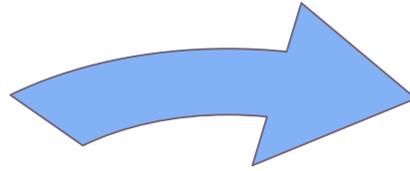
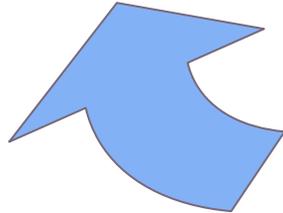


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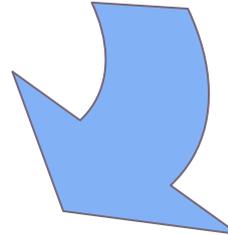
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OCCUPATIONAL THERAPY UPDATE 6: SUMMER 2017



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Articles

1. Occupational therapy essentials for clinical competence.

Author(s): Campbell, Zoé; Drisdelle, Marie-Josée; Lapointe, Julie

Source: Canadian Journal of Occupational Therapy; Jun 2017; vol. 84 (no. 3); p. 200-200

Publication Date: Jun 2017

Publication Type(s): Review

Available in full text at [Canadian Journal of Occupational Therapy, The](#) - from ProQuest

Database: CINAHL

2. Effectiveness of Bilateral Arm Training for Improving Extremity Function and Activities of Daily Living Performance in Hemiplegic Patients.

Author(s): Lee, Min-Jae; Lee, Jung-Hoon; Koo, Hyun-Mo; Lee, Sun-Min

Source: Journal of Stroke & Cerebrovascular Diseases; May 2017; vol. 26 (no. 5); p. 1020-1025

Publication Date: May 2017

Publication Type(s): Academic Journal

PubMedID: 28162905

Abstract:Background: Bilateral movement therapy, which encourages simultaneous use of the limbs on both the affected and nonaffected sides, is known to help in motor function recovery in hemiplegic patients. However, studies on the effectiveness of bilateral arm training for improving upper limb function and activities of daily living (ADL) performance in hemiplegic stroke patients are lacking. The present study investigated the effectiveness of bilateral arm training for improving upper limb function and ADL performance in hemiplegic stroke patients. Methods: The study included 30 hemiplegic stroke patients. The patients were randomly divided into an experimental group (n = 15) and a control group (n = 15). All patients received a uniform general occupational therapy session lasting 30 minutes 5 times a week for 8 weeks. The experimental group received an additional session of bilateral arm training lasting 30 minutes, and the control group received an additional session of general occupational therapy lasting 30 minutes. The Fugl-Meyer assessment (FMA), Box and Block Test (BBT), and modified Barthel index (MBI) were used for evaluation. Results: In both the experimental and control groups, the FMA, BBT, and MBI scores were significantly higher after the intervention than before the intervention (P <.05). The changes in the FMA, BBT, and MBI scores were greater in the experimental group than in the control group (P <.05). Conclusions: Bilateral arm training along with general occupational therapy might be more effective than occupational therapy alone for improving upper limb function and ADL performance in hemiplegic stroke patients.

Database: CINAHL

3. Healthcare and Research Priorities of Adolescents and Young Adults with Systemic Lupus Erythematosus: A Mixed-methods Study.

Author(s): Tunnicliffe, David J.; Singh-Grewal, Davinder; Craig, Jonathan C.; Howell, Martin; Tugwell, Peter; Mackie, Fiona; Ming-Wei Lin; O'Neill, Sean G.; Ralph, Angeliq F.; Tong, Allison; Lin, Ming-Wei

Source: Journal of Rheumatology; Apr 2017; vol. 44 (no. 4); p. 444-451

Publication Date: Apr 2017

Publication Type(s): Academic Journal

PubMedID: 28250139

Abstract:Objective: Managing juvenile-onset systemic lupus erythematosus (SLE) is particularly challenging. The disease may be severe, adolescent patients have complex medical and psychosocial needs, and patients must navigate the transition to adult services. To inform patient-centered care, we aimed to identify the healthcare and research priorities of young patients with SLE and describe the reasons underpinning their priorities.Methods: Face-to-face, semistructured interviews and focus groups were conducted with patients with SLE, aged from 14 to 26 years, from 5 centers in Australia. For each of the 5 allocation exercises, participants allocated 10 votes to (1) research topics; research questions on (2) medical management, (3) prevention and diagnosis, (4) lifestyle and psychosocial; and (5) healthcare specialties, and discussed the reasons for their choices. Descriptive statistics were calculated for votes and qualitative data were analyzed thematically.Results: The 26 participants prioritized research that alleviated the psychological burden of SLE. They allocated their votes toward medical and mental health specialties in the management of SLE, while fewer votes were given to physiotherapy/occupational therapy and dietetics. The following 7 themes underpinned the participants' priorities: improving service shortfalls, strengthening well-being, ensuring cost efficiency, minimizing family/community burden, severity of comorbidity or complications, reducing lifestyle disruption, and fulfilling future goals.Conclusion: Young patients with SLE value comprehensive care with greater coordination among specialties. They prioritized research focused on alleviating poor psychological outcomes. The healthcare and research agenda for patients with SLE should include everyone involved, to ensure that the agenda aligns with patient priorities, needs, and values.

Database: CINAHL

4. Targeting Functional Decline in Alzheimer Disease: A Randomized Trial.

Author(s): Callahan, Christopher M.; Boustani, Malaz A.; Schmid, Arlene A.; LaMantia, Michael A.; Austrom, Mary G.; Miller, Douglas K.; Gao, Sujuan; Ferguson, Denisha Y.; Lane, Kathleen A.; Hendrie, Hugh C.

Source: Annals of Internal Medicine; Feb 2017; vol. 166 (no. 3); p. 164-176

Publication Date: Feb 2017

Publication Type(s): Academic Journal

PubMedID: 27893087

Available in full text at [Annals of internal medicine \[Ann Intern Med\] NLMUID: 0372351](#) - from EBSCOhost

Abstract:Background: Alzheimer disease results in progressive functional decline, leading to loss of independence.Objective: To determine whether collaborative care plus 2 years of home-based occupational therapy delays functional decline.Design: Randomized, controlled clinical trial. (ClinicalTrials.gov: NCT01314950).Setting: Urban public health system.Patients: 180 community-dwelling participants with Alzheimer disease and their informal caregivers.Intervention: All participants received collaborative care for dementia. Patients in the intervention group also received in-home occupational therapy delivered in 24 sessions over 2 years.Measurements: The primary outcome measure was the Alzheimer's Disease Cooperative Study Group Activities of Daily Living Scale (ADCS ADL); performance-based measures included the Short Physical Performance Battery (SPPB) and Short Portable Sarcopenia Measure (SPSM).Results: At baseline, clinical characteristics did not differ significantly between groups; the mean Mini-Mental State Examination score for both groups was 19 (SD, 7). The intervention group received a median of 18 home visits

from the study occupational therapists. In both groups, ADCS ADL scores declined over 24 months. At the primary end point of 24 months, ADCS ADL scores did not differ between groups (mean difference, 2.34 [95% CI, -5.27 to 9.96]). We also could not definitively demonstrate between-group differences in mean SPPB or SPSM values. Limitation: The results of this trial are indeterminate and do not rule out potential clinically important effects of the intervention. Conclusion: The authors could not definitively demonstrate whether the addition of 2 years of in-home occupational therapy to a collaborative care management model slowed the rate of functional decline among persons with Alzheimer disease. This trial underscores the burden undertaken by caregivers as they provide care for family members with Alzheimer disease and the difficulty in slowing functional decline. Primary Funding Source: National Institute on Aging.

Database: CINAHL

5. Point Prevalence Study of Mobilization Practices for Acute Respiratory Failure Patients in the United States.

Author(s): Jolley, Sarah Elizabeth; Moss, Marc; Needham, Dale M.; Caldwell, Ellen; Morris, Peter E.; Miller, Russell R.; Ringwood, Nancy; Anders, Megan; Koo, Karen K.; Gundel, Stephanie E.; Parry, Selina M.; Hough, Catherine L.

Source: Critical Care Medicine; Feb 2017; vol. 45 (no. 2); p. 205-215

Publication Date: Feb 2017

Publication Type(s): Academic Journal

PubMedID: 27661864

Available in full text at [Critical Care Medicine](#) - from Ovid

Abstract: Objective: Early mobility in mechanically ventilated patients is safe, feasible, and may improve functional outcomes. We sought to determine the prevalence and character of mobility for ICU patients with acute respiratory failure in U.S. ICUs. Design: Two-day cross-sectional point prevalence study. Setting: Forty-two ICUs across 17 Acute Respiratory Distress Syndrome Network hospitals. Patients: Adult patients (≥ 18 yr old) with acute respiratory failure requiring mechanical ventilation. Interventions: We defined therapist-provided mobility as the proportion of patient-days with any physical or occupational therapy-provided mobility event. Hierarchical regression models were used to identify predictors of out-of-bed mobility. Measurements and Main Results: Hospitals contributed 770 patient-days of data. Patients received mechanical ventilation on 73% of the patient-days mostly ($n = 432$; 56%) ventilated via an endotracheal tube. The prevalence of physical therapy/occupational therapy-provided mobility was 32% (247/770), with a significantly higher proportion of nonmechanically ventilated patients receiving physical therapy/occupational therapy (48% vs 26%; $p \leq 0.001$). Patients on mechanical ventilation achieved out-of-bed mobility on 16% ($n = 90$) of the total patient-days. Physical therapy/occupational therapy involvement in mobility events was strongly associated with progression to out-of-bed mobility (odds ratio, 29.1; CI, 15.1-56.3; $p \leq 0.001$). Presence of an endotracheal tube and delirium were negatively associated with out-of-bed mobility. Conclusions: In a cohort of hospitals caring for acute respiratory failure patients, physical therapy/occupational therapy-provided mobility was infrequent. Physical therapy/occupational therapy involvement in mobility was strongly predictive of achieving greater mobility levels in patients with respiratory failure. Mechanical ventilation via an endotracheal tube and delirium are important predictors of mobility progression.

Database: CINAHL

6. A Systematic Review and Meta-Analysis of Intensive Multidisciplinary Intervention for Pediatric Feeding Disorders: How Standard Is the Standard of Care?

Author(s): Sharp, William G.; Volkert, Valerie M.; Scahill, Lawrence; McCracken, Courtney E.; McElhanon, Barbara

Source: Journal of Pediatrics; Feb 2017; vol. 181 ; p. 116-116

Publication Date: Feb 2017

Publication Type(s): Academic Journal

PubMedID: 27843007

Abstract:Objective: To assess models of care and conduct a meta-analysis of program outcomes for children receiving intensive, multidisciplinary intervention for pediatric feeding disorders. Study Design: We searched Medline, PsycINFO, and PubMed databases (2000-2015) in peer-reviewed journals for studies that examined the treatment of children with chronic food refusal receiving intervention at day treatment or inpatient hospital programs. Inclusion criteria required the presentation of quantitative data on food consumption, feeding behavior, and/or growth status before and after intervention. Effect size estimates were calculated based on a meta-analysis of proportions. Results: The systematic search yielded 11 studies involving 593 patients. Nine articles presented outcomes based on retrospective (nonrandomized) chart reviews; 2 studies involved randomized controlled trials. All samples involved children with complex medical and/or developmental histories who displayed persistent feeding concerns requiring formula supplementation. Behavioral intervention and tube weaning represented the most common treatment approaches. Core disciplines overseeing care included psychology, nutrition, medicine, and speech-language pathology/occupational therapy. The overall effect size for percentage of patients successfully weaned from tube feeding was 71% (95% CI 54%-83%). Treatment gains endured following discharge, with 80% of patients (95% CI 66%-89%) weaned from tube feeding at last follow-up. Treatment also was associated with increased oral intake, improved mealtime behaviors, and reduced parenting stress. Conclusions: Results indicate intensive, multidisciplinary treatment holds benefits for children with severe feeding difficulties. Future research must address key methodological limitations to the extant literature, including improved measurement, more comprehensive case definitions, and standardization/examination of treatment approach.

Database: CINAHL

7. Mini-MACS: development of the Manual Ability Classification System for children younger than 4 years of age with signs of cerebral palsy.

Author(s): Eliasson, Ann-Christin; Ullenhag, Anna; Wahlström, Ulla; Krumlinde-Sundholm, Lena; Wahlström, Ulla

Source: Developmental Medicine & Child Neurology; Jan 2017; vol. 59 (no. 1); p. 72-78

Publication Date: Jan 2017

Publication Type(s): Academic Journal

PubMedID: 27273427

Available in full text at [Developmental Medicine and Child Neurology](#) - from John Wiley and Sons

Abstract:Aim: To develop the Mini-Manual Ability Classification System (Mini-MACS) and to evaluate the extent to which its ratings are valid and reliable when children younger than 4 years are rated by their parents and therapists. Method: The Mini-MACS was created by making adjustments to the MACS. The development involved a pilot project, consensus discussions within an expert group, and the creation of a test version of the Mini-MACS that was evaluated for content validity and interrater reliability. A convenience sample of 61 children with signs of cerebral palsy aged 12 to 51 months

(mean age 30.2mo [SD 10.1]) were classified by one parent and two occupational therapists across a total of 64 assessments. Agreement between the parents' and therapists' ratings was evaluated using the intraclass correlation coefficient (ICC) and the percentage of agreement. Results: The first sentence of the five levels in the MACS was kept, but other descriptions within the Mini-MACS were adjusted to be more relevant for the younger age group. The ICC between parents and therapists was 0.90 (95% confidence interval [CI] 0.79-0.92), and for the two therapists it was 0.97 (95% CI 0.78-0.92). Most parents and therapists found the descriptions in the Mini-MACS suitable and easy to understand. Interpretation: The Mini-MACS seems applicable for children from 1 to 4 years of age.

Database: CINAHL

8. The Psychological Impact of First Burn Camp in Nicaragua.

Author(s): Tropez-Arceneaux, Lisa L.; Castillo Alaniz, Arlen Tatiana; Icaza, Ivette Lucia; Murillo, Evelyn Alejandra; Lucia Icaza, Ivette; Alejandra Murillo, Evelyn

Source: Journal of Burn Care & Research; Jan 2017; vol. 38 (no. 1)

Publication Date: Jan 2017

Publication Type(s): Academic Journal

PubMedID: 27893579

Abstract:Asociacion Pro-Ninos Quemados de Nicaragua (APROQUEN) is a comprehensive burn center that provides a holistic and integrated approach to treating burns. APROQUEN has set the standards internationally with acute treatment for burns, intensive care, reconstructive surgeries, nutritional care, rehabilitation, occupational therapy, and psychological treatment. APROQUEN is excelling within Central and South America with life-saving techniques and quality of care. It is imperative that burn centers in Central America recognize that the treatment of a child with a burn injury surpasses physical care to include psychological treatment for the complete well-being of the child. It is necessary to provide the tools necessary to reintegrate the child back into their environment. APROQUEN developed and implemented the first burn camp in Latin America, "Confio en Mi" (I trust myself). The camp theme focused on self-esteem. The camp program included theory (educational) and practice (applied) components where the campers through "classroom type" activities had the opportunity to reflect and share with other campers and camp staff on self-esteem, depression, and anxiety. Participants were children who survived major burns (N = 33; 58% women; ages 12-25; 61% <18) and were shown to have difficulty socializing. Comprehensive interviews were conducted to ensure fit for camp. Forty-two percent of the campers had not slept away from home since the burn injury. Mean TBSA = 20% and mean age at time of burn injury was 13. The majority of campers (46%) endured flame burn injuries, with 24% having scald injuries. Mean years postburn = 4.8 + 3.2. Most campers (40%) were enrolled in secondary school, 30% in elementary school, and 21% in college. Standardized measures (CDI-2 Parent Form and Child Form, Rosenberg Scale, APROQUEN Burn Camp Measure Parent and Child Form, Beck Anxiety Inventory, and Beck Depression Inventory) were given to all campers prior to attending camp. The same measures were given 2 weeks after the camp and again at 6 months. Paired samples' t-tests were conducted and significance was set at P <.05. The results indicate that Camp Confio en Mi had a significant impact on campers' level of anxiety, depression, and self-esteem. Future burn camps are an important part of the continued advancement of postpediatric burn care in Nicaragua. This study reveals the importance of future researches necessity to focus on generalizing the results of this study to other children who have experienced similar burn injuries.

Database: CINAHL

9. Orofacial Contracture Management: Current Patterns of Clinical Practice in Australian and New Zealand Adult Burn Units.

Author(s): Clayton, Nicola A.; Ellul, Gulsen; Ward, Elizabeth C.; Ed, Grad Cert; Scott, Amanda; Maitz, Peter K.

Source: Journal of Burn Care & Research; Jan 2017; vol. 38 (no. 1)

Publication Date: Jan 2017

Publication Type(s): Academic Journal

PubMedID: 27359188

Abstract: Burn injury to the face can lead to scarring and contractures that may impair oral competence for articulation, feeding, airway intubation access, oral/dental hygiene, aesthetics, and facial expression. Although a range of therapy interventions has been discussed for preventing contracture formation, there is minimal information on current practice patterns. This research examined patterns of clinical practice for orofacial burns management during a 4-year period to determine the nature and extent of clinical consistency in current care. Allied health clinicians involved in orofacial contracture management in Australia and New Zealand were surveyed at two time points (2010 and 2014). Twenty and 23 clinicians, respectively, across a range of allied health professions completed the surveys. Both surveys revealed multiple allied health disciplines, predominantly occupational therapy, speech language pathology, and physiotherapy, were involved in orofacial burn management. A high degree of variation was observed across clinical practices in the 2010 survey. In the 2014 survey, although, greater consistency in practice patterns was observed with more clinicians commencing intervention earlier, with greater treatment intensity observed and more treatment modalities being used. Furthermore, in 2014, there was an increased use of assessment tools and clinical indicators to guide patient treatment. Agreement regarding clinical practice pathways for orofacial contracture rehabilitation is still emerging, and treatment continues to be predominantly guided by clinical experience. There is an urgent need for treatment efficacy research utilizing validated outcome measure tools to inform clinical consensus and practice guidelines.

Database: CINAHL

10. Burn Rehabilitation Therapists Competency Tool-Version 2: An Expansion to Include Long-Term Rehabilitation and Outpatient Care.

Author(s): Parry, Ingrid; Forbes, Lisa; Lorello, David; Benavides, Lynne; Calvert, Catherine; Shu-chuan Chen Hsu; Chouinard, Annick; Godleski, Matthew; Helm, Phala; Holavanahalli, Radha K.; Kemp-Offenberg, Jennifer; Ruiz, Catherine E.; Shon, Rachel; Schneider, Jeffrey C.; Shetler, Melinda; Suman, Oscar E.; Nedelec, Bernadette; Hsu, Shu-Chuan Chen

Source: Journal of Burn Care & Research; Jan 2017; vol. 38 (no. 1)

Publication Date: Jan 2017

Publication Type(s): Academic Journal

PubMedID: 27359189

Abstract: The Burn Rehabilitation Therapist Competency Tool (BRTCT) was developed in 2011 to define core knowledge and skill sets that are central to the job performance of occupational and physical therapists working with burn patients during acute hospitalization and initial rehabilitation. It was the first national effort to provide standards that burn centers could use for the training and evaluation of a BRT performance. The American Burn Association Rehabilitation Committee recently expanded the tool to include long-term rehabilitation and outpatient care in order to more fully represent all of the stages of care in which patients with burn injury receive therapy. Thirty-six burn

centers contributed competencies, 17 rehabilitation experts participated in a systematic Delphi questionnaire process, and eight representatives from seven additional burn centers validated the tool. The revised BRTCT, called the BRTCT-2, includes four new practice domains and 28 new competency statements. The expanded tool provides a common framework of standards for performance for occupational and physical therapists working with patients throughout the full spectrum of burn care.

Database: CINAHL

11. Impact of Early Inpatient Rehabilitation on Adult Burn Survivors' Functional Outcomes and Resource Utilization.

Author(s): Gomez, Manuel; Tushinski, Morris; Jeschke, Marc G.

Source: Journal of Burn Care & Research; Jan 2017; vol. 38 (no. 1)

Publication Date: Jan 2017

Publication Type(s): Academic Journal

PubMedID: 27380119

Abstract: On July 2012, a rehabilitation hospital merged with a trauma center where the regional burn center is located. That rehabilitation center provides the only burn rehabilitation program in our region. The objective of this study was to determine if earlier initiation of inpatient rehabilitation after merger had an effect on burn survivors' functional outcomes and resource utilization. A retrospective review of electronic data of burn survivors' functional outcomes (functional independence measure [FIM] ratings on admission, at discharge, and percent change), and resource utilization (waiting time for rehab, burn center length of stay [LOS], rehab LOS, physiotherapy and occupational therapy rehabilitation workload [RehabWorkload], and discharge destination) was undertaken. Adult burn survivors who required inpatient rehabilitation and were transferred from the burn center to the inpatient rehabilitation service before the merger (July 2010-June 2012) were compared with those transferred after the merger (July 2012-June 2014). One hundred thirty-eight burn survivors were transferred from the burn center to the inpatient rehabilitation service during the study period. Sixty (43.5%) were transferred before and 78 (56.5%) were transferred after the merger. There were 97 (70.3%) men and 41 (29.7%) women with a mean age of 47.9 ± 17.9 years. TBSA burn was $24.2 \pm 16.9\%$, and full thickness burn was $13.1 \pm 16.4\%$. The etiology of these burns were flame (72.5%), scald (19.6%), electrical (5.1%), chemical (2.2%), and contact (0.7%). Patients in both groups had similar age, inhalation injury, TBSA, full thickness burn, FIM ratings, RehabWorkload, and burn etiology. Patients transferred before the merger had significantly more chemical burns (5% vs 0%, $P = .046$), and more work-related burns (26.7% vs 7.7%, $P = .004$). Patients transferred after the merger had significantly shorter burn center LOS (28.5 ± 20.9 days vs 38.8 ± 34.2 days, $P = .043$), and shorter waiting time for rehab (0.7 ± 1.1 days vs 1.5 ± 2.3 days, $P = .010$) than patients transferred before the merger. Early initiation of inpatient rehabilitation, after the burn center and the inpatient rehabilitation service were located in the same hospital, improved burn survivors' resource utilization.

Database: CINAHL