cellular ageing, were assessed by intervention-blinded assessors at baseline, 3 months and 9 months. Results: In total, 250 people were screened and 68 were randomized and included in the analysis. In the AT arm, neurocognitive domains improved compared to the control arm at 3 months (mean difference (d) = 0.40; 90% CI 0.126, 0.679) and were sustained at 9 months (d = 0.31; 90% CI 0.068, 0.548). There was some improvement in depression and anxiety at 3 and 9 months and in telomere length at 9 months, but this was not significant. Similar improvements were observed in the MRA arm over the control arm, but they were not significant. There were no intervention-related adverse effects. Conclusions: Art therapy delivered by trained staff as "art as therapy" and "art psychotherapy" may have been the significant contributor to cognitive improvements. The findings support cognitive stimulation for elderly people with cognitive decline and signal the need for larger studies and further investigation of carefully designed psycho-social interventions for this group. Trial Registration: Clinical Trials.gov, NCT02854085 . Registered on 7 July 2016.

Database: CINAHL

The feasibility, acceptability and outcomes of exergaming among individuals with cancer: a systematic review.

Author(s): Tough, Daniel; Robinson, Jonathan; Gowling, Steven; Raby, Peter; Dixon, John; Harrison, Samantha L.

Source: BMC Cancer; Nov 2018; vol. 18 (no. 1)

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 30463615

Available at [BMC cancer](#) - from ProQuest (Hospital Premium Collection) - NHS Version

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

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

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

Abstract: Background: Individuals with cancer have reduced quality of life, functionality, range of motion, strength, and an increase in pain and fatigue. Exergaming appears to be an effective rehabilitation tool for Parkinson's disease, multiple sclerosis and post-stroke patients to improve functionality, balance and quality of life; however, the usefulness of exergaming in individuals with cancer is unknown. The aim of this systematic review is to describe exergaming interventions delivered to adults with a current or previous cancer diagnosis and to report the feasibility, acceptability and outcomes of such interventions. Methods: Studies reporting on exergaming interventions delivered to individuals with a current or previous cancer diagnosis were included. 12 electronic databases were searched. Eight articles (seven interventions) were identified. Data were extracted and assessed for quality by two reviewers. Results: Three interventions were delivered at hospital, two at home, one at a clinical laboratory, and one did not report. Two interventions were delivered by a physiotherapist, two by an occupational therapist, and one by a nurse, research staff and an exercise physiologist. The Nintendo Wii was used in four of seven studies, whilst the remaining three used the IREX system, BrightArm Duo Rehabilitation System or a custom made

exergame. Studies showed that most participants enjoyed the exergaming intervention, and would recommend their use, with some preferring exergaming over standard care interventions. Adherence rates and enjoyment appear greater during exergaming than standard care. Exergaming interventions appear to support improvements balance, function, physical activity levels, strength, fatigue, emotions, cognition and pain. Conclusion: Exergaming interventions delivered to individuals with cancer show great heterogeneity; differing in duration, frequency and gaming platform. The disease stage and severity of those included, and the outcome measures assessed also vary widely making it difficult to conclude its effectiveness at this time. However, adherence rates and enjoyment appear greater during exergaming compared to standard care, supporting the feasibility and acceptability of this type of intervention delivery for adults with cancer.

Database: CINAHL

"Stroke - 65 Plus. Continued Active Life": a study protocol for a randomized controlled cross-sectoral trial of the effect of a novel self-management intervention to support elderly people after stroke.

Author(s): Pallesen, Hanne; Næss-Schmidt, Erhard Trillingsgaard; Kjeldsen, Simon Svanborg; Pedersen, Sedsel Kristine Stage; Sørensen, Susanne Lillelund; Brunner, Iris; Nielsen, Jørgen Feldbæk

Source: Trials; Nov 2018; vol. 19 (no. 1)

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 30454014

Available at [Trials](#) - from [BioMed Central](#)

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

Available at [Trials](#) - from [EBSCO \(MEDLINE Complete\)](#)

Abstract:Background: Elderly people represent the majority of stroke cases worldwide. Post-stroke sequelae frequently lead to a more isolated life. Restricted social relations render older individuals with stroke a vulnerable group, especially in terms of social reintegration. Reintegration into the community after a stroke largely depends on support from the family. However, close relatives are at risk of becoming overburdened. The aim of this study is to investigate the effect of a novel self-management intervention to support elderly people after stroke. Methods/design: Randomized controlled trial. Two weeks before discharge from a rehabilitation hospital/center, individuals with stroke aged > 65 years will be randomized either to a group receiving conventional neurorehabilitation (control) or to an additional novel self-management intervention. In the intervention group, patients with stroke will be offered eight self-management sessions of 45-60 min duration by a physiotherapist or an occupational therapist during a period of nine months after discharge. Inclusion will continue until at least 35 individuals in each group have been recruited. Study outcome measurements: Stroke Self-efficacy Questionnaire, a short version of Stroke Specific Quality of Life Scale, Impact on Participation and Autonomy and Caregiver Burden Scale. Furthermore, physical activity will be assessed using accelerometers. All outcomes except "impact on participation" and "autonomy" will be assessed at baseline, three months, and nine months after discharge. Impact on participation and autonomy will be assessed at three and nine months after discharge. Patient, informal caregiver, and therapist satisfaction will be examined by way of questionnaires and interviews. Discussion: Self-management interventions are promising strategies for rehabilitation, potentially increasing self-efficacy, quality of life, as well as participation and autonomy. The introduction of a novel self-management intervention in combination with traditional physical and occupational therapy may enhance recovery after stroke and quality of life and lessen the burden on relatives. This trial "Stroke - 65 Plus. Continued Active Life," will provide

further evidence of self-management strategies to clinicians, patients, and health economists. Trial Registration: ClinicalTrials.gov, NCT03183960 . Registered on 12 June 2017.

Database: CINAHL

Occupational Therapy Treatment to Improve Upper Extremity Function in Individuals with Early Systemic Sclerosis: A Pilot Study.

Author(s): Murphy, Susan L.; Barber, Mary Whitehouse; Homer, Kate; Dodge, Carole; Cutter, Gary R.; Khanna, Dinesh; Barber, Mary; Homer, Kristen; Cutter, Gary

Source: Arthritis Care & Research; Nov 2018; vol. 70 (no. 11); p. 1653-1660

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 29381834

Abstract:Objective: To determine the feasibility and preliminary effects of occupational therapy to improve upper extremity function in patients with early systemic sclerosis (SSc; scleroderma) who have upper extremity contractures. Methods: A single-group pilot clinical rehabilitation trial was conducted at the University of Michigan Scleroderma Center. Patients with SSc and ≥ 1 upper extremity contracture ($n = 21$) participated in a total of 8 weekly in-person occupational therapy sessions. The therapy consisted of thermal modalities, tissue mobilization, and upper extremity mobility exercises. The participants were instructed to perform upper extremity exercises at home between sessions. Feasibility was measured by the percent enrollment as well as session attendance and session duration. The primary outcome measure was the Shortened Disabilities of the Arm, Shoulder and Hand measure (QuickDASH); secondary and exploratory outcomes included the Patient-Reported Outcomes Measurement Information System (PROMIS) physical function measures; objective measures of upper extremity mobility, strength, and coordination; and skin thickening. Linear mixed models were used to determine the effects of treatment on the primary and secondary outcomes. Results: Fifty percent of potentially eligible subjects (24 of 48) were interested in participating. Twenty-one (88%) of the 24 subjects were enrolled, and 19 (91%) of these 21 subjects completed all sessions. The mean \pm SD age of the participants was 47.9 ± 16.1 years; 100% had diffuse SSc, and the mean disease duration was 3.1 years. At 8 weeks, participants had statistically significant improvement in the QuickDASH and PROMIS physical function measure ($P = 0.0012$ and $P = 0.004$, respectively). Approximately one-half of participants in the sample achieved improvement in the QuickDASH and PROMIS measure that exceeded minimally important differences. Conclusion: In-person treatment sessions were feasible in the patients with SSc and resulted in statistically significant and clinically meaningful improvements in upper extremity and physical function. In future studies, the effects of SSc should be compared with those in a control condition, and the durability of treatment effects should be examined.

Database: CINAHL

Visual problems associated with traumatic brain injury.

Author(s): Armstrong, Richard A

Source: Clinical & Experimental Optometry; Nov 2018; vol. 101 (no. 6); p. 716-726

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 29488253

Available at [Clinical and Experimental Optometry](#) - from Wiley

Abstract:Traumatic brain injury (TBI) and its associated concussion are major causes of disability and death. All ages can be affected but children, young adults and the elderly are particularly susceptible. A decline in mortality has resulted in many more individuals living with a disability caused by TBI including those affecting vision. This review describes: (1) the major clinical and pathological features of TBI; (2) the visual signs and symptoms associated with the disorder; and (3) discusses the assessment of quality of life and visual rehabilitation of the patient. Defects in primary vision such as visual acuity and visual fields, eye movement including vergence, saccadic and smooth pursuit movements, and in more complex aspects of vision involving visual perception, motion vision ('akinopsia'), and visuo-spatial function have all been reported in TBI. Eye movement dysfunction may be an early sign of TBI. Hence, TBI can result in a variety of visual problems, many patients exhibiting multiple visual defects in combination with a decline in overall health. Patients with chronic dysfunction following TBI may require occupational, vestibular, cognitive and other forms of physical therapy. Such patients may also benefit from visual rehabilitation, including reading-related oculomotor training and the prescribing of spectacles with a variety of tints and prism combinations.

Database: CINAHL

Profile of the Australian College of Optometry low vision clinic.

Author(s): Chong, Mae FA; Cho, Helen HI; Jackson, A Jonathan; Bentley, Sharon A

Source: Clinical & Experimental Optometry; Nov 2018; vol. 101 (no. 6); p. 793-798

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 30021246

Available at [Clinical & experimental optometry](#) - from Wiley

Abstract:Background: The number of Australians living with vision impairment or blindness is expected to increase substantially due to the ageing population and prevalence of age-related eye disease. In response, the Australian College of Optometry (ACO) commenced a low vision clinic in 2013. The ACO is a not-for-profit organisation providing eye-care services to more than 60,000 Victorians per year experiencing economic or social disadvantage. Consultation fees are bulk-billed to the Australian national health care scheme - Medicare - while spectacles and visual aids are subsidised through the state government-funded Victorian Eyecare Service. The aim of this study was to determine the profile and prescribing patterns of the new optometry-led low vision clinic, and report the findings of a short-term loan magnifier pilot study. Methods: A retrospective audit of 270 patient records was conducted. Additionally, a short-term loan magnifier program was pilot tested to ascertain the demand for, and benefits of, such a program among this cohort. Results: The median age was 77 years (interquartile range 64 to 85 years), with 52 per cent being female. The main cause of vision impairment was age-related macular degeneration (40 per cent). At least one-third primarily spoke a language other than English. The majority (75 per cent) were referred by the optometrist to the onsite consultant occupational therapist for immediate assistance with activities of daily living and onward referral for additional comprehensive services, as required. Of the 49 participants who completed the loan magnifier study, only nine exchanged the magnifier/s initially prescribed. Conclusions: The ACO has established a low vision service within a large optometry clinic for people experiencing social and economic disadvantage. Where a program of subsidised low-cost magnifiers is available, there is little benefit to short-term loans of magnifiers. Providing basic affordable low vision aids and rehabilitation within a large primary care optometry setting can facilitate acceptability and uptake of low vision services that increase quality of life.

Database: CINAHL

Cerebral Palsy: An Overview.

Author(s): Gulati, Sheffali; Sondhi, Vishal

Source: Indian Journal of Pediatrics; Nov 2018; vol. 85 (no. 11); p. 1006-1016

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 29152685

Available at [The Indian Journal of Pediatrics](#) - from EBSCO (MEDLINE Complete)

Abstract:Cerebral palsy (CP) is a neurodevelopmental disorder characterized by abnormalities of muscle tone, movement and motor skills, and is attributed to injury to the developing brain. The clinical features of this entity evolve over time and the specific CP syndrome may be recognizable only after 3-5 y of age; although suggestive signs and symptoms may be present at an earlier age. The management involves neurological rehabilitation (addressing muscle tonal abnormalities, and devising physical and occupational therapies) and diagnosis and management of co-morbidities (including epilepsy, impairment of cognition, vision, hearing, and disturbances of growth and gastrointestinal function). The management, therefore, is multidisciplinary involving the treating physician working with a team of rehabilitation-, orthopedic-, psychologic-, and social care-providers.

Database: CINAHL

Motor Retraining (MoRe) for Functional Movement Disorders: Outcomes From a 1-Week Multidisciplinary Rehabilitation Program.

Author(s): Jacob, Alexandra E.; Kaelin, Darryl L.; Roach, Abbey R.; Ziegler, Craig H.; LaFaver, Kathrin

Source: PM & R: Journal of Injury, Function & Rehabilitation; Nov 2018; vol. 10 (no. 11); p. 1164-1172

Publication Date: Nov 2018

Publication Type(s): Academic Journal

PubMedID: 29783067

Abstract:Background: Functional movement disorders (FMDs) are conditions of abnormal motor control thought to be caused by psychological factors. These disorders are commonly seen in neurologic practice, and prognosis is often poor. No consensus treatment guidelines have been established; however, the role of physical therapy in addition to psychotherapy has increasingly been recognized. This study reports patient outcomes from a multidisciplinary FMD treatment program using motor retraining (MoRe) strategies.Objective: To assess outcomes of FMD patients undergoing a multidisciplinary treatment program and determine factors predictive of treatment success.Design: Retrospective chart review.Setting: University-affiliated rehabilitation institute.Patients: Thirty-two consecutive FMD patients admitted to the MoRe program from July 2014-July 2016.Intervention: Patients participated in a 1-week, multidisciplinary inpatient treatment program with daily physical, occupational, speech therapy, and psychotherapy interventions.Main Outcome Measurements: Primary outcome measures were changes in the patient-rated Clinical Global Impression Scale (CGI) and the physician-rated Psychogenic Movement Disorder Rating Scale (PMDRS) based on review of standardized patient videos. Measurements were taken as part of the clinical evaluation of the program.Results: Twenty-four of the 32 patients were female with a mean age of 49.1 (\pm 14.2) years and mean symptom duration of 7.4 (\pm 10.8) years. Most common movement phenomenologies were abnormal gait (31.2%), hyperkinetic movements (31.2%), and dystonia (31.2%). At discharge, 86.7% of patients reported symptom improvement on the CGI, and self-reported improvement was maintained in 69.2% at the 6-month follow-up. PMDRS scores

improved by 59.1% from baseline to discharge. Longer duration of symptoms, history of abuse, and comorbid psychiatric disorders were not significant predictors of treatment outcomes. Conclusions: The majority of FMD patients experienced improvement from a 1-week multidisciplinary inpatient rehabilitation program. Treatment outcomes were not negatively correlated with longer disease duration or psychiatric comorbidities. The results from our study are encouraging, although further long-term prospective randomized studies are needed. Level Of Evidence: III.

Database: CINAHL

'Power in Mobility': parent and therapist perspectives of the experiences of children learning to use powered mobility.

Author(s): Kenyon, Lisa K.; Mortenson, W. Ben; Miller, William C.

Source: Developmental Medicine & Child Neurology; Oct 2018; vol. 60 (no. 10); p. 1012-1018

Publication Date: Oct 2018

Publication Type(s): Academic Journal

PubMedID: 29777530

Available at [Developmental Medicine & Child Neurology](#) - from Wiley

Abstract: Aim: The aim of this study was to gain insights, from the perspectives of both parents and pediatric therapists, into the experiences of children learning to use a power mobility device. Method: The purposive sample included 33 participants: 14 parents of children who were learning, or had learned, to use a power mobility device and 19 pediatric occupational therapists or physical therapists. Data were gathered face-to-face via seven focus groups consisting of either parents or therapists, and eight one-on-one interviews. Data were analyzed using the constant comparative method. Results: Three main themes were identified: (1) 'Power in mobility' described how learning to use powered mobility changed more than just a child's locomotor abilities; (2) 'There is no recipe' revealed how learning to use powered mobility occurred along an individualized continuum of skills that often unfolded over time in a cyclical process; (3) 'Emotional journey' explored how learning to use powered mobility was an emotionally charged undertaking for all those involved. Interpretation: Learning to use a power mobility device is a complex process that often requires perseverance and determination on the part of the child, family, and therapist. What This Paper Adds: Powered mobility use impacts more than just a child's locomotor abilities. Learning to use a power mobility device is a highly individualized process. Learning to use powered mobility may be an emotionally charged process.

Database: CINAHL

Occupational Therapy for Adults with Overweight and Obesity: Mapping Interventions Involving Occupational Therapists.

Author(s): Solgaard Nielsen, Svetlana; Reffstrup Christensen, Jeanette

Source: Occupational Therapy International; Oct 2018 ; p. 1-17

Publication Date: Oct 2018

Publication Type(s): Academic Journal

Available at [Occupational Therapy International](#) - from Hindawi Open Access Journals

Abstract: Background. Worldwide obesity rates are increasing. The effectiveness of occupational therapy in overweight and obese adults has not yet been clarified. Objectives. The scoping review aimed at examining the evidence on interventions involving occupational therapists in the treatment of adults with overweight and obesity. Methods. Data on interventions involving occupational

therapists and reporting on lifestyle-related outcomes in overweight and obese adults was extracted from the databases Cochrane, PubMed, CINAHL, and Embase, including hand and reference search. The scoping review methodology of Arksey and O'Malley was used. Conclusions were based on numerical and narrative analysis. Results. Thirteen articles reporting on eleven studies met the inclusion criteria. Several studies showed significant weight loss. However, the studies possessed high heterogeneity and showed insufficient explication of the role and contribution of occupational therapy to the outcomes. Conclusions. The interventions with involvement of occupational therapists were suggested to help short-term weight loss. Occupational therapists contributed to the outcomes with a holistic approach, educating on the role of activity, providing technological support, and promoting enjoyment of being active. There is a need for further documentation of the effectiveness, role, and contributions of occupational therapy in the treatment of overweight and obese adults in all settings.

Database: CINAHL

Power mobility for children: a survey study of American and Canadian therapists' perspectives and practices.

Author(s): Kenyon, Lisa K.; Jones, Maria; Livingstone, Roslyn; Breaux, Becky; Tsotsoros, Jessica; Williams, Kelly M.

Source: Developmental Medicine & Child Neurology; Oct 2018; vol. 60 (no. 10); p. 1018-1025

Publication Date: Oct 2018

Publication Type(s): Academic Journal

PubMedID: 29956320

Available at [Developmental medicine and child neurology](#) - from Wiley

Abstract:Aim: To explore the views and practices of paediatric occupational therapists and physical therapists in Canada and the USA regarding the implementation of power mobility for children with mobility limitations.Method: This descriptive study utilized a web-based survey that included questions pertaining to therapists' decisions to trial and use power mobility, agreement or disagreement with statements developed from published practice considerations regarding power mobility, and the frequency of performing tasks related to power mobility prescription and training.Results: Most respondents reported that child characteristics (e.g. cognition, safety awareness) were important factors in decision-making about power mobility, whereas other child characteristics (e.g. communication abilities, age) were not as important. Family resources and home accessibility were also not considered important. The average age at which respondents considered power mobility for children was 2 years 3 months. The majority of respondents agreed with statements developed from published practice considerations and most frequently performed various power mobility tasks twice a year or less.Interpretation: Although most respondents appeared to have positive views regarding power mobility, few appeared to actively perform power mobility tasks in their practice. Resources to support therapists in the early introduction of power mobility may be beneficial.What This Paper Adds: Occupational and physical therapists positively view early introduction of power mobility for children with mobility limitations. Few therapists actively provide early power mobility experiences. Power mobility training and monitoring power mobility devices are important therapist roles.

Database: CINAHL

Most National Cancer Institute-Designated Cancer Center Websites Do Not Provide Survivors with Information About Cancer Rehabilitation Services.

Author(s): Silver, Julie K.; Raj, Vishwa S.; Fu, Jack B.; Wisotzky, Eric M.; Smith, Sean Robinson; Knowlton, Sasha E.; Silver, Alexander J.

Source: Journal of Cancer Education; Oct 2018; vol. 33 (no. 5); p. 947-953

Publication Date: Oct 2018

Publication Type(s): Academic Journal

PubMedID: 28064402

Available at [Journal of Cancer Education](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Journal of Cancer Education](#) - from EBSCO (MEDLINE Complete)

Abstract: This study is the first to evaluate the existence and quality of patient-related cancer rehabilitation content on the websites of National Cancer Institute (NCI)-Designated Cancer Centers. In 2016, a team of cancer rehabilitation physicians (physiatrists) conducted an analysis of the patient-related rehabilitation content on the websites of all NCI-Designated Cancer Centers that provide clinical care (N = 62 of 69). The main outcome measures included qualitative rating of the ease of locating descriptions of cancer rehabilitation services on each website, followed by quantitative rating of the quality of the cancer rehabilitation descriptions found. More than 90% of NCI-Designated Cancer Centers providing clinical care did not have an easily identifiable patient-focused description of or link to cancer rehabilitation services on their website. Use of a website's search box and predetermined terms yielded an additional 13 descriptions (21%). Therefore, designers of nearly 70% of the websites evaluated overlooked an opportunity to present a description of cancer rehabilitation services. Moreover, only 8% of the websites included accurate and detailed information that referenced four core rehabilitation services (physiatry and physical, occupational and speech therapy). Further research is needed to confirm the presence of cancer rehabilitation services and evaluate access to these types of services at NCI-Designated Cancer Centers providing clinical care.

Database: CINAHL

Impact of Vasoactive Medications on ICU-Acquired Weakness in Mechanically Ventilated Patients.

Author(s): Wolfe, Krysta S.; Patel, Bhakti K.; MacKenzie, Erica L.; Giovanni, Shewit P.; Pohlman, Anne S.; Churpek, Matthew M.; Hall, Jesse B.; Kress, John P.

Source: CHEST; Oct 2018; vol. 154 (no. 4); p. 781-787

Publication Date: Oct 2018

Publication Type(s): Academic Journal

PubMedID: 30217640

Abstract: Background: Vasoactive medications are commonly used in the treatment of critically ill patients, but their impact on the development of ICU-acquired weakness is not well described. The objective of this study is to evaluate the relationship between vasoactive medication use and the outcome of ICU-acquired weakness. Methods: This is a secondary analysis of mechanically ventilated patients (N = 172) enrolled in a randomized clinical trial of early occupational and physical therapy vs conventional therapy, which evaluated the end point of ICU-acquired weakness on hospital discharge. Patients underwent bedside muscle strength testing by a therapist blinded to study allocation to evaluate for ICU-acquired weakness. The effects of vasoactive medication use on the incidence of ICU-acquired weakness in this population were assessed. Results: On logistic regression analysis, the use of vasoactive medications increased the odds of developing ICU-acquired weakness (odds ratio [OR], 3.2; P = .01) independent of all other established risk factors for weakness. Duration of vasoactive medication use (in days) (OR, 1.35; P = .004) and cumulative norepinephrine

dose ($\mu\text{g}/\text{kg}/\text{d}$) (OR, 1.01; $P = .02$) (but not vasopressin or phenylephrine) were also independently associated with the outcome of ICU-acquired weakness. **Conclusions:** In mechanically ventilated patients enrolled in a randomized clinical trial of early mobilization, the use of vasoactive medications was independently associated with the development of ICU-acquired weakness. Prospective trials to further evaluate this relationship are merited. **Trial Registry:** ClinicalTrials.gov; No.: NCT01777035; URL: www.clinicaltrials.gov.

Database: CINAHL

Clinical observation of 60 cases of treating cognitive disorder after cerebral injury in combination with scalp acupuncture and cognitive training.

Author(s): Jinyu Du; Jiu Yin; Lin Liu; Jianlong Chen; Mingchuan He; Du, Jinyu; Yin, Jiu; Liu, Lin; Chen, Jianlong; He, Mingchuan

Source: Medicine; Oct 2018; vol. 97 (no. 40); p. 1-4

Publication Date: Oct 2018

Publication Type(s): Academic Journal

PubMedID: 30290598

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

Available at [Medicine](#) - from IngentaConnect - Open Access

Abstract: To observe the clinical effect of scalp acupuncture combined with cognitive training on cognitive disorder after cerebral injury. Around 60 cases of cerebral injury patients for hospitalization in rehabilitation department of Chongqing Three Gorges Central Hospital from July in 2015 to June in 2017 are divided into control group and treatment group of 30 cases for each at random. The control group received routine treatment and cognitive rehabilitation training for 12 weeks. The treatment group received conventional treatment, cognitive rehabilitation training, and scalp acupuncture. Acupuncture with a scalp acupuncture is provided for the treatment group besides adopting above conventional treatment and rehabilitation training method. Loewenstein Occupational Therapy Cognitive Assessment (LOTCA) score of both groups increases obviously after treatment compared with that before treatment, and there is difference ($P < .01$) through contrast. And LOTCA score of treatment group is higher than that of control group ($P < .05$) after treatment. Scalp acupuncture in combination with cognitive training can effectively improve cognitive disorder degree of patients with cerebral injury, and the effect is more significant compared with simple cognitive rehabilitation training, thus it is worth of research and application.

Database: CINAHL

Consensus statement on physical rehabilitation in children and adolescents with osteogenesis imperfecta.

Author(s): Mueller, Brigitte; Engelbert, Raoul; Baratta-Ziska, Frances; Bartels, Bart; Blanc, Nicole; Brizola, Evelise; Frascini, Paolo; Hill, Claire; Marr, Caroline; Mills, Lisa; Montpetit, Kathleen; Pacey, Verity; Molina, Miguel Rodriguez; Schuurin, Marleen; Verhille, Chantal; de Vries, Olga; Yeung, Eric Hiu Kwong; Semler, Oliver

Source: Orphanet Journal of Rare Diseases; Sep 2018; vol. 13 (no. 1)

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 30201006

Available at [Orphanet journal of rare diseases](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Available at [Orphanet journal of rare diseases](#) - from BioMed Central

Available at [Orphanet journal of rare diseases](#) - from Europe PubMed Central - Open Access

Available at [Orphanet journal of rare diseases](#) - from EBSCO (MEDLINE Complete)

Abstract:On the occasion of the 13th International Conference on Osteogenesis imperfecta in August 2017 an expert panel was convened to develop an international consensus paper regarding physical rehabilitation in children and adolescents with Osteogenesis imperfecta. The experts were chosen based on their clinical experience with children with osteogenesis imperfecta and were identified by sending out questionnaires to specialized centers and patient organizations in 26 different countries. The final expert-group included 16 representatives (12 physiotherapists, two occupational therapists and two medical doctors) from 14 countries. Within the framework of a collation of personal experiences and the results of a literature search, the participating physiotherapists, occupational therapists and medical doctors formulated 17 expert-statements on physical rehabilitation in patients aged 0-18 years with osteogenesis imperfecta.

Database: CINAHL

The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk.

Author(s): Stevens, Judy A; Lee, Robin

Source: American Journal of Preventive Medicine; Sep 2018; vol. 55 (no. 3); p. 290-297

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 30122212

Abstract:Introduction: Falls often cause severe injuries and are one of the most costly health conditions among older adults. Yet, many falls are preventable. The number of preventable medically treated falls and associated costs averted were estimated by applying evidence-based fall interventions in clinical settings.Methods: A review of peer-reviewed literature was conducted in 2017 using literature published between 1994 and 2017, the authors estimated the prevalence of seven fall risk factors and the effectiveness of seven evidence-based fall interventions. Then authors estimated the number of older adults (aged ≥ 65 years) who would be eligible to receive one of seven fall interventions (e.g., Tai Chi, Otago, medication management, vitamin D supplementation, expedited first eye cataract surgery, single-vision distance lenses for outdoor activities, and home modifications led by an occupational therapist). Using the reported effectiveness of each intervention, the number of medically treated falls that could be prevented and the associated direct medical costs averted were calculated.Results: Depending on the size of the eligible population, implementing a single intervention could prevent between 9,563 and 45,164 medically treated falls and avert \$94-\$442 million in direct medical costs annually. The interventions with the potential to help the greatest number of older adults were those that provided home modification delivered by an occupational therapist (38.2 million), and recommended daily vitamin D supplements (16.7 million).Conclusions: This report is the first to estimate the number of medically treated falls that could be prevented and the direct medical costs that could be averted. Preventing falls can benefit older adults substantially by improving their health, independence, and quality of life.

Database: CINAHL

Therapeutic Management of the Overlapping Syndromes of Atypical Parkinsonism.

Author(s): Giagkou, Nikolaos; Stamelou, Maria

Source: CNS Drugs; Sep 2018; vol. 32 (no. 9); p. 827-837

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 30051337

Abstract: Progressive supranuclear palsy, corticobasal degeneration and multiple system atrophy account for approximately 10% of neurodegenerative parkinsonism. Considerable clinical overlap exists between these disorders that extends to features considered characteristic of each disease. Clinical diagnostic criteria have attempted to increase the accuracy of clinical diagnosis as accurate diagnosis is necessary to inform prognosis and to facilitate the recognition of disease-modifying treatments. Currently no such treatment exists. Nevertheless, many clinical trials aiming to change the natural history of these diseases are ongoing. The spread and accumulation of abnormal proteins are among the pathophysiological mechanisms targeted. For the time being, however, only symptomatic treatment is available. Levodopa is used to treat parkinsonism, but patients usually show a poor or transient response. Amantadine is also used in practice for the same indication. Botulinum toxin can alleviate focal dystonic manifestations. Addressing non-motor manifestations is limited by the potential of available drugs to impact on other aspects of the disease. Most of the new symptomatic formulations under study are focused on orthostatic hypotension in multiple system atrophy. Exercise, occupational, physical, and speech therapy and psychotherapy should always accompany pharmacological approaches.

Database: CINAHL

Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes.

Author(s): Delgadillo, Jaime; Saxon, David; Barkham, Michael

Source: Depression & Anxiety (1091-4269); Sep 2018; vol. 35 (no. 9); p. 844-850

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29719089

Available at [Depression and Anxiety](#) - from Wiley

Abstract:Background: Occupational burnout is common in mental health professionals, but its impact on patient outcomes is as yet uncertain. This study aimed to investigate associations between therapist-level burnout and patient-level treatment outcomes after psychological therapy. Methods: We used multilevel modeling using depression (PHQ-9) and anxiety (GAD-7) outcomes data from 2,223 patients nested within 49 therapists. Therapists completed a survey including the Oldenburg Burnout Inventory (OLBI) and a job satisfaction scale (JDSS). Results: After controlling for case-mix, around 5% of variability in treatment outcomes was explained by therapist effects (TE). Higher therapist OLBI-disengagement and lower JDSS scores were significantly associated with poorer treatment outcomes, explaining between 31 and 39% of the TE estimate. Higher OLBI scores were also correlated with lower job satisfaction ratings. Conclusions: Therapist burnout has a negative impact on treatment outcomes and could be the target of future preventive and remedial action.

Database: CINAHL

Non-medical approved clinicians: Results of a first national survey in England and Wales.

Author(s): Oates, Jennifer; Brandon, Toby; Burrell, Carole; Ebrahim, Selma; Taylor, John; Veitch, Paul

Source: International Journal of Law & Psychiatry; Sep 2018; vol. 60 ; p. 51-56

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 30217331

Abstract:The 2007 amendments to the Mental Health Act, 1983 in England and Wales enabled non-medics to take on the role of legally 'responsible clinician' for the overall care and treatment of service users detained under the Act, where previously this was the sole domain of the psychiatrist as Responsible Medical Officer. Following state sanction as an 'Approved Clinician', certain psychologists, nurses, social workers or occupational therapists may be allocated as a Responsible Clinician for specific service users. Between 2007 and 2017 only 56 non-medics had become Approved Clinicians. This study reports on a first national survey of 39 non-medical Approved Clinicians. Descriptive statistics and thematic analysis of free text answers are presented here. The survey results show the limited uptake of the role, save for in the North Eastern region of England. Non-medical Approved Clinicians were motivated by a combination of altruistic intents (namely a belief that they could offer more psychologically-informed, recovery-oriented care) and desire for professional development in a role fitting their expertise and experience. Barriers and facilitators to wider uptake of the role appear to be: organisational support, attitudes of psychiatrist colleagues and a potentially lengthy and laborious approvals application process. The survey is a starting point to further research on the interpretation and implementation of the range of statutory roles and responsibilities under English and Welsh mental health law.

Database: CINAHL

Acute Stroke Care in Dementia: A Cohort Study from the Swedish Dementia and Stroke Registries.

Author(s): Zupanic, Eva; Kåreholt, Ingemar; Norrving, Bo; Secnik, Juraj; von Euler, Mia; Winblad, Bengt; Religa, Dorota; Kramberger, Milica Gregoric; Johnell, Kristina; Eriksdotter, Maria; Garcia-Ptacek, Sara

Source: Journal of Alzheimer's Disease; Sep 2018; vol. 66 (no. 1); p. 185-194

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 30248059

Abstract:Background: Previous studies have shown that patients with dementia receive less testing and treatment for stroke.Objectives: Our aim was to investigate hospital management of acute ischemic stroke in patients with and without dementia.Methods: Retrospective analysis of prospectively collected data 2010-2014 from the Swedish national dementia registry (SveDem) and the Swedish national stroke registry (Riksstroke). Patients with dementia who suffered an acute ischemic stroke (AIS) (n = 1,356) were compared with matched non-dementia AIS patients (n = 6,755). Outcomes included length of stay in a stroke unit, total length of hospitalization, and utilization of diagnostic tests and assessments.Results: The median age at stroke onset was 83 years. While patients with dementia were equally likely to be directly admitted to a stroke unit as their non-dementia counterparts, their stroke unit and total hospitalization length were shorter (10.5 versus 11.2 days and 11.6 versus 13.5, respectively, p < 0.001). Dementia patients were less likely to receive carotid ultrasound (OR 0.36, 95% CI [0.30-0.42]) or undergo assessments by the interdisciplinary team members (physiotherapists, speech therapists, occupational therapists; p < 0.05 for all adjusted models). However, a similar proportion of patients received CT imaging (97.4% versus 98.6%, p = 0.001) and a swallowing assessment (90.7% versus 91.8%, p = 0.218).Conclusions: Patients with dementia who suffer an ischemic stroke have equal access to direct stroke unit care compared to

non-dementia patients; however, on average, their stay in a stroke unit and total hospitalization are shorter. Dementia patients are also less likely to receive specific diagnostic tests and assessments by the interdisciplinary stroke team.

Database: CINAHL

Outcomes and Factors Influencing Response to an Individualized Multidisciplinary Chronic Disease Management Program for Hip and Knee Osteoarthritis.

Author(s): Gwynne-Jones, David P.; Gray, Andrew R.; Hutton, Liam R.; Stout, Kirsten M.; Abbott, J. Haxby

Source: Journal of Arthroplasty; Sep 2018; vol. 33 (no. 9); p. 2780-2786

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29739632

Abstract:Background: The objective of the study was to investigate the effectiveness of, and factors associated with, response to a chronic disease management program for patients with hip and knee osteoarthritis (OA).Methods: Over a 2-year period (2012-2014), 218 patients (97 hip OA; 121 knee OA) were managed with an individualized program of interventions that could include education, physiotherapy, orthotics, occupational therapy, or dietitian referral. Changes in Oxford Hip Score or Oxford Knee Score and Short Form-12 (SF-12) Physical and Mental Component Summary Score (PCS, MCS) were analyzed by joint affected, both unadjusted, and gender and age adjusted. A further analysis also adjusted for body mass index.Results: At mean 12-month follow-up, patients with knee OA had a statistically significant improvement in Oxford Knee Score and PCS, while patients with hip OA had a statistically significant deterioration in all 3 scores. There was evidence that these changes differed between joints for Oxford and PCS scores. Older age was associated with worse outcomes for Oxford scores. Higher body mass index was associated with worse outcomes for Oxford and PCS scores. Patients with hip OA (35%) were more likely to deteriorate to a clinically significant extent (5 points) for Oxford scores than those with knee OA. Gender was not associated with outcomes. Patients with hip OA (54%) were more likely than those with knee OA (24%) to have subsequently had surgery ($P < .001$).Conclusions: Patients with knee OA were more likely to improve with a chronic disease management plan than patients with hip OA and efforts should be directed to them.

Database: CINAHL

Tele-Rehabilitation after Stroke: An Updated Systematic Review of the Literature.

Author(s): Sarfo, Fred S.; Ulasavets, Uladzislau; Opore-Sem, Ohene K.; Ovbiagele, Bruce

Source: Journal of Stroke & Cerebrovascular Diseases; Sep 2018; vol. 27 (no. 9); p. 2306-2318

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29880211

Abstract:Background: Tele-rehabilitation for stroke survivors has emerged as a promising intervention for remotely supervised administration of physical, occupational, speech, and other forms of therapies aimed at improving motor, cognitive, and neuropsychiatric deficits from stroke.Objective: We aimed to provide an updated systematic review on the efficacy of tele-rehabilitation interventions for recovery from motor, higher cortical dysfunction, and poststroke depression among stroke survivors.Methods: We searched PubMed and Cochrane library from January 1, 1980 to July 15, 2017 using the following keywords: "Telerehabilitation stroke," "Mobile

health rehabilitation," "Telemedicine stroke rehabilitation," and "Telerehabilitation." Our inclusion criteria were randomized controlled trials, pilot trials, or feasibility trials that included an intervention group that received any tele-rehabilitation therapy for stroke survivors compared with a control group on usual or standard of care. Results: This search yielded 49 abstracts. By consensus between 2 investigators, 22 publications met the criteria for inclusion and further review. Tele-rehabilitation interventions focused on motor recovery (n = 18), depression, or caregiver strain (n = 2) and higher cortical dysfunction (n = 2). Overall, tele-rehabilitation interventions were associated with significant improvements in recovery from motor deficits, higher cortical dysfunction, and depression in the intervention groups in all studies assessed, but significant differences between intervention versus control groups were reported in 8 of 22 studies in favor of tele-rehabilitation group while the remaining studies reported nonsignificant differences. Conclusion: This updated systematic review provides evidence to suggest that tele-rehabilitation interventions have either better or equal salutary effects on motor, higher cortical, and mood disorders compared with conventional face-to-face therapy.

Database: CINAHL

Rehabilitation Characteristics in High-Performance Hospitals after Acute Stroke.

Author(s): Sawabe, Masashi; Momosaki, Ryo; Hasebe, Kiyotaka; Sawaguchi, Akira; Kasuga, Seiji; Asanuma, Daichi; Suzuki, Shoya; Miyauchi, Narimi; Abo, Masahiro

Source: Journal of Stroke & Cerebrovascular Diseases; Sep 2018; vol. 27 (no. 9); p. 2431-2435

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29801813

Abstract:Background: Rehabilitation characteristics in high-performance hospitals after acute stroke are not clarified. This retrospective observational study aimed to clarify the characteristics of high-performance hospitals in acute stroke rehabilitation. Methods: Patients with stroke discharged from participating acute hospitals were extracted from the Japan Rehabilitation Database for the period 2006-2015. We found 6855 patients from 14 acute hospitals who were eligible for analysis in this study after applying exclusion criteria. We divided facilities into high-performance hospitals and low-performance hospitals using the median of the Functional Independent Measure efficiency for each hospital. We compared rehabilitation characteristics between high- and low-performance hospitals. Results: High-performance hospitals had significantly shorter length of stay. More patients were discharged to home in the high-performance hospitals compared with low-performance hospitals. Patients in high-performance hospitals received greater amounts of physical, occupational, and speech therapy. Patients in high-performance hospitals engaged in more self-exercise, weekend exercise, and exercise in wards. There was more participation of board-certified psychiatrists and social workers in high-performance hospitals. Conclusions: Our data suggested that amount, timing, and type of rehabilitation, and participation of multidisciplinary staff are essential for high performance in acute stroke rehabilitation.

Database: CINAHL

Can the Amount of Interventions during the Convalescent Phase Predict the Achievement of Independence in Activities of Daily Living in Patients with Stroke? A Retrospective Cohort Study.

Author(s): Umehara, Takuya; Tanaka, Ryo; Tsunematsu, Miwako; Sugihara, Katsunori; Moriuchi, Yasuyuki; Yata, Kaori; Muranaka, Kurumi; Inoue, Junko; Kohriyama, Tatsuo; Kakehashi, Masayuki

Source: Journal of Stroke & Cerebrovascular Diseases; Sep 2018; vol. 27 (no. 9); p. 2436-2444

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29857930

Abstract:Background: This study aimed to evaluate the diagnostic performance of the amount of physical, occupational, and speech therapy intervention and optimal timing necessary for activities of daily living (ADL) independence in patients with stroke.Method: Patients (N = 441) with stroke admitted to the convalescent rehabilitation ward were classified into an early intervention or a nonearly intervention group on the basis of the duration from the date of onset to date of hospital admission. Logistic regression model was used to identify factors influencing independence in ADL in both groups. Cutoff point, likelihood ratio, and posterior probabilities for ADL independence were calculated, and diagnostic accuracy was evaluated for extracted factors.Results: Results of logistic regression analysis revealed that age and physical and occupational therapy intervention amount provided during convalescent phase and Functional Independent Measure (FIM) motor score at admission significantly influenced independence in ADL at discharge from the hospital in the early intervention group (hospitalization date was 30 days or less). The cutoff point was 168 hours; positive likelihood ratio was 1.74; negative likelihood ratio was .78; and the posterior probability for the time spent by the therapist was 81.0%. FIM motor score at admission was the only factor extracted for the nonearly intervention group (hospitalization date was 31 days or more).Conclusion: The ADL independence in patients with stroke admitted to convalescent rehabilitation ward during their convalescent phase cannot be determined simply on the basis of the amount of physical and occupational therapy they receive.

Database: CINAHL

Parental views on special educational needs provision: Cross-syndrome comparisons in Williams Syndrome, Down Syndrome, and Autism Spectrum Disorders.

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

Source: Research in Developmental Disabilities; Sep 2018; vol. 80 ; p. 102-111

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29981951

Abstract:Background: The current study examined parents' views about their child's educational provision for children with Williams syndrome (WS), Down syndrome (DS), and Autism Spectrum Disorders (ASD).Aims: This cross-syndrome comparison explored the specific and general difficulties that parents of children with neurodevelopmental disorders experience about their child's educational provision.Methods and Procedures: Parents of children aged 4-18;11 years old, including 99 with WS, 88 with DS, and 82 with ASD completed a survey.Outcomes and Results: Children with DS were more likely to access mainstream settings and 1-to-1 support compared to those with WS and ASD. Parental satisfaction was lowest for those with ASD but all parents mentioned concerns about professionals' knowledge of how to support children with special educational needs and disabilities (SEND). There were also group differences for access to specialist support but overall access to occupational therapy and mental health was low.Conclusions and Implications: In contrast to previous studies, educational provision and satisfaction with educational provision are syndrome-specific. These results also highlight the need for training and raising awareness about the specific needs of children with neurodevelopmental disorders. In addition, our findings suggest improved communication between parents and the school is required about the type of support children with SEND are receiving.

Database: CINAHL

Variation in costs among surgeons for lumbar spinal stenosis.

Author(s): Ogink, Paul T.; Teunis, Teun; van Wulfften Palthe, Olivier; Sepucha, Karen; Bono, Christopher M.; Schwab, Joseph H.; Cha, Thomas D.

Source: Spine Journal; Sep 2018; vol. 18 (no. 9); p. 1584-1591

Publication Date: Sep 2018

Publication Type(s): Academic Journal

PubMedID: 29496622

Abstract:Background Context: Lumbar spinal stenosis is a common condition in the elderly for which costs vary substantially by region. Comparing differences between surgeons from a single institution, thereby omitting regional variation, could aid in identifying factors associated with higher costs and individual drivers of costs. The use of decision aids (DAs) has been suggested as one of the possible tools for diminishing costs and cost variation.Purpose: (1) To determine factors associated with higher costs for treatment of spinal stenosis in the first year after diagnosis in a single institution; (2) to find individual drivers of costs for providers with higher costs; and (3) to determine if the use of DAs can decrease costs and cost variability.Study Design: Retrospective cohort study.Patient Sample: A total of 10,858 patients in 18 different practices diagnosed with lumbar spinal stenosis between January 2003 and July 2015 in three associated hospitals of a single institution.Outcome Measures: Mean cost for a patient per provider in US dollars within 1 year after diagnosis of lumbar spinal stenosis.Methods: We collected all diagnostic testing, office visits, injections, surgery, and occupational or physical therapy related to lumbar spinal stenosis within 1 year after initial diagnosis. We used multivariable linear regression to determine independent predictors for costs. Providers were grouped in tiers based on mean total costs per patient to find drivers of costs. To assess the DAs effect on costs and cost variability, we matched DA patients one-to-one with non-DA patients.Results: Male gender (β 0.10, 95% confidence interval [CI] 0.05-0.15, $p < .001$), seeing an additional provider (β 0.77, 95% CI 0.69-0.86, $p < .001$), and having an additional spine diagnosis (β 0.79, 95% CI 0.74-0.84, $p < .001$) were associated with higher costs. Providers in the high cost tier had more office visits ($p < .001$), more imaging procedures ($p < .001$), less occupational or physical therapy ($p = .002$), and less surgery ($p = .001$) compared with the middle tier. Eighty-two patients (0.76%) received a DA as part of their care; there was no statistically significant difference between the DA group and the matched group in costs ($p = .975$).Conclusions: Male gender, seeing an additional provider, and having an additional spine diagnosis were independently associated with higher costs. The main targets for cost reduction we found are imaging procedures and number of office visits. Decision aids were not found to affect cost.

Database: CINAHL

Effect of long-term lifestyle intervention on mild cognitive impairment in hypertensive occupational population in China.

Author(s): Min Li; Lei Liu; Shaowu Song; Anshi Shi; Yunlong Ma; Songlin Zhang; Zengwu Wang; Danjun Zhu; Gang Tian; Li, Min; Liu, Lei; Song, Shaowu; Shi, Anshi; Ma, Yunlong; Zhang, Songlin; Wang, Zengwu; Zhu, Danjun; Tian, Gang

Source: Medicine; Aug 2018; vol. 97 (no. 34); p. 1-8

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 30142828

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

Available at [Medicine](#) - from IngentaConnect - Open Access

Abstract:Background: The incidence of hypertension in China is high, which seriously affects people's health, including occupational population in mining areas. Cognitive dysfunction has a serious impact on the work and life of patients. Lifestyle intervention can improve diabetes and cardiovascular diseases. However, there are few studies on the effects of lifestyle interventions on cognitive function in hypertensive patients. So the aim of this study was to analyze the effect of long-term lifestyle intervention on mild cognitive impairment in hypertensive occupational population in China.Methods: In September 2013, a cluster sampling was conducted for the workers in the Shaanxi Jinduicheng (intervention group) and Hancheng (control group) mining areas. In both groups, according to the blood pressure (BP) level, they were divided into hypertension stage 1 to 3 subgroups; according to their age, they were divided into between 45 and 59 and under 45 years subgroups; and according to whether or not taking medicine, they were divided into Lifestyle intervention, Lifestyle intervention plus medication, Medication, and No lifestyle intervention nor medication subgroups. The intervention group received regular lifestyle intervention for 2 years, which included diet, smoke, drink, and exercise intervention. Mild cognitive impairment was measured by the Montreal Cognitive Assessment (MoCA). The arterial stiffness was measured by Omron Automatic Atherosclerosis Tester. We conducted BP measurement and MoCA questionnaire at baseline, 6, 12, and 24 months.Results: We analyzed a total of 510 mine workers, whose average age was 45.6 ± 13.4 years old. With the increase of BP level, the MoCA scores decreased significantly both in control and lifestyle intervention groups ($P < .05$). After 2 years, the BP, total cholesterol, glucose, and brachial-ankle pulse wave velocity of the Lifestyle intervention subgroup and Lifestyle intervention plus medication subgroup decreased ($P < .05$), and the MoCA scores and ankle-brachial index increased ($P < .05$), but the BP decreased and the MoCA scores increased significantly in the Lifestyle intervention and Lifestyle intervention plus medication subgroups after 1 and 2 years of lifestyle intervention ($P < .05$).Conclusion: Long-term lifestyle intervention can be used as adjunctive therapy to improve the BP and cognitive function of hypertensive occupational population in China.

Database: CINAHL

Biopsychosocial predictors and trajectories of work participation after transdiagnostic occupational rehabilitation of participants with mental and somatic disorders: a cohort study.

Author(s): Hara, Karen Walseth; Bjørngaard, Johan Håkon; Jacobsen, Henrik Børsting; Borchgrevink, Petter C.; Johnsen, Roar; Stiles, Tore C.; Brage, Søren; Woodhouse, Astrid; Bjørngaard, Johan Håkon; Jacobsen, Henrik Børsting; Brage, Søren

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

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

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

Abstract:Background: Group-based transdiagnostic occupational rehabilitation programs including participants with mental and somatic disorders have emerged in clinical practice. Knowledge is sparse on subsequent participation in competitive work. This study aimed to investigate trajectories for (re)entry to work for predefined subgroups in a diagnostically heterogeneous sample of sick-listed participants after completing occupational rehabilitation.Methods: A cohort of 212 participants aged 18-69 on long-term sick leave (> 8 weeks) with chronic pain, chronic fatigue and/or

common mental disorders was followed for one year after completing a 3½-week rehabilitation intervention based on Acceptance and Commitment Therapy. Self-reported, clinical and registry data were used to study the associations between predefined biopsychosocial predictors and trajectories for (re)entry to competitive work (≥ 1 day per week on average over 8 weeks). Generalized estimating equations analysis was used to investigate trajectories. Results: For all biopsychosocial subgroups (re)entry to work increased over time. Baseline employment, partial sick leave and higher expectation of return to work (RTW) predicted higher probability of having (re)entered work at any given time after discharge. The odds of increasing reentry over time (statistical interaction with time) was weaker for the group receiving the benefit work assessment allowance compared with those receiving sickness benefit (OR = 0.92, $p = 0.048$) or for those on partial sick leave compared with full sick leave (OR 0.77, $p < 0.001$), but higher for those who at baseline had reported having a poor economy versus not (OR 1.16, $p = 0.010$) or reduced emotional functioning compared with not (OR 1.11, $p = 0.012$). Health factors did not differentiate substantially between trajectories. Conclusions: Work participation after completing a transdiagnostic occupational rehabilitation intervention was investigated. Individual and system factors related to work differentiated trajectories for (re)entry to work, while individual health factors did not. Having a mental disorder did not indicate a worse prognosis for (re)entry to work following the intervention. Future trials within occupational rehabilitation are recommended to pivot their focus to work-related factors, and to lesser extent target diagnostic group.

Database: CINAHL

Effects of Upper-Extremity Surgery on Manual Performance of Children and Adolescents with Cerebral Palsy: A Multidisciplinary Approach Using Shared Decision-Making.

Author(s): Louwers, Annoek; Warnink-Kavelaars, Jessica; Obdeijn, Miryam; Kreulen, Mick; Nollet, Frans; Beelen, Anita

Source: Journal of Bone & Joint Surgery, American Volume; Aug 2018; vol. 100 (no. 16); p. 1416-1422

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 30106823

Abstract:Background: Little is known about the effects of upper-extremity surgery on the manual performance of children and adolescents with cerebral palsy (CP). This clinical cohort study describes our experience with patient selection based on multidisciplinary assessment and shared decision-making and the effects of upper-extremity surgery on manual performance and patient-relevant outcomes. Methods: All patients (up to 20 years of age) with CP referred to our multidisciplinary team for evaluation for upper-extremity surgery between July 2011 and May 2017 were included. Suitability for upper-extremity surgery was assessed with comprehensive, multidisciplinary screening, and the decision to proceed with surgery was made together with the patient. Individual patient-relevant goals were identified with the Canadian Occupational Performance Measure (COPM); perceived independence in performing bimanual activities at home was assessed with the ABILHAND-Kids tool, and perceived quality of use of the affected hand during daily activities was assessed with a visual analog scale (VAS). The quality of use of the affected hand during bimanual performance was measured with the Assisting Hand Assessment (AHA), and gross manual dexterity was evaluated with the Box and Block Test (BBT). All baseline assessments were repeated at an average of 9 months after the surgery. Results: Of 66 patients assessed by the multidisciplinary upper-extremity-surgery team, 44 were considered eligible for upper-extremity surgery. Of these patients, 39 (mean age and standard deviation [SD], 14.9 ± 2.10 years, 87% with unilateral CP, and 72% at Manual Ability Classification System [MACS] level II) underwent upper-extremity surgery and

were evaluated in the pre-post study. All outcomes improved significantly after upper-extremity surgery, with average improvements of 3.1 ± 1.6 points in the COPM-Performance (COPM-P) score ($p < 0.001$), 3.3 ± 2.1 points in the COPM-Satisfaction (COPM-S) score ($p < 0.001$), 1.5 ± 1.2 logits in the ABILHAND score ($p < 0.001$), 2.4 ± 1.9 cm in the VAS score ($p < 0.001$), 6.7 ± 4.2 units in the AHA score ($p < 0.001$), and 2.2 ± 5.0 blocks/minute on the BBT ($p = 0.021$). The improvement in the COPM-P, COPM-S, ABILHAND, VAS, AHA, and BBT scores was clinically meaningful in 80%, 77%, 55%, 62%, 71%, and 31% of the patients, respectively. Conclusions: Careful assessment of eligibility for upper-extremity surgery, based on multidisciplinary screening and shared decision-making, resulted in a clinically relevant improvement in patient-specific functional and/or cosmetic goals and manual performance after upper-extremity surgery in most patients with CP. Level Of Evidence: Therapeutic Level IV. See Instructions for Authors for a complete description of levels of evidence.

Database: CINAHL

Long-term outcomes of twins based on the intended mode of delivery.

Author(s): Fox, Nathan S.; Cohen, Natalie; Odom, Elizabeth; Gupta, Simi; Lam-Rachlin, Jennifer; Saltzman, Daniel H.; Rebarber, Andrei

Source: Journal of Maternal-Fetal & Neonatal Medicine; Aug 2018; vol. 31 (no. 16); p. 2164-2169

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 28573880

Abstract: Objective: Recent studies have shown that for twin pregnancies with a cephalic presenting first twin, planned vaginal delivery is not associated with adverse short-term neonatal outcomes, as compared to planned cesarean delivery. Our objective was to compare long-term outcomes in twins, based on planned mode of delivery. Study Design: This was a prospective, observational cohort of twin pregnancies delivered by a single MFM practice. All the patients with a twin pregnancy >34 weeks delivered from 2005-2014 were surveyed regarding pediatric outcomes at or after 2 years of life. The survey was mail-based, with phone follow-up for nonresponses or for clarification of answers. Using chi-square, Student's t-tests, and regression analysis we compared outcomes between women who planned a vaginal (with active management of the second stage) versus cesarean delivery. The main outcome measures were: (1) a composite of major adverse outcomes (death, cerebral palsy, necrotizing enterocolitis, chronic renal, heart, or lung disease); (2) a composite of minor adverse outcomes (learning disability, speech therapy, occupational therapy, physical therapy). Results: Five hundred and thirty-two women met inclusion criteria and 354 (66.5%) responded. 178 (50.3%) women planned to have a cesarean delivery (100% of whom had a cesarean delivery) and 176 (49.7%) women planned to have a vaginal delivery (83% of whom had a vaginal delivery). The average age of the children at the time of the survey was 5.9 years. There were no differences in any pediatric outcomes between the two groups. After controlling for maternal age, IVF, obesity, and preeclampsia, the planned mode of delivery was not associated with a composite of major adverse outcomes (aOR 0.673, 95% CI 0.228, 1.985), nor a composite of minor adverse outcomes (aOR 0.767, 95% CI 0.496, 1.188). Conclusions: Planned vaginal delivery with active management of the second stage of labor in twin pregnancies >34 weeks is not associated with adverse childhood outcomes.

Database: CINAHL

Making fall prevention routine in primary care practice: perspectives of allied health professionals.

Author(s): Liddle, Jeannine; Lovarini, Meryl; Clemson, Lindy; Mackenzie, Lynette; Tan, Amy; Pit, Sabrina W.; Poulos, Roslyn; Tiedemann, Anne; Sherrington, Catherine; Roberts, Chris; Willis, Karen

Source: BMC Health Services Research; Aug 2018; vol. 18 (no. 1)

Publication Date: Aug 2018

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Available at [BMC Health Services Research](#) - from Europe PubMed Central - Open Access

Available at [BMC Health Services Research](#) - from EBSCO (MEDLINE Complete)

Abstract:Background: While there is strong evidence that fall prevention interventions can prevent falls in people aged 65 and over, translating evidence into routine practice is challenging. Research regarding how allied health professionals (AHPs) respond to this challenge is limited. As part of the Integrated Solutions for Sustainable Fall Prevention (iSOLVE) project, this study aimed to explore how AHPs were making fall prevention practice routine in primary care and the factors that influenced their fall prevention practice.Methods: In-depth qualitative interviews were conducted with fifteen AHPs who had attended evidence-based workshops associated with the iSOLVE project. AHPs had backgrounds in physiotherapy, occupational therapy, exercise physiology and podiatry. Interviews explored how fall prevention was being incorporated into routine practice and the factors that influenced routinisation, including the project workshops. Thematic analysis was used to analyse the data.Results: We found fall prevention was valued in practice and recognised as complex. AHPs worked through challenges relating to clients (multi-morbidity, complex living situations, client motivation), challenges working alongside other health professionals (understanding respective roles/overlapping roles, sense of competition, communication) and challenges associated with funding systems perceived as complicated and constantly changing. Despite these challenges, AHPs were adopting strategies for integrating fall prevention routinely. The iSOLVE workshops were perceived as important in supporting existing practice and in providing strategies to enhance practice.Conclusions: Policy makers, program managers, educators and AHPs can adopt strategies identified in this research for routinising fall prevention such as being alert that falls are common, asking every client about falls, having processes for assessing clients for fall risk, and having structured and evidence-based programs to work with clients on fall prevention. Adapting and streamlining funding systems are also important for facilitating fall prevention work.

Database: CINAHL

Twin-to-twin transfusion syndrome neurodevelopmental follow-up study (neurodevelopmental outcomes for children whose twin-to-twin transfusion syndrome was treated with placental laser photocoagulation).

Author(s): Bolch, Christie; Fahey, Michael; Reddihough, Dinah; Williams, Katrina; Reid, Susan; Guzys, Angela; Cole, Stephen; Edwards, Andrew; Fung, Alison; Hodges, Ryan; Palma-Dias, Ricardo; Teoh, Mark; Walker, Susan

Source: BMC Pediatrics; Aug 2018; vol. 18 (no. 1)

Publication Date: Aug 2018

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PubMedID: 30068295

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

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

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

Abstract:Background: Twin-to-twin transfusion syndrome (TTTS) is a serious complication of 10-15% of twin or triplet pregnancies in which multiple fetuses share a single placenta. Communicating placental vessels allow one fetus (the donor) to pump blood to the other (the recipient). Mortality rates without intervention are high, approaching 100% in some series, with fetal deaths usually due to cardiac failure. Surgical correction using laser photocoagulation of communicating placental vessels was developed in the 1980s and refined in the 1990s. Since it was introduced in Victoria in 2006, laser surgery has been performed in approximately 120 pregnancies. Survival of one or more fetuses following laser surgery is currently > 90%, however the neurodevelopmental outcomes for survivors remain incompletely understood. Prior to laser therapy, at least one in five survivors of TTTS had serious adverse neurodevelopmental outcomes (usually cerebral palsy). Current estimates of neurological impairment among survivors following laser surgery vary from 4 to 31% and long-term follow-up data are limited.Methods: This paper describes the methodology for a retrospective cohort study in which children aged 24 months and over (corrected for prematurity), who were treated with laser placental photocoagulation for TTTS at Monash Health in Victoria, Australia, will undergo comprehensive neurodevelopmental assessment by a multidisciplinary team. Evaluation will include parental completion of pre-assessment questionnaires of social and behavioural development, a standardised medical assessment by a developmental paediatrician or paediatric neurologist, and age-appropriate cognitive and academic, speech and fine and gross motor assessments by psychologists, speech and occupational therapists or physiotherapists. Assessments will be undertaken at the Murdoch Children's Research Institute/Royal Children's Hospital, at Monash Health or at another mutually agreed location. Results will be recorded in a secure online database which will facilitate future related research.Discussion: This will be the first study to report and evaluate neurodevelopmental outcomes following laser surgery for twin-to-twin transfusion syndrome in Victoria, and will inform clinical practice regarding follow-up of children at risk of adverse outcomes.

Database: CINAHL

Sleep Disorders in Patients With Posttraumatic Stress Disorder.

Author(s): El-Solh, Ali A.; Riaz, Usman; Roberts, Jasmine

Source: CHEST; Aug 2018; vol. 154 (no. 2); p. 427-439

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 29684315

Abstract:A growing body of evidence supports a bidirectional relationship between posttraumatic stress disorder (PTSD) and sleep disturbances. Fragmented sleep induced by sleep-related breathing disorders, insomnia, and nightmares impacts recovery and treatment outcomes and worsens PTSD symptoms. Despite recent attention, management of these disorders has been unrewarding in the setting of PTSD. This review summarizes the evidence for empirically supported treatments of these sleep ailments, including psychotherapeutic and pharmacologic interventions, as it relates to PTSD. Recent advances in positive airway pressure technology have made treatment of OSA more acceptable; however, adherence to CPAP therapy presents a substantial challenge. Concomitant insomnia, which engenders psychiatric and medical conditions, including depression, suicide, and alcohol and substance abuse, can be managed with cognitive behavioral therapy. Hypnotic agents are considered an alternative therapy, but concerns about adverse events and lack of high-level evidence supporting their efficacy in PTSD treatment have limited their use to resistant cases or as adjuncts to behavioral therapy when the response is less than desirable. Intrusion of nightmares can

complicate PTSD treatment and exert serious strain on social, occupational, and marital relations. Imagery rehearsal therapy has shown significant reduction in nightmare intensity and frequency. The success of noradrenergic blocking agents has not been consistent among studies, with one-half reporting treatment failure. An integrated stepped care approach that includes components of both behavioral and pharmacologic interventions customized to patients' sleep-maladaptive behaviors may offer a solution to delivering accessible, effective, and efficient services for individuals with PTSD.

Database: CINAHL

Initial evaluation of the effects of an environmental-focused problem-solving intervention for transition-age young people with developmental disabilities: Project TEAM.

Author(s): Kramer, Jessica M.; Helfrich, Christine; Levin, Melissa; Hwang, I-Ting; Samuel, Preethy S.; Carrellas, Ann; Schwartz, Ariel E.; Goeva, Aleksandrina; Kolaczyk, Eric D.; Hwang, I-Ting

Source: Developmental Medicine & Child Neurology; Aug 2018; vol. 60 (no. 8); p. 801-809

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 29528103

Available at [Developmental Medicine & Child Neurology](#) - from Wiley

Available at [Developmental Medicine & Child Neurology](#) - from Unpaywall

Abstract: Aim: Project TEAM (Teens making Environment and Activity Modifications) teaches transition-age young people with developmental disabilities, including those with co-occurring intellectual or cognitive disabilities, to identify and resolve environmental barriers to participation. We examined its effects on young people's attainment of participation goals, knowledge, problem-solving, self-determination, and self-efficacy. Method: We used a quasi-experimental, repeated measures design (initial, outcome, 6-week follow-up) with two groups: (1) Project TEAM (28 males, 19 females; mean age 17y 6mo); and (2) goal-setting comparison (21 males, 14 females; mean age 17y 6mo). A matched convenience sample was recruited in two US states. Attainment of participation goals and goal attainment scaling (GAS) T scores were compared at outcome. Differences between groups for all other outcomes were analyzed using linear mixed effects models. Results: At outcome, Project TEAM participants demonstrated greater knowledge (estimated mean difference: 1.82; confidence interval [CI]: 0.90, 2.74) and ability to apply knowledge during participation (GAS: $t[75]=4.21$; CI: 5.21, 14.57) compared to goal-setting. While both groups achieved significant improvements in knowledge, problem-solving, and self-determination, increases in parent reported self-determination remained at 6-week follow-up only for Project TEAM (estimated mean difference: 4.65; CI: 1.32, 7.98). Significantly more Project TEAM participants attained their participation goals by follow-up (Project TEAM=97.6%, goal-setting=77.1%, $p=0.009$). Interpretation: Both approaches support attainment of participation goals. Although inconclusive, Project TEAM may uniquely support young people with developmental disabilities to act in a self-determined manner and apply an environmental problem-solving approach over time. What This Paper Adds: Individualized goal-setting, alone or during Project TEAM (Teens making Environment and Activity Modifications) appears to support attainment of participation goals. Project TEAM appears to support young people with developmental disabilities to apply an environmental problem-solving approach to participation barriers. Parents of young people with developmental disabilities report sustained changes in self-determination 6 weeks after Project TEAM.

Database: CINAHL

A balanced approach to falls prevention: Application in the real world.

Author(s): Jancey, Jonine; Wold, Catrina; Meade, Rachel; Sweeney, Roisin; Davison, Erica; Leavy, Justine

Source: Health Promotion Journal of Australia; Aug 2018; vol. 29 (no. 2); p. 199-203

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 29573015

Available at [Health Promotion Journal of Australia - from ProQuest \(Hospital Premium Collection\) - NHS Version](#)

Abstract:Background: Falls place a heavy burden on the health system, impacting on an individual's quality of life, often resulting in a fear of falling, reduction in independence and at times admission to residential care. This study aimed to determine health professionals' confidence in discussing falls prevention strategies, topics discussed and the barriers and enablers to falls prevention discussions with clients aged 60 years and over. Method: A cross-sectional self-complete online survey was undertaken with a sample of health professionals (n = 191) who had engaged in the services of the Stay On Your Feet® programs delivered by the Injury Matters in Western Australia (WA). Results: The majority of participants were physiotherapists (25.7%), registered nurses (17.8%) and occupational therapists (11%) located in metropolitan (56%) and regional (44%) WA. Most health professionals (80.2%) were "highly" confident discussing falls prevention strategies. Discussion of falls prevention included the benefits of strength and balance exercises (83%), eating a healthy diet (78.7%), regular eyesight checks (64.5%), reviewing medications (54.8%) and exposure to sunlight (50.3%). The main enablers to falls prevention were knowledge (89.7%), skills to identify (77.7%) and implement (66.3%) falls prevention strategies, and access to printed resources (74.9%), while the main barrier was appointment times (14.6%). Conclusion: Health professionals' indicated that they are confident in discussing falls prevention strategies, and although a range of falls prevention strategies were discussed, limited attention was directed at the pharmacists' review of medications, eyesight checks and increasing vitamin D levels. SO WHAT?: Health professionals are discussing falls prevention strategies with their clients. A more multifaceted approach should be encouraged with an emphasis on all prevention strategies.

Database: CINAHL

Childhood adversities as predictors of improvement in psychiatric symptoms and global functioning in solution-focused and short- and long-term psychodynamic psychotherapy during a 5-year follow-up.

Author(s): Heinonen, Erkki; Knekt, Paul; Härkänen, Tommi; Virtala, Esa; Lindfors, Olavi

Source: Journal of Affective Disorders; Aug 2018; vol. 235 ; p. 525-534

Publication Date: Aug 2018

Publication Type(s): Academic Journal

PubMedID: 29689505

Abstract:Background: Childhood adversities are frequent among adults who seek treatment for depression or anxiety. These disorders are commonly treated by psychotherapy. Yet it is not known if specific types or durations of psychotherapy are particularly suited for patients who have suffered various early adversities. Methods: 221 depressed and anxious adult outpatients from community, student, occupational, and private healthcare services filled the Childhood Family Atmosphere Questionnaire. They were randomly assigned to short- (solution-focused or psychodynamic) or long-term (psychodynamic) psychotherapy. Outcome was assessed via patient questionnaires and clinician interviews of psychiatric symptoms and global functioning during a 5-year follow-up. Linear

regression analyses were conducted. Results: Less separations from caregivers expectedly predicted better outcomes in all therapies; unexpectedly, so did greater abuse. Family unhappiness and parental problems predicted faster or greater improvement when patients were assigned to a short- or long-term psychodynamic therapy model. Limitations: As patients with psychotic, substance abuse, and severe personality disorders were screened out, findings might not generalize to these patient groups. Conclusions: Patients with certain childhood adversities appear to respond with faster or greater improvement when the psychotherapy model is explicitly focused on working through the potential connections between past and current problems. If confirmed by in-depth studies, the findings may help match psychotherapeutic models with given patient complaints, as well as fine-tune different psychosocial interventions to individual needs for optimizing treatment outcomes.

Database: CINAHL

Effectiveness of Cognitive Orientation to daily Occupational Performance over and above functional hand splints for children with cerebral palsy or brain injury: a randomized controlled trial.

Author(s): Jackman, Michelle; Novak, Iona; Lannin, Natasha; Froude, Elspeth; Miller, Laura; Galea, Claire

Source: BMC Pediatrics; Jul 2018; vol. 18 (no. 1)

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 30064403

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

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

Abstract: Background: Functional hand splinting is a common therapeutic intervention for children with neurological conditions. The aim of this study was to investigate the effectiveness of the Cognitive Orientation to daily Occupational Performance (CO-OP) approach over and above conventional functional hand splinting, and in combination with splinting, for children with cerebral palsy or brain injury. Methods: A multisite, assessor-blinded, parallel, randomized controlled trial was conducted in Australia. Participants (n = 45) were randomly allocated to one of three groups; (1) splint only (n = 15); (2) CO-OP only (n = 15); (3) CO-OP + splint (n = 15). Inclusion: age 4-15 years; diagnosis of cerebral palsy or brain injury; Manual Ability Classification System I-IV; hand function goals; sufficient language, cognitive and behavioral ability. Primary outcome measures were the Canadian Occupational Performance Measure (COPM) and Goal Attainment Scale (GAS). Treatment duration for all groups was 2 weeks. CO-OP was provided in a group format, 1 h per day for 10 consecutive weekdays, with parents actively involved in the group. Hand splints were wrist cock-up splints that were worn during task practice. Three individual goals were set and all participants were encouraged to complete a daily home program of practicing goals for 1 h. Analyses were conducted on an intention to treat basis. Results: The COPM showed that all three groups improved from baseline to immediately post-treatment. GAS showed a statistically significant difference immediately post-intervention between the splint only and CO-OP only groups ($p = 0.034$), and the splint only and CO-OP + splint group ($p = 0.047$) favoring CO-OP after controlling for baseline. Conclusions: The CO-OP Approach™ appeared to enhance goal achievement over and above a functional hand splint alone. There was no added benefit of using hand splints in conjunction with CO-OP, compared to CO-OP alone. Hand splints were not well tolerated in this population. Practice of functional goals, through CO-OP or practice at home, leads to goal

achievement for children with cerebral palsy or brain injury. Trial Registration: Registered with the Australian New Zealand Clinical Trials Registry (ACTRN12613000690752) on 24/06/2013.

Database: CINAHL

Effectiveness of Health Promotion, Management, and Maintenance Interventions Within the Scope of Occupational Therapy for Community-Dwelling Older Adults: A Systematic Review.

Author(s): Berger, Sue; Escher, Anne; Mengle, Emily; Sullivan, Nicole

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-26

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:OBJECTIVE. This systematic review examined the effectiveness of health promotion, management, and maintenance interventions within the scope of occupational therapy to improve occupational performance and quality of life (QOL) and decrease health care utilization for community-dwelling older adults. METHOD. Thirty-eight articles representing 36 studies were included in the review. Articles were published 2008-2015 and described studies of participants with a mean age of 65 or older who were living in the community. RESULTS. Strong evidence supports the use of group, individual, or a combination of group and individual interventions to improve occupational performance. Group interventions were also effective at improving QOL. The evidence was insufficient that any of these interventions decreased health care utilization. CONCLUSION. Addressing health promotion, management, and maintenance is within the scope of occupational therapy practice and has been shown to improve occupational performance and QOL for older adults. Implications for practice and future research are discussed.

Database: CINAHL

Implementing Evidence-Based Interventions With Community-Dwelling Older Adults: A Scoping Review.

Author(s): Juckett, Lisa A.; Robinson, Monica L.

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-13

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:OBJECTIVE. With the rapid growth of the community-dwelling older adult population, evidence-based occupational therapy interventions targeting older clients need to be effectively implemented. However, little is understood about the factors influencing effective intervention implementation into practice. METHOD. We performed a scoping review to explore what strategies and factors relate to the uptake of older adult interventions into practice. Concepts from implementation science literature guided our review. RESULTS. Our review yielded 13 articles that met our search criteria. Study designs examined barriers, facilitators, and strategies related to the implementation of evidence-based older adult interventions into practice. Effective implementation strategies included training sessions, workshops, consultations, and outreach meetings. CONCLUSION. Our findings suggest that practitioners, administrators, and researchers should adopt strategies such as workshops, consultations, fidelity vignettes, peer mentoring, and standardized training to effectively implement research into practice with older adults.

Database: CINAHL

Occupational Therapy Fall Prevention Interventions for Community-Dwelling Older Adults: A Systematic Review.

Author(s): Elliott, Sharon; Leland, Natalie E.

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-32

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:OBJECTIVE. Accidental falls among community-dwelling older adults are preventable and increase the risk of morbidity, hospitalization, and institutionalization. We updated and broadened a 2008 systematic review examining the evidence for the effectiveness of fall prevention interventions in improving fall-related outcomes, occupational performance, quality of life, and health care facility readmissions for communitydwelling older adults. METHOD. We searched and analyzed literature published from 2008 to 2015 from five electronic databases. RESULTS. Fifty articles met the inclusion criteria and were critically appraised and synthesized--37 provided Level I; 5, Level II; and 8, Level III evidence. Analysis was organized into four intervention themes: single component, multicomponent, multifactorial, and population based. Mixed evidence was found for single-component and multifactorial interventions, strong evidence was found for multicomponent interventions, and moderate evidence was found for population-based interventions. CONCLUSION. These findings can inform the delivery and integration of fall prevention interventions from acute care to community discharge.

Database: CINAHL

Occupational Therapy Interventions Addressing Sleep for Community-Dwelling Older Adults: A Systematic Review.

Author(s): Smallfield, Stacy; Lucas Molitor, Whitney

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-16

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:Because of age-related changes in sleep patterns, older adults may get less sleep than the recommended amount and experience decreased performance in daytime activities as a result. This article examines the evidence for the effectiveness of interventions within the scope of occupational therapy addressing sleep. Thirteen Level I studies met inclusion criteria and were categorized into three themes: (1) one-to-one singlecomponent interventions, (2) one-to-one multicomponent interventions, and (3) group multicomponent interventions. Strong evidence supports cognitive--behavioral intervention strategies for older adults that include relaxation, sleep hygiene education, problem solving, and physical exercise, among others, delivered one to one or in a group. Routine use of these interventions is recommended.

Database: CINAHL

Occupational Therapy Interventions Supporting Social Participation and Leisure Engagement for Community-Dwelling Older Adults: A Systematic Review.

Author(s): Smallfield, Stacy; Lucas Molitor, Whitney

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-15

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:This systematic review examines the evidence for the effectiveness of interventions within the scope of occupational therapy that address leisure engagement and social participation among community-dwelling older adults. Eleven Level I, 1 Level II, 1 Level III, and 1 Level IV studies met inclusion criteria. Included articles addressed two themes: interventions supporting social participation and interventions supporting leisure engagement. Strong evidence supports leisure education interventions to enhance leisure engagement, and moderate evidence supports chronic disease self-management programs to support leisure engagement. Mixed evidence exists for community-based group interventions and electronic gaming to support social participation. Routine use of leisure education and chronic disease self-management programs to enhance leisure engagement and selective use of community-based groups and electronic gaming to support social participation are recommended.

Database: CINAHL

Occupational Therapy Interventions to Improve Activities of Daily Living for Community-Dwelling Older Adults: A Systematic Review.

Author(s): Chiung-ju Liu; Wen-Pin Chang; Chang, Megan C.

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-28

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:OBJECTIVE. This systematic review aimed to synthesize the effects of interventions within the scope of occupational therapy to improve performance of activities of daily living (ADLs) in community-dwelling older adults. METHOD. Searches were conducted in CINAHL, the Cochrane Database of Systematic Reviews, MEDLINE, PsycINFO, and OTseeker. Empirical studies published between 1995 and 2015 were individually screened and appraised by two reviewers. RESULTS. Forty-three studies met the review inclusion and exclusion criteria. Physical exercise was the most common intervention approach. Physical exercise interventions for frail older adults showed a moderate benefit, but no benefits were found for older adults without noticeable difficulty in ADLs. For older adults with difficulty in ADLs, there was a high benefit of using home-based intervention. CONCLUSION. The findings of this systematic review highlight the importance of addressing older adults' living environment in intervention to promote independence in ADLs.

Database: CINAHL

Occupational Therapy Interventions to Improve Performance of Instrumental Activities of Daily Living for Community-Dwelling Older Adults: A Systematic Review.

Author(s): Hunter, Elizabeth G.; Kearney, Pamalyn J.

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-16

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:OBJECTIVE. We examined the effectiveness of interventions within the scope of occupational therapy to improve the performance of instrumental activities of daily living (IADLs) for community-dwelling older adults. METHOD. We searched and examined the literature (2008 through 2016) using four electronic databases. Fourteen studies met the inclusion criteria and were critically appraised and synthesized. RESULTS. Analysis revealed four thematic areas: cognitive, self-management, prevention, and homebased multidisciplinary rehabilitation interventions. Strong evidence supports the use of tailored, multidisciplinary, home-based care programs to support older adults to maintain IADL improvements over time and the use of cognitive interventions to improve memory, executive function, functional status, and everyday problem solving. In addition, strong evidence indicates that tailored home-based preventive sessions were beneficial to mediate functional disability and satisfaction with performance. CONCLUSION. Evidence supports tailored interventions designed to enhance IADL performance. More studies are needed that focus on IADLs specifically and that use IADLs in their interventions.

Database: CINAHL

Opportunities for Occupational Therapy to Serve as a Catalyst for Culture Change in Nursing Facilities.

Author(s): Rafeedie, Samia; Metzler, Christina; Lamb, Amy J.

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-6

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:Ensuring that older adults are receiving quality and effective rehabilitation and skilled nursing services must be a priority to society and to the health care system, but health care policies and systems driving reimbursement continue to challenge the delivery of services. A review of the literature indicates significant problems among residents of skilled nursing facilities (SNFs) that could be alleviated by meaningful occupational therapy. Research and practice in the occupational therapy community should focus on this large area of practice. Advocacy by individual practitioners--challenging themselves and others to provide more patientcentered care--can lead to changes that benefit clients, facilities, and payment systems as well as contribute to career satisfaction of occupational therapy practitioners. Occupational therapy can and should serve as catalyst for culture change in SNFs by providing meaningful interventions and opportunities that support engagement and health.

Database: CINAHL

THE ISSUE IS ... Leisure as an End, Not Just a Means, in Occupational Therapy Intervention.

Author(s): Szu-Wei Chen; Chippendale, Tracy

Source: American Journal of Occupational Therapy; Jul 2018; vol. 72 (no. 4); p. 1-5

Publication Date: Jul 2018

Publication Type(s): Academic Journal

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

Abstract:Leisure is commonly treated as a means instead of an end goal of intervention. This approach, influenced by history and society's past values, does not reflect the fact that leisure is meaningful and unique to its participants and has a significant effect on their health. On the basis of the core values of the occupational therapy profession and its role in the health care system, in this article we advocate that occupational therapists should expand their focus to include leisure as a goal of intervention. Although adopting this proposed approach may not be easy, given that it involves challenges in reimbursement for services, potential competition with other health professions, and a twisting of the deep-rooted existing values of occupational therapists, we believe the proposed solutions address these concerns and shed light on how to make leisure a valued goal of intervention.

Database: CINAHL

Efficacy of a Work Disability Prevention Program for People with Rheumatic and Musculoskeletal Conditions: A Single-Blind Parallel-Arm Randomized Controlled Trial.

Author(s): Keysor, Julie J.; LaValley, Michael P.; Brown, Carrie; Felson, David T.; AlHeresh, Rawan A.; Vaughan, Molly W.; Yood, Robert; Reed, John I.; Allaire, Saralynn J.

Source: Arthritis Care & Research; Jul 2018; vol. 70 (no. 7); p. 1022-1029

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 28941189

Abstract:Objective: Work disability rates are high among people with rheumatic and musculoskeletal conditions. Effective disability preventive programs are needed. We examined the efficacy of a modified vocational rehabilitation approach delivered by trained occupational therapists and physical therapists on work limitation and work loss over 2 years among people with rheumatic and musculoskeletal conditions.Methods: Eligibility criteria for this single-blind, parallel-arm randomized trial included ages 21-65 years, 15 or more hours/week employment, a self-reported doctor-diagnosed rheumatic or musculoskeletal condition, and concern about staying employed. The intervention consisted of a 1.5-hour meeting, an action plan, written materials on employment supports, and telephone calls at 3 weeks and 3 months. Control group participants received the written materials. The primary outcome was the Work Limitations Questionnaire (WLQ) output job demand subscale. The secondary outcome was work loss. Intent-to-treat analyses were performed.Results: Between October 2011 and January 2014, 652 individuals were assessed for eligibility. A total of 287 participants were randomized: 143 intervention and 144 control participants. In total, 264 participants (92%) completed 2-year data collection. There was no difference in the mean \pm SD WLQ change scores from baseline to 2-year followup (-8.6 ± 1.9 intervention versus -8.3 ± 2.2 control; $P = 0.93$). Of the 36 participants who experienced permanent work loss at 2 years, 11 (8%) were intervention participants and 25 (18%) control participants ($P = 0.03$).Conclusion: The intervention did not have an effect on work limitations but reduced work loss. The intervention can be delivered by trained rehabilitation therapists.

Database: CINAHL

Employment and paid work among participants in a randomized controlled trial comparing diacetylmorphine and hydromorphone.

Author(s): Nikoo, Mohammadali; Vogel, Marc; Choi, Fiona; Song, Michael J.; Burghardt, Jensen; Zafari, Zafar; Tabi, Katarina; Frank, Anastasia; Barbic, Skye; Schütz, Christian; Jang, Kerry; Krausz, Michael

Source: International Journal of Drug Policy; Jul 2018; vol. 57 ; p. 18-24

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 29655955

Abstract:Background: Employment is one of the less studied but a significant outcome of medication-assisted treatment. Thus, we aimed to explore employment outcomes of medication-assisted treatment with hydromorphone (HDM) or diacetylmorphine (DAM). The secondary aim was to estimate characteristics of this population as well as treatment-related factors associated with these outcomes.Methods: This was a secondary analysis of a randomized, double blind controlled trial. A total of 102 and 100 participants were randomized to receive injectable DAM or HDM for 6 months respectively. In stage 2, 144 participants were randomized again to receive either oral or injectable forms of the medication they received for another 6 months. Participants were interviewed at 5 timepoints: before and 3, 6, 9 and 12 months after treatment assignment. Generalized estimating equations (GEE) with a logit link was fitted to determine factors related to paid work in the past 30 days.Results: Mean age of participants was 44.3 (SD = 9.6) and 59 (29.2%) participants were men. At each timepoint, 6-8 (3.6%-4.1%) participants reported employment in the past 30 days and 40 to 52 (19.7%-26.7%) reported minimum 1 day of paid work. University or college education [OR = 2.12: 95% CI = (1.25, 3.62), P = 0.01] was significantly associated with paid work after adjustment for age, gender, treatment arms, timepoints, days receiving study treatment, physical health, psychological health and crack cocaine use in the past 30 days.Conclusion: The rate of employment was lower among participants of this study compared to similar studies on heroin-assisted treatment. Higher education was associated with increased odds of paid work. A large gap exists between employment rate and the proportion of participants who reported paid work. Supported employment and occupational therapy could optimize the employment outcomes of this population.

Database: CINAHL

Home Health Services Are Not Required for Select Total Hip Arthroplasty Candidates: Assessment and Supplementation With an Electronic Recovery Application.

Author(s): Davidovitch, Roy I.; Anoushiravani, Afshin A.; Feng, James E.; Chen, Kevin K.; Karia, Raj; Schwarzkopf, Ran; Iorio, Richard

Source: Journal of Arthroplasty; Jul 2018; vol. 33 (no. 7)

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 29588123

Abstract:Background: At our institution, all postoperative total hip arthroplasty (THA) candidates have received home health services (HHS), consisting of visiting nurses, physical and occupational therapists. However, with a more technologically inclined patient population, electronic patient rehabilitation applications (EPRAs) can be used to deliver perioperative care at the comfort of the patient's home. The aim of this study is to investigate the clinical utility and economic burden associated with digital rehabilitation applications in primary THA recipients.Methods: We conducted a single-center, retrospective review of patients operated between November 2016 and November 2017. Before surgery, and at the discretion of the surgeon, patients were assigned to EPRA with HHS or EPRA alone. Patient baseline demographics, EPRA engagement, and validated patient-reported outcomes (PROs) were collected (Veterans Rand 12-Item Health Survey [VR-12] and Hip Disability and Osteoarthritis Outcome Score Junior) at baseline and 12 weeks. These PRO scores were correlated with cohort assignments to assess noninferiority of EPRA alone.Results: In total, 268 patients received either EPRA-HHS (n = 169) or EPRA (n = 99) alone. Patients receiving EPRA only were on average younger (60.8 vs 65.8; P .05) and Hip Disability and Osteoarthritis Outcome Score

Junior ($P > .05$) when compared with EPRA-HHS. Conclusion: The integration of electronic rehabilitation tools is gaining acceptance within the orthopedic community. Our study demonstrated that EPRA alone was clinically noninferior while substantially less costly than EPRA-HHS.

Database: CINAHL

Determinants of Successful eHealth Coaching for Consumer Lifestyle Changes: Qualitative Interview Study Among Health Care Professionals.

Author(s): Brandt, Carl Joakim; Sjøgaard, Gabrielle Isidora; Clemensen, Jane; Søndergaard, Jens; Nielsen, Jesper Bo

Source: Journal of Medical Internet Research; Jul 2018; vol. 20 (no. 7); p. 76-85

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 29980496

Available at [Journal of Medical Internet Research](#) - from Europe PubMed Central - Open Access

Available at [Journal of Medical Internet Research](#) - from EBSCO (MEDLINE Complete)

Available at [Journal of Medical Internet Research](#) - from Unpaywall

Abstract: Background: Success with lifestyle change, such as weight loss, tobacco cessation, and increased activity level, using electronic health (eHealth) has been demonstrated in numerous studies short term. However, evidence on how to maintain the effect long-term has not been fully explored, even though there is a pressing need for long-term solutions. Recent studies indicate that weight loss can be achieved and maintained over 12 and 20 months in a primary care setting using a collaborative eHealth tool. The effect of collaborative eHealth in promoting lifestyle changes depends on competent and skilled dietitians, nurses, physiotherapists, and occupational therapists acting as eHealth coaches. How such health care professionals perceive delivering asynchronous eHealth coaching and which determinants they find to be essential to achieving successful long-term lifestyle coaching have only been briefly explored and deserve further exploration. Objective: The aim of this study is to analyze how health care professionals perceive eHealth coaching and to explore what influences successful long-term lifestyle change for patients undergoing hybrid eHealth coaching using a collaborative eHealth tool. Methods: A total of 10 health care professionals were recruited by purposive sampling. They were all women aged 36 to 65 years of age with a mean age of 48 years of age. A total of 8/10 (80%) had more than 15 years of experience in their field, and all had more than six months of experience providing eHealth lifestyle coaching using a combination of face-to-face meetings and asynchronous eHealth coaching. They worked in 5 municipalities in the Region of Southern Denmark. We performed individual, qualitative, semistructured, in-depth interviews in their workplace about their experiences with health coaching about lifestyle change, both for their patients and for themselves, and mainly how they perceived using a collaborative eHealth solution as a part of their work. Results: The health care professionals all found establishing and maintaining an empathic relationship essential and that asynchronous eHealth lifestyle coaching challenged this compared to face-to-face coaching. The primary reason was that unlike typical in-person encounters in health care, they did not receive immediate feedback from the patients. We identified four central themes relevant to the health care professionals in their asynchronous eHealth coaching: (1) establishing an empathic relationship, (2) reflection in asynchronous eHealth coaching, (3) identifying realistic goals based on personal barriers, and (4) staying connected in asynchronous coaching. Conclusions: Establishing and maintaining an empathic relationship is probably the most crucial factor for successful subsequent eHealth coaching. It was of paramount importance to get to know the patient first, and the asynchronous interaction aspect presented challenges because of the delay in response times (both ways). It also presented opportunities for reflection before answering. The health care professionals found they had to provide both relational

communication and goal-oriented coaching when using eHealth solutions. Going forward, the quality of the health care professional-patient interaction will need attention if patients are to benefit from collaborative eHealth coaching fully.

Database: CINAHL

Additional weekend allied health services reduce length of stay in subacute rehabilitation wards but their effectiveness and cost-effectiveness are unclear in acute general medical and surgical hospital wards: a systematic review.

Author(s): Sarkies, Mitchell N; White, Jennifer; Henderson, Kate; Haas, Romi; Bowles, John

Source: Journal of Physiotherapy (Elsevier); Jul 2018; vol. 64 (no. 3); p. 142-158

Publication Date: Jul 2018

Publication Type(s): Academic Journal

Available at [Journal of Physiotherapy - from Unpaywall](#)

Abstract: Question Are additional weekend allied health services effective and cost-effective for acute general medical and surgical wards, and subacute rehabilitation hospital wards? Design Systematic review and meta-analysis of studies published between January 2000 and May 2017. Two reviewers independently screened studies for inclusion, extracted data, and assessed methodological quality. Meta-analyses were conducted for relative measures of effect estimates. Participants Patients admitted to acute general medical and surgical wards, and subacute rehabilitation wards. Intervention All services delivered by allied health professionals during weekends (Saturday and/or Sunday). This study limited allied health professions to: occupational therapy, physiotherapy, social work, speech pathology, dietetics, art therapy, chiropractic, exercise physiology, music therapy, oral health (not dentistry), osteopathy, podiatry, psychology, and allied health assistants. Outcome measures Hospital length of stay, hospital re-admission, adverse events, discharge destination, functional independence, health-related quality of life, and cost of hospital care. Results Nineteen articles (20 studies) were identified, comprising 10 randomised and 10 non-randomised trials. Physiotherapy was the most commonly investigated profession. A meta-analysis of randomised, controlled trials showed that providing additional weekend allied health services in subacute rehabilitation wards reduced hospital length of stay by 2.35 days (95% CI 0.45 to 4.24, I² = 0%), and may be a cost-effective way to improve function (SMD 0.09, 95% CI -0.01 to 0.19, I² = 0%), and health-related quality of life (SMD 0.10, 95% CI -0.01 to 0.20, I² = 0%). For acute general medical and surgical hospital wards, it was unclear whether the weekend allied health service model provided in the two identified randomised trials led to significant changes in measured outcomes. Conclusion The benefit of providing additional allied health services is clearer in subacute rehabilitation settings than for acute general medical and surgical wards in hospitals. Registration PROSPERO CRD76771. [Sarkies MN, White J, Henderson K, Haas R, Bowles J, Evidence Translation in Allied Health (EviTAH) Group (2018) Additional weekend allied health services reduce length of stay in subacute rehabilitation wards but their effectiveness and cost-effectiveness are unclear in acute general medical and surgical hospital wards: a systematic review. Journal of Physiotherapy 64: 142–158]

Database: CINAHL

Occupational exposure during emergency department thoracotomy: A prospective, multi-institution study.

Author(s): Nunn, Andrew; Prakash, Priya; Inaba, Kenji; Escalante, Alvarez; Maher, Zoë; Yamaguchi, Seiji; Kim, Dennis Y.; Maciel, James; Chiu, William C.; Drumheller, Byron; Hazelton, Joshua P.; Mukherjee, Kaushik; Luo-Owen, Xian; Nygaard, Rachel M.; Marek, Ashley P.; Morse, Bryan C.; Fitzgerald, Caitlin A.; Bosarge, Patrick L.; Jawa, Randeep S.; Rowell, Susan E.

Source: Journal of Trauma & Acute Care Surgery; Jul 2018; vol. 85 (no. 1); p. 78-84

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 29664893

Abstract:Background: Occupational exposure is an important consideration during emergency department thoracotomy (EDT). While human immunodeficiency virus/hepatitis prevalence in trauma patients (0-16.8%) and occupational exposure rates during operative trauma procedures (1.9-18.0%) have been reported, exposure risk during EDT is unknown. We hypothesized that occupational exposure risk during EDT would be greater than other operative trauma procedures.Methods: A prospective, observational study at 16 US trauma centers was performed (2015-2016). All bedside EDT resuscitation providers were surveyed with a standardized data collection tool and risk factors analyzed with respect to the primary end point, EDT occupational exposure (percutaneous injury, mucous membrane, open wound, or eye splash). Provider and patient variables and outcomes were evaluated with single and multivariable logistic regression analyses.Results: One thousand three hundred sixty participants (23% attending, 59% trainee, 11% nurse, 7% other) were surveyed after 305 EDTs (gunshot wound, 68%; prehospital cardiopulmonary resuscitation, 57%; emergency department signs of life, 37%), of which 15 patients survived (13 neurologically intact) their hospitalization. Overall, 22 occupational exposures were documented, resulting in an exposure rate of 7.2% (95% confidence interval [CI], 4.7-10.5%) per EDT and 1.6% (95% CI, 1.0-2.4%) per participant. No differences in trauma center level, number of participants, or hours worked were identified. Providers with exposures were primarily trainees (68%) with percutaneous injuries (86%) during the thoracotomy (73%). Full precautions were utilized in only 46% of exposed providers, while multiple variable logistic regression determined that each personal protective equipment item utilized during EDT correlated with a 34% decreased risk of occupational exposure (odds ratio, 0.66; 95% CI, 0.48-0.91; p = 0.010).Conclusions: Our results suggest that the risk of occupational exposure should not deter providers from performing EDT. Despite the small risk of viral transmission, our data revealed practices that may place health care providers at unnecessary risk of occupational exposure. Regardless of the lifesaving nature of the procedure, improved universal precaution compliance with personal protective equipment is paramount and would further minimize occupational exposure risks during EDT.Level Of Evidence: Therapeutic/care management study, level III.

Database: CINAHL

The influence of clerkship on students' stigma towards mental illness: a meta-analysis.

Author(s): Petkari, Eleni; Masedo Gutiérrez, Ana I.; Xavier, Miguel; Moreno Küstner, Berta

Source: Medical Education; Jul 2018; vol. 52 (no. 7); p. 694-704

Publication Date: Jul 2018

Publication Type(s): Academic Journal

Available at [Medical Education](#) - from Wiley

Abstract:Context: In university programmes preparing students to work with patients with mental illness, clerkship is proposed as a component that may contribute to the battle against stigma, through bringing students into contact with the patients' reality. Yet, the precise contribution of clerkship remains unclear, perhaps because of the variety of university programmes, clerkship characteristics or types of stigma explored. This is the first systematic meta-analysis of available evidence determining the precise effect size of the influence of clerkship on stigma and the potential moderators. Methods: We carried out a systematic literature review in Eric, PsycINFO, Pubmed, Scopus, UMI and Proquest dissertations, aiming to identify all the studies exploring health care students' stigma of mental illness (measured as overall stigma or as attitudes, affect and behavioural

intentions) before and after a clerkship from 2000 to 2017. Twenty-two studies were included in the meta-analysis, providing data from 22 independent samples. The total sample consisted of 3161 students. The effects of programme (medicine, nursing, occupational therapy, and their combination), study design (paired–unpaired samples), publication year, sex, age and clerkship context, and inclusion of theoretical training and duration, were examined as potential moderators. Results: Our analyses yielded a highly significant medium effect size for overall stigma (Hedge's $g = 0.35$; $p < 0.001$; 95% confidence interval [CI], 0.20, 0.42), attitudes (Hedge's $g = 0.308$; $p = 0.003$; 95% CI, 0.10, 0.51) and behavioural intentions (Hedge's $g = 0.247$; $p < 0.001$; 95% CI, 0.17, 0.33), indicating a considerable change, whereas there was no significant change in the students' affect. Moderator analyses provided evidence for the distinct nature of each stigma outcome, as they were influenced by different clerkship and student characteristics such as clerkship context, theoretical training, age and sex. Conclusions: The robust effect of clerkship on students' stigma of mental illness established by the present meta-analysis highlights its role as a crucial curriculum component for experiential learning and as a necessary agent for the battle against stigma.

Database: CINAHL

The Cognitive Orientation to Daily Occupational Performance Approach and Transfer: A Scoping Review.

Author(s): Houldin, Adina; McEwen, Sara E.; Howell, Mackenzie W.; Polatajko, Helene J.

Source: OTJR: Occupation, Participation & Health; Jul 2018; vol. 38 (no. 3); p. 157-172

Publication Date: Jul 2018

Publication Type(s): Academic Journal

Abstract:Transferring learning from therapy to everyday life skills is a necessary step for successful therapy outcomes, yet rarely addressed and achieved. However, a cognitive approach to skill acquisition, and the Cognitive Orientation to daily Occupational Performance (CO-OP), explicitly identifies transfer as an objective and incorporates elements into the intervention to support transfer. A scoping review was undertaken to explore the nature and extent of the research regarding CO-OP and transfer. An online search of 10 databases was conducted to identify and examine research studies reporting on CO-OP and transfer. The search yielded 25 documents that addressed CO-OP and transfer. The studies used a variety of approaches to evaluate transfer; all reported transfer on at least one and, in many cases, multiple transfer outcome variables. The CO-OP literature addresses transfer across a variety of populations and settings using a variety of approaches. Further work is required to establish a common approach to examining transfer in the CO-OP literature and the literature in general.

Database: CINAHL

A Systematic Review of Caregiver-Implemented Mealtime Interventions for Children With Autism Spectrum Disorder.

Author(s): Diaz, Julie; Cosbey, Joanna

Source: OTJR: Occupation, Participation & Health; Jul 2018; vol. 38 (no. 3); p. 196-207

Publication Date: Jul 2018

Publication Type(s): Academic Journal

Abstract:Children with autism spectrum disorder (ASD) frequently have difficult mealtimes. A systematic review analyzed current evidence relevant to occupational therapy (OT) and mealtime interventions (a) for children with ASD, (b) occurring in the natural contexts, and (c) with parents/caregivers as interventionists. Database search identified 13 relevant articles. Each article was reviewed for practicality of implementation through a modified Feasibility, Appropriateness,

Meaningfulness and Effectiveness (FAME) scale and for quality of research design using three measures specifically designed for single-case experimental design research. The majority of articles reviewed demonstrated rigorous research design with strong evidence for the effectiveness of caregiver-implemented interventions. Six intervention techniques were identified, with all studies using a reinforcement strategy and at least one other technique. This review identifies evidence-based practices for OTs to support children with ASD and their families within the natural co-occupation of mealtimes. Effective techniques and recommendations for practice are included.

Database: CINAHL

The Cognitive Orientation to daily Occupational Performance (CO-OP) Approach: Best responders in children with cerebral palsy and brain injury.

Author(s): Jackman, Michelle; Novak, Iona; Lannin, Natasha A.; Galea, Claire; Froude, Elspeth

Source: Research in Developmental Disabilities; Jul 2018; vol. 78 ; p. 103-113

Publication Date: Jul 2018

Publication Type(s): Academic Journal

PubMedID: 29752028

Abstract:Background: Identifying the characteristics of individuals who are most likely to respond to a certain rehabilitation intervention is advantageous for the child, family, clinicians and the healthcare system.Aim: To investigate the individual characteristics of children with cerebral palsy or brain injury who responded best to the Cognitive Orientation to daily Occupational Performance (CO-OP) Approach.Methods: Post hoc analyses were conducted on 30 participants who participated in CO-OP within a larger randomized controlled trial. Inclusion: cerebral palsy or brain injury; age 4-15 years; Manual Abilities Classification System (MACS) I-IV; goals related to hand function; sufficient cognitive, language and behavioral ability to undertake CO-OP. Outcome measures were the Canadian Occupational Performance Measure (COPM) and Goal Attainment Scale (GAS) collected immediately following the two week intervention period.Results: Following CO-OP, 67% (n = 20) of participants showed a statistically significant response on the COPM, and 73%(n = 22) on the GAS. Nine participants were classified as best responders. When compared to non-responders, best responders were more likely to be female (p = .025) and to have received a higher dose of CO-OP (p = .028). Neither age nor MACS were predictors of response.Conclusion: To be successful in CO-OP, children should meet the prerequisites of CO-OP, particularly the language and cognitive ability to set goals and communicate effectively with the therapist. In this small sample, children with comorbidities were less likely to achieve goals, females were more likely to respond and dose of therapy was important to success.

Database: CINAHL