

# Physiotherapy Update

July 2021



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Please contact Holly if you would like more information, or further evidence searches: [holly.cook3@nhs.net](mailto:holly.cook3@nhs.net).

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## ARTHRITIS

### Psoriasis: a brief overview.

**Author(s):** Raharja ; Mahil, Satveer K.; Barker, Jonathan N.

**Source:** Clinical Medicine; May 2021; vol. 21 (no. 3); p. 170-173

**Publication Date:** May 2021

**Publication Type(s):** Academic Journal

Available at [Clinical medicine \(London, England\)](#) - from EBSCO (MEDLINE Complete)

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Available at [Clinical medicine \(London, England\)](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [Clinical medicine \(London, England\)](#) - from Unpaywall

**Abstract:**Psoriasis is a clinically heterogeneous lifelong skin disease that presents in multiple forms such as plaque, flexural, guttate, pustular or erythrodermic. An estimated 60 million people have psoriasis worldwide, with 1.52% of the general population affected in the UK. An immune-mediated inflammatory disease, psoriasis has a major genetic component. Its association with psoriatic arthritis and increased rates of cardiometabolic, hepatic and psychological comorbidity requires a holistic and multidisciplinary care approach. Psoriasis treatments include topical agents (vitamin D analogues and corticosteroids), phototherapy (narrowband ultraviolet B radiation (NB-UVB) and psoralen and ultraviolet A radiation (PUVA)), standard systemic (methotrexate, ciclosporin and acitretin), biologic (tumour necrosis factor (TNF), interleukin (IL)-17 and IL-23 inhibitors) or small molecule inhibitor (dimethyl fumarate and apremilast) therapies. Advances in the understanding of its pathophysiology have led to development of highly effective and targeted treatments.

**Database:** CINAHL

### Clinical and cost-effectiveness of bracing in symptomatic knee osteoarthritis management: protocol for a multicentre, primary care, randomised, parallel-group, superiority trial.

**Author(s):** Holden, Melanie A; Callaghan, Michael; Felson, David; Birrell, Fraser; Nicholls, Elaine; Jowett, Sue; Kigozi, J; McBeth, John; Borrelli, Belinda; Jinks, Clare; Foster, Nadine E; Dziedzic, Krysia; Mallen, Christian; Ingram, Carol;



Sutton, Alan; Lawton, Sarah; Halliday, Nicola; Hartshorne, Liz; Williams, Helen; Browell, Rachel; Hudson, Hannah; Marshall, Michelle; Sowden, Gail; Herron, Dan; Asamane, Evans; Peat, George

**Source:** BMJ open; Mar 2021; vol. 11 (no. 3); p. e048196

**Publication Date:** Mar 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Clinical Trial Protocol Journal Article

**PubMedID:** 33771832

Available at [BMJ open](#) - from BMJ Journals

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

Available at [BMJ open](#) - from HighWire - Free Full Text

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**Abstract:** BACKGROUND Brace effectiveness for knee osteoarthritis (OA) remains unclear and international guidelines offer conflicting recommendations. Our trial will determine the clinical and cost-effectiveness of adding knee bracing (matched to patients' clinical and radiographic presentation and with adherence support) to a package of advice, written information and exercise instruction delivered by physiotherapists.

**METHODS AND ANALYSIS** A multicentre, pragmatic, two-parallel group, single-blind, superiority, randomised controlled trial with internal pilot and nested qualitative study. 434 eligible participants with symptomatic knee OA identified from general practice, physiotherapy referrals and self-referral will be randomised 1:1 to advice, written information and exercise instruction and knee brace versus advice, written information and exercise instruction alone. The primary analysis will be intention-to-treat comparing treatment arms on the primary outcome (Knee Osteoarthritis Outcomes Score (KOOS)-5) (composite knee score) at the primary endpoint (6 months) adjusted for prespecified covariates. Secondary analysis of KOOS subscales (pain, other symptoms, activities of daily living, function in sport and recreation, knee-related quality of life), self-reported pain, instability (buckling), treatment response, physical activity, social participation, self-efficacy and treatment acceptability will occur at 3, 6, and 12 months postrandomisation. Analysis of covariance and logistic regression will model continuous and dichotomous outcomes, respectively. Treatment effect estimates will be presented as mean differences or ORs with 95% CIs. Economic evaluation will estimate cost-effectiveness. Semistructured interviews to explore acceptability and experiences of trial interventions will be conducted with participants and physiotherapists delivering interventions.

**ETHICS AND DISSEMINATION** North West Preston Research Ethics Committee, the Health Research Authority and Health and Care Research in Wales approved the study (REC Reference: 19/NW/0183; IRAS Reference: 247370). This protocol has been coproduced with stakeholders including patients and public. Findings will be disseminated to patients and a range of stakeholders.

**TRIAL REGISTRATION NUMBER** ISRCTN28555470.

**Database:** Medline

### **Physiotherapists' awareness, knowledge and confidence in screening and referral of suspected axial spondyloarthritis: A survey of UK clinical practice.**

**Author(s):** Steen, Eliza; McCrum, Carol; Cairns, Melinda

**Source:** Musculoskeletal care; Feb 2021

**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33547709

Available at [Musculoskeletal care](#) - from Wiley Online Library

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**Abstract:** BACKGROUND Axial spondyloarthritis (axSpA) is an inflammatory disease associated with significant diagnostic delays and is commonly missed in assessments of persistent back pain. OBJECTIVE To explore musculoskeletal physiotherapists' awareness, knowledge and confidence in screening for signs, symptoms and risk factors of suspected axSpA and criteria for rheumatology referral.

DESIGN An online UK survey was undertaken combining back pain vignettes (reflecting axSpA, non-specific back pain and radicular syndrome) and questioning on features of suspected axSpA. Recruitment utilised online professional forums and social media. Data analysis included descriptive statistics and conceptual content analysis for free text responses.

RESULTS 132 survey responses were analysed. Only 67% (88/132) of respondents identified inflammatory pathologies as a possible cause of persistent back pain. Only 60% (79/132) recognised the axSpA vignette compared to non-specific low back pain (94%) and radicular syndrome (80%). Most suspecting axSpA would refer for specialist assessment (77/79; 92%). Awareness of national referral guidance was evident in only 50% of 'clinical reasoning' and 20% of 'further subjective screening' responses. There was misplaced confidence in recognising clinical features of axSpA ( $\geq 7/10$ ) compared to knowledge levels shown, including high importance given to inflammatory markers and human leucocyte antigen B27 (median = 8/10).

CONCLUSIONS Musculoskeletal physiotherapists may not be giving adequate consideration to axSpA in back pain assessments. Awareness of national referral guidance was also limited. Professional education on screening and referral for suspected axSpA is needed to make axSpA screening and referral criteria core knowledge in musculoskeletal clinical practice, supporting earlier diagnosis and better outcomes.

**Database:** Medline

## ONCOLOGY

### Ultrasound in patients with treated head and neck carcinomas: A retrospective analysis for effectiveness of follow-up care.

**Author(s):** Department of Rehabilitation Medicine Center, West China Hospital, Sichuan University; Qiling Tan; Fawei He; Wei Yang; Jifeng Liu; Fang Zhou; Mingxia Zhang; Jiang, Hongying; Tan, Qiling; He, Fawei; Yang, Wei; Liu, Jifeng; Zhou, Fang; Zhang, Mingxia

**Source:** Medicine; Apr 2021; vol. 100 (no. 16); p. 1-8

**Publication Date:** Apr 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33879682

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

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**Abstract:** Abstract: Correct follow-up is necessary to avoid under- or overtreatment in the care of patients with treated carcinomas of head and neck. Ultrasound is a cost-effective, harmless, easy, and feasible method. It can be applied in the outpatient clinic in follow-up but the United Kingdom National Multidisciplinary guidelines are recommended computed tomography or magnetic resonance imaging for the detection of metastasis for head and neck carcinomas in the follow-up period. The purpose of the study was to state that neck ultrasound would be the method of choice on follow-up care of Chinese patients who received primary treatment for carcinoma of head and neck. Patients who received primary treatment for carcinoma of the head and neck were examined for 5-years in follow-up through physical, clinical, and neck ultrasound (n = 198). If patients had no evidence of disease after 60 months of definitive therapy considered as a cure. If patients had no evidence of disease after 36 months of salvage therapy considered as a cure of recurrence. Irrespective of definitive treatment used, the study was monitored through neck ultrasound during 5 years of a follow-up visit and was reported cure in 126 (64%) patients and recurrence in 72 (36%; distant metastasis: 33 [17%], local recurrence: 24 [12%], and regional recurrence: 15 [7%]) patients. Primary tumor stage IV, III, II, and I had 63% (15/24), 51% (21/41), 32% (18/56), and 23% (18/77) recurrence, respectively. The time to detect regional recurrence was shorter than that for local recurrence ( $P < .0001$ ,  $q = 15.059$ ) and distant recurrence ( $P < .0001$ ,  $q = 7.958$ ). Local recurrence and stage I primary tumor had the highest



percentage cure for recurrence. Neck ultrasound in the follow-up period is reported to be effective for the detection of recurrence of patients who received primary treatment for carcinoma of head and neck especially regional recurrence and primary tumor stage I. Level of Evidence: III.

**Database:** CINAHL

### **Current physical therapy care of patients undergoing breast reconstruction for breast cancer: a survey of practice in the United Kingdom and Brazil.**

**Author(s):** Mazuquin ; Sunemi, Mariana Maia de Oliveira; e Silva, Marcela Ponzio Pinto; Sarian, Luís Otávio Zanatta; Williamson, Esther; Bruce, Julie

**Source:** Brazilian Journal of Physical Therapy; Mar 2021; vol. 25 (no. 2); p. 175-185

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

Available at [Brazilian journal of physical therapy](#) - from Europe PubMed Central - Open Access

Available at [Brazilian journal of physical therapy](#) - from Unpaywall

**Abstract:** • Patients having breast reconstruction are not routinely referred to physical therapy • The main reason for referral to physical therapy are complications after surgery • Current practice does not consider limitations specific to each reconstruction type • Patients in Brazil have three times more appointments compared to the UK In both the United Kingdom (UK) and Brazil, women undergoing mastectomy should be offered breast reconstruction. Patients may benefit from physical therapy to prevent and treat muscular deficits. However, there are uncertainties regarding which physical therapy program to recommend. The aim was to investigate the clinical practice of physical therapists for patients undergoing breast reconstruction for breast cancer. A secondary aim was to compare physical therapy practice between UK and Brazil. Online survey with physical therapists in both countries. We asked about physical therapists' clinical practice. 181 physical therapists completed the survey, the majority were from Brazil (77%). Respondents reported that only half of women having breast reconstruction were routinely referred to physical therapy postoperatively. Contact with patients varied widely between countries, the mean number of postoperative sessions was 5.7 in the UK and 15.1 in Brazil. The exercise programs were similar for different reconstruction operations. Therapists described a progressive loading structure over time: range of motion (ROM) was restricted to 90° of arm elevation in the first two postoperative weeks; by 2–4 weeks ROM was unrestricted; at 1–3 months muscle strengthening was initiated, and after three months the focus was on sports-specific activities. Only half of patients having a breast reconstruction are routinely referred to physical therapy. Patients in Brazil have more intensive follow-up, with up to three times more face-to-face contact with a physical therapist than in the UK. Current practice broadly follows programs for mastectomy care rather than being specific to reconstruction surgery.

**Database:** CINAHL

### **Role of physiotherapy in supporting recovery from breast cancer treatment: a qualitative study embedded within the UK PROSPER trial.**

**Author(s):** Rees, Sophie; Mazuquin, Bruno; Richmond, Helen; Williamson, Esther; Bruce, Julie; UK PROSPER Study Group

**Source:** BMJ open; May 2021; vol. 11 (no. 5); p. e040116

**Publication Date:** May 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Clinical Trial Journal Article

**PubMedID:** 33980512

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**Abstract:**OBJECTIVES To explore the experiences of women with breast cancer taking part in an early physiotherapy-led exercise intervention compared with the experiences of those receiving usual care. To understand physiotherapists' experience of delivering the trial intervention. To explore acceptability of the intervention and issues related to the implementation of the Prevention Of Shoulder Problems (PROSPER) programme from participant and physiotherapist perspective.

DESIGN Qualitative semistructured interviews with thematic analysis.

SETTING UK National Health Service.

PARTICIPANTS Twenty participants at high risk of shoulder problems after breast cancer surgery recruited to the UK PROSPER trial (10 each from the intervention arm and control arm), and 11 physiotherapists who delivered the intervention. Trial participants were sampled using convenience sampling. Physiotherapists were purposively sampled from high and low recruiting sites.

RESULTS Participants described that the PROSPER exercise intervention helped them feel confident in what their body could do and helped them regain a sense of control in the context of cancer treatment, which was largely disempowering. Control arm participants expressed less of a sense of control over their well-being. Physiotherapists found the exercise intervention enjoyable to deliver and felt it was valuable to their patients. The extra time allocated for appointments during intervention delivery made physiotherapists feel they were providing optimal care, being the 'perfect physio'. Lessons were learnt about the implementation of a complex exercise intervention for women with breast cancer, and the issues raised will inform the development of a future implementation strategy.

CONCLUSIONS A physiotherapist-delivered early supported exercise intervention with integrated behavioural strategies helped women at risk of shoulder problems following breast cancer treatment to feel more confident in their ability to mobilise their arm post-surgery. A physiotherapist-delivered early supported exercise intervention with integrated behavioural strategies may address the sense of powerlessness that many women experience during breast cancer treatment.

Trial registration number ISRCTN35358984.

**Database:** Medline

## LOW BACK PAIN

**Protocol for a feasibility randomised controlled trial comparing cognitive functional therapy with usual physiotherapy care in people with persistent low back pain.**

**Author(s):** Newton ; Singh, Gurpreet; Nolan, David; Booth, Vicky; Diver, Claire; O'Neill, Seth; O'Sullivan, Kieran; O'Sullivan, Peter; Logan, Pip

**Source:** Physiotherapy Practice & Research; Jan 2021; vol. 42 (no. 1); p. 21-34

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

**Abstract:**BACKGROUND: Combined physical and psychological programmes (CPPP) are recommended for people with disabling low back pain (LBP). Cognitive Functional Therapy (CFT) is a physiotherapist-led low intensity CPPP with positive effects in previous studies. The clinical and cost effectiveness of CFT has not previously been evaluated in a randomised controlled trial (RCT) in the United Kingdom (UK) National Health Service (NHS). Before a definitive RCT can be completed it is necessary to determine if completing such a study is possible. PURPOSE: To determine the feasibility of completing a definitive RCT, that will evaluate the clinical and cost-effectiveness of CFT in comparison to usual physiotherapy care for people with persistent LBP in the UK NHS.



**METHODS:** A pragmatic two-arm parallel feasibility RCT comparing CFT with usual physiotherapy care for people with persistent LBP will be completed. Sixty participants will be randomly allocated to receive CFT or usual physiotherapy care. The primary outcome will be feasibility of completing a definitive RCT. Participant reported outcome measures will be recorded at baseline, three, six and twelve-month follow-up, including disability, pain intensity, quality of life and psychosocial function. Data will be analysed descriptively. A qualitative process evaluation will explore the acceptability of the research processes and interventions.

**DISCUSSION:** The rationale and methodological design of a mixed methods feasibility RCT is presented. This study aims to inform the planning, design and completion of a future definitive RCT in the UK NHS. The results will be disseminated through peer reviewed open access journal publication.

**Database:** CINAHL

### **Expansion of IDD Therapy in the UK – a Physiotherapy Perspective.**

**Author(s):** Wood, John

**Source:** Positive Health; Jan 2021 (no. 267)

**Publication Date:** Jan 2021

**Publication Type(s):** Periodical

**Abstract:**The article looks at Sheffield Physiotherapy's usage of the non-invasive spine treatment called IDD Therapy (IDDT) for treating patients with intervertebral disc-related problems. A background on the origin of IDDT and how it works is provided. Its advantage over spinal injections and surgery is also emphasized.

**Database:** CINAHL

### **Direct and mediated effects of treatment context on low back pain outcome: a prospective cohort study.**

**Author(s):** Bishop, Felicity; Al-Abbadey, Miznah; Roberts, Lisa; MacPherson, Hugh; Stuart, Beth; Carnes, Dawn; Fawkes, Carol; Yardley, Lucy; Bradbury, Katherine

**Source:** BMJ open; May 2021; vol. 11 (no. 5); p. e044831

**Publication Date:** May 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 34006548

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**Abstract:**OBJECTIVES Contextual components of treatment previously associated with patient outcomes include the environment, therapeutic relationship and expectancies. Questions remain about which components are most important, how they influence outcomes and comparative effects across treatment approaches. We aimed to identify significant and strong contextual predictors of patient outcomes, test for psychological mediators and compare effects across three treatment approaches.

**DESIGN** Prospective cohort study with patient-reported and practitioner-reported questionnaire data (online or paper) collected at first consultation, 2 weeks and 3 months.

**SETTING** Physiotherapy, osteopathy and acupuncture clinics throughout the UK.

**PARTICIPANTS** 166 practitioners (65 physiotherapists, 46 osteopaths, 55 acupuncturists) were recruited via their professional organisations. Practitioners recruited 960 adult patients seeking treatment for low back pain (LBP).



**PRIMARY AND SECONDARY OUTCOMES** The primary outcome was back-related disability. Secondary outcomes were pain and well-being. Contextual components measured were: therapeutic alliance; patient satisfaction with appointment systems, access, facilities; patients' treatment beliefs including outcome expectancies; practitioners' attitudes to LBP and practitioners' patient-specific outcome expectancies. The hypothesised mediators measured were: patient self-efficacy for pain management; patient perceptions of LBP and psychosocial distress.

**RESULTS** After controlling for baseline and potential confounders, statistically significant predictors of reduced back-related disability were: all three dimensions of stronger therapeutic alliance (goal, task and bond); higher patient satisfaction with appointment systems; reduced patient-perceived treatment credibility and increased practitioner-rated outcome expectancies. Therapeutic alliance over task ( $\eta^2=0.10$ , 95% CI 0.07 to 0.14) and practitioner-rated outcome expectancies ( $\eta^2=0.08$ , 95% CI 0.05 to 0.11) demonstrated the largest effect sizes. Patients' self-efficacy, LBP perceptions and psychosocial distress partially mediated these relationships. There were no interactions with treatment approach.

**CONCLUSIONS** Enhancing contextual components in musculoskeletal healthcare could improve patient outcomes. Interventions should focus on helping practitioners and patients forge effective therapeutic alliances with strong affective bonds and agreement on treatment goals and how to achieve them.

**Database:** Medline

### **Management of low back pain: Treatment provision within private practice in the UK in the context of clinical guidelines.**

**Author(s):** Murtagh, Shemane; Bryant, Elizabeth; Hebron, Clair; Ridehalgh, Colette; Horler, Christopher; Trosh, Caroline; Olivier, George

**Source:** Musculoskeletal care; Mar 2021

**Publication Date:** Mar 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33713545

Available at [Musculoskeletal care](#) - from Wiley Online Library

Available at [Musculoskeletal care](#) - from Unpaywall

**Abstract:** OBJECTIVE To summarise the combination of treatments private UK-based physiotherapists use with patients who have low back pain (LBP) and the extent to which the treatments used are consistent with clinical guideline recommendations.

DESIGN Cross-sectional observational survey.

METHODS Data were collected from physiotherapists within private UK-based clinics using an online standardised data collection system to record the treatment they provided for patients who had LBP with/without leg pain. Treatment data were classified into those that are 'recommended', 'not recommended' and had 'no recommendation'.

RESULTS/FINDINGS Treatment provided to 8003 patients were included in the analyses. Most patients (95.0%) were provided with a 'recommended' treatment. Approximately half of the patients who received 'recommended' treatment were also provided with other treatments that were either 'not recommended' (16.7%), had 'no recommendation' (16.6%) or a combination of both (13.0%). Few patients were provided with only treatments that were 'not recommended' and/or treatment with 'no recommendation' (4.6%).

CONCLUSION This study provides insight into the self-reported practice of participating physiotherapists and highlights how they generally adopted a multimodal treatment model for patients with LBP. Consistent with the National Institute for Health and Care Excellence guidelines, most patients received information and advice often in conjunction with exercise and manual therapy. Only a small proportion of patients were provided with treatments that are 'not recommended' and/or treatment that had 'no recommendation'. These findings are useful in documenting the implementation of clinical guidelines given the need for practitioners to balance the best available evidence with patient expectation and preference and to facilitate the therapeutic alliance.



**Database:** Medline

**Tui Na for Chronic Nonspecific Low Back Pain: Protocol for a Systematic Review and Meta-analysis.**

**Author(s):** Yang, Juan; Brault, Jeffrey S; Jensen, Mark A; Do, Alexander; Ma, Qingyu; Zhou, Xuan; Shen, Longbin; Zhao, Canghuan; Cheong, Kwok Chee Philip; He, Kejie; Guo, Yu; Chen, Zhuoming; Tang, Shujie; Tang, Yong; Tan, Celia la Choo; Chen, Jiaxu; Bauer, Brent A

**Source:** JMIR research protocols; Jan 2021; vol. 10 (no. 1); p. e20615

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33502327

Available at [JMIR research protocols](#) - from Europe PubMed Central - Open Access

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**Abstract:** BACKGROUND Chronic nonspecific low back pain (CNLBP) is one of the most common complex pain conditions, and it is strongly associated with high rates of disability. Even though several studies on Tui na for CNLBP have been reported, to our knowledge there has been no systematic review of the currently available publications.

OBJECTIVE This study aims to develop a protocol for a systematic review and meta-analysis that will evaluate the effectiveness and safety of Tui na therapy for patients with CNLBP.

METHODS An electronic literature search of PubMed, Embase, MEDLINE, Cochrane Library, Springer, Scopus, World Health Organization International Clinical Trials Registry Platform, Physiotherapy Evidence Database (PEDro), Clarivate Analytics, and Chinese biomedical databases (the China National Knowledge Infrastructure, Wan-fang database, Chinese Scientific Journals Database, and Chinese Biomedical Literature Databases) will be conducted. Studies will be screened by two reviewers independently based on titles and abstracts, followed by a full-text reading with eligibility criteria. Randomized controlled trials involving Tui na for patients with CNLBP will be reviewed. The primary outcomes of the study are improvement of pain, analgesic medication reduction, improvement of functional disability, and degree of satisfaction with the intervention. A secondary outcome is any adverse event of Tui na intervention. Methodological quality and risk of bias will be assessed with the Cochrane Collaboration Risk of Bias Tool. If studies are sufficient, a meta-analysis of the effectiveness will be performed. If possible, we will evaluate publication bias using funnel plots. If substantial heterogeneity between studies is present, and there are sufficient studies, subgroup analyses will be conducted to explain the study findings.

RESULTS The review database searches will be initiated in December 2020, with findings expected by January 2021. CONCLUSION This protocol will establish a framework of a high-quality literature synthesis on the impact of Tui na treatment in patients with CNLBP. The proposed review will determine whether Tui na is effective and safe for CNLBP patients.

TRIAL REGISTRATION PROSPERO CRD42020166731;

[https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=166731](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=166731). INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID) PRR1-10.2196/20615.

**Database:** Medline

## ARTHROPLASTY

**Patient experiences of receiving arthroscopic surgery or personalised hip therapy for femoroacetabular impingement in the context of the UK fashion study: a qualitative study.**

**Author(s):** Realpe ; Foster, N. E.; Dickenson, E. J.; Jepson, M.; Griffin, D. R.; Donovan, J. L.; on behalf of the UK FASHIoN study group; Hobson, Rachel; Wall, Peter; Petrou, Stavros; Parsons, Nick; Costa, Matthew

**Source:** Trials; Mar 2021; vol. 22 (no. 1); p. 1-10



**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33726810

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

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**Abstract:**Background: UK FASHIoN was a multicentre randomised controlled trial comparing hip arthroscopic surgery (HA) with personalised hip therapy (PHT, physiotherapist-led conservative care), for patients with hip pain attributed to femoroacetabular impingement (FAI) syndrome. Our aim was to describe the treatment and trial participation experiences of patients, to contextualise the trial results and offer further information to assist treatment decision-making in FAI.

**Methods:** We conducted in-depth semi-structured telephone interviews with a purposive sample of trial participants from each of the trial arms. They were interviewed after they received treatment and completed their first year of trial participation. Thematic analysis and constant comparison analytical approaches were used to identify themes of patient treatment experiences during the trial.

**Results:** Forty trial participants were interviewed in this qualitative study. Their baseline characteristics were similar to those in the main trial sample. On average, their hip-related quality of life (iHOT-33 scores) at 12 months follow-up were lower than average for all trial participants, indicating poorer hip-related quality of life as a consequence of theoretical sampling. Patient experiences occurred in five patient groups: those who felt their symptoms improved with hip arthroscopy, or with personal hip therapy, patients who felt their hip symptoms did not change with PHT but did not want HA, patients who decided to change from PHT to HA and a group who experienced serious complications after HA. Interviewees mostly described a trouble-free, enriching and altruistic trial participation experience, although most participants expected more clinical follow-up at the end of the trial.

**Conclusion:** Both HA and PHT were experienced as beneficial by participants in the trial. Treatment success appeared to depend partly on patients' prior own expectations as well as their outcomes, and future research is needed to explore this further. Findings from this study can be combined with the primary results to inform future FAI patients.

**Trial Registration:** Arthroscopic surgery for hip impingement versus best conventional care ( ISRCTN64081839 ). 28/02/2014.

**Database:** CINAHL

### **Discharge after hip fracture surgery by mobilisation timing: secondary analysis of the UK National Hip Fracture Database.**

**Author(s):** Sheehan ; Goubar, Aicha; Almilaji, Orouba; Martin, Finbarr C; Potter, Chris; Jones, Gareth D; Sackley, Catherine; Ayis, Salma

**Source:** Age & Ageing; Mar 2021; vol. 50 (no. 2); p. 415-422

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

Available at [Age and ageing](#) - from Unpaywall

**Abstract:**Objective To determine whether mobilisation timing was associated with the cumulative incidence of hospital discharge by 30 days after hip fracture surgery, accounting for potential confounders and the competing risk of in-hospital death.

**Method** We examined data for 135,105 patients 60 years or older who underwent surgery for nonpathological first hip fracture between 1 January 2014 and 31 December 2016 in any hospital in England or Wales. We tested whether the cumulative incidences of discharge differed between those mobilised early (within 36 h of surgery) and those mobilised late, accounting for potential confounders and the competing risk of in-hospital death.



**Results** A total of 106,722 (79%) of patients first mobilised early. The average rate of discharge was 39.2 (95% CI 38.9–39.5) per 1,000 patient days, varying from 43.1 (95% CI 42.8–43.5) among those who mobilised early to 27.0 (95% CI 26.6–27.5) among those who mobilised late, accounting for the competing risk of death. By 30-day postoperatively, the crude and adjusted odds ratios of discharge were 2.36 (95% CI 2.29–2.43) and 2.08 (95% CI 2.00–2.16), respectively, among those who first mobilised early compared with those who mobilised late, accounting for the competing risk of death.

**Conclusion** Early mobilisation led to a 2-fold increase in the adjusted odds of discharge by 30-day postoperatively. We recommend inclusion of mobilisation within 36 h of surgery as a new UK Best Practice Tariff to help reduce delays to mobilisation currently experienced by one-fifth of patients surgically treated for hip fracture.

**Database:** CINAHL

### **Knee arthroplasty: post-operative care, rehabilitation and follow-up.**

**Author(s):** Leong ; Reed, Mike

**Source:** Orthopaedics & Trauma; Feb 2021; vol. 35 (no. 1); p. 49-55

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

**Abstract:** Approximately 100,000 primary knee replacements are performed in the UK each year. There has been increasing focus on enhanced recovery after surgery (ERAS) programmes aimed at reducing complications and improving patient functional outcomes, with a consequent reduction in length of stay. Management of patients expectations preoperatively have been shown to be very important in providing better improvement of pain and function postoperatively. As part of ERAS programmes, management of postoperative pain control is essential to help promote early mobilization, compliance in rehabilitation with physiotherapists and minimizing the risk of venous thromboembolism (VTE). We focus this review on VTE prophylaxis, perioperative management of anticoagulation, rehabilitation and follow-up. In conclusion, success in ERAS programmes is heavily reliant on strong collaboration within the multidisciplinary team consisting of orthopaedic surgeons, anaesthetists, physiotherapists, nurses and occupational therapists. All of the above provide simultaneous patient-centred care.

**Database:** CINAHL

### **Minimally Invasive Sacroiliac Joint Fusion with Triangular Titanium Implants: Cost-Utility Analysis from NHS Perspective.**

**Author(s):** Blissett, Deirdre B; Blissett, Rob S; Ede, Matthew P Newton; Stott, Philip M; Cher, Daniel J; Reckling, W Carlton

**Source:** PharmacoEconomics - open; Jun 2021; vol. 5 (no. 2); p. 197-209

**Publication Date:** Jun 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33165824

Available at [PharmacoEconomics - open](#) - from Unpaywall

**Abstract:** OBJECTIVE The aim was to identify the cost-effectiveness of minimally invasive sacroiliac joint fusion (MI SIJF) surgery with titanium triangular implants for patients with sacroiliac joint (SIJ) pain who have failed conservative management, compared to non-surgical management (NSM) from a National Health Service (NHS) England perspective.

**METHODS** Over a time horizon of 5 years, a cohort state transition model compared the costs and outcomes of treating patients with MI SIJF to those of traditional NSM treatment pathways. The NSM arm included two treatments: grouped physical therapy and corticosteroid injections (PTSI) or radiofrequency ablation (RFA). Three different strategies were considered: (1) a stepped pathway, (2) patients split between PTSI and RFA, and (3) RFA only. The outcome measure was incremental cost-effectiveness ratio (ICER), reported in 2018 British pounds per



quality-adjusted life year (QALY) gained. One-way and probabilistic sensitivity analyses were used to test the robustness of the model results.

**RESULTS** Patients undergoing MI SIJF accrued total procedure-related and pain-management costs of £8358, while NSM treatment strategy 1 had total costs of £6880. The MI SIJF cohort had 2.98 QALYs compared to strategy 1 with 2.30 QALYs. This resulted in an ICER for MI SIJF versus strategy 1 of £2164/QALY gained. Strategy 2 of the NSM arm had lower costs than strategy 1 (£6564) and 2.26 QALYs, and this resulted in an ICER of £2468/QALY gained for MI SIJF. Strategy 3 of the NSM arm had lower costs than strategy 1 (£6580), and this resulted in 2.28 QALYs and an ICER of £2518/QALY gained for MI SIJF. Probabilistic sensitivity analysis shows that at a threshold of £20,000/QALY gained, MI SIJF has a probability of being cost-effective versus NSM strategies of 96%, 97%, and 91% for strategies 1, 2, and 3, respectively.

**CONCLUSION** MI SIJF appears to be cost-effective over a 5-year time horizon when compared to traditional NSM pathways in an NHS context.

**Database:** Medline

### **Clinical and cost-effectiveness of physiotherapy interventions following total knee replacement: a systematic review and meta-analysis.**

**Author(s):** Fatoye, F; Yeowell, G; Wright, J M; Gebrye, T

**Source:** Archives of orthopaedic and trauma surgery; Feb 2021

**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article Review

**PubMedID:** 33554305

Available at [Archives of orthopaedic and trauma surgery](#) - from Unpaywall

**Abstract:** PURPOSE Osteoarthritis is the single most common cause of pain and disability in older adults. This review addresses the question of the clinical effectiveness and cost-effectiveness of physiotherapy interventions following total knee replacement (TKR).

**METHODS** A systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. MEDLINE, CINAHL, AMED, DARE, HTA and NHS EED databases were searched from inception to 02 May 2020. Search terms related to the clinical and cost-effectiveness of physiotherapy interventions were used. Studies meeting the inclusion criteria were identified and key data were extracted. Random effect meta-analysis was conducted for pain, physical function and range of motion (ROM).

**RESULTS** In total, 1467 studies were identified. Of these, 26 studies were included; methodological quality of most studies was adequate. Physiotherapy interventions were more effective than control for function, SMD - 0.166 [95% Confidence Interval (CI) - 0.420 to 0.088.] and ROM, SMD - 0.219 [95% CI - 0.465 to 0.028] for a follow-up of 2 or 3 months. Patients in the intervention group showed improvement in pain at 12-13 weeks, SMD - 0.175 [95% CI - 0.416 to 0.067]. No evidence on the pooled estimate of cost-effectiveness of physiotherapy interventions was found.

**CONCLUSIONS** This is the first systematic review and meta-analysis that has examined the clinical and cost-effectiveness of physiotherapy interventions following TKR. The findings of this review suggest that physiotherapy interventions were effective for improving physical function, ROM and pain in a short-term follow-up following TKR. Insufficient evidence exists to establish the benefit of physiotherapy in the long term for patient with TKR. Further study should examine the long-term effectiveness and cost-effectiveness of physiotherapy interventions.

**Database:** Medline

### **Patient satisfaction with physiotherapists is not inferior to surgeons in an arthroplasty review clinic: non-inferiority study of an expanded scope model of care.**

**Author(s):** Murphy, Michael Thomas; Radovanovic, John



**Source:** Australian health review : a publication of the Australian Hospital Association; Feb 2021; vol. 45 (no. 1); p. 104-109

**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33342461

Available at [Australian health review : a publication of the Australian Hospital Association](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Australian health review : a publication of the Australian Hospital Association](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

**Abstract:** Objective This study evaluated whether the satisfaction of patients attending a physiotherapy-led postarthroplasty review out-patient clinic was non-inferior to that of patients attending traditional surgeon clinics. Methods Using a modified nine-item Visit-Specific Satisfaction Instrument (VSQ-9), 50 patients attending the physiotherapy clinic and 50 patients attending surgeon clinics were surveyed. Sample means ( $\pm$ s.d.) were calculated for each domain of the VSQ-9. Non-inferiority testing was performed using 95% confidence intervals (CIs) of the adjusted mean difference to examine whether normalised patient satisfaction scores in the physiotherapy group were no worse than those in the surgeon group. Results Both groups were satisfied (overall domain; 100% of both groups rated good-excellent). Based on mean item score, there was strong evidence that the satisfaction of the physiotherapy group was non-inferior to that of the surgeon group (adjusted mean difference (physiotherapy - surgeon) in mean score 5.1 (95% CI -0.3, 10.4). Furthermore, the mean differences in all but one of the nine domains were in favour of the physiotherapy group in this study. Conclusion The satisfaction of patients attending a physiotherapy arthroplasty review clinic is not inferior to that of patients attending traditional surgeon clinics. What is known about the topic? A substitution model of care where an advanced practice physiotherapist reviews routine postarthroplasty patients instead of surgeons originated in the UK and has been adopted in Canada and Australia to address the increasingly overloaded public out-patient health services. Evidence of clinical and cost effectiveness has been demonstrated but, to the best of the authors' knowledge, only one paper has evaluated consumer engagement, and that paper was in a Canadian population. What does this paper add? This study evaluated the satisfaction of patients in an Australian public healthcare system and was able to demonstrate that patients seen by physiotherapists were no less satisfied than those seen by surgeons in traditional clinics. The findings support those reported in the Canadian study. This is an important step in the development and acceptance of these substitution model of care innovations locally. What are the implications for practitioners? The results of this study will provide an important addition to the evidence of the clinical efficacy of this model of care: that of consumer acceptance. This will assist with planning, expansion and rollout of similar initiatives in Australia.

**Database:** Medline

## PAEDIATRICS

### **Immersive virtual reality in children with upper limb injuries: Findings from a feasibility study.**

**Author(s):** Phelan, Ivan; Furness, Penny J; Dunn, Heather D; Carrion-Plaza, Alicia; Matsangidou, Maria; Dimitri, Paul; Lindley, Shirley

**Source:** Journal of pediatric rehabilitation medicine; Jun 2021

**Publication Date:** Jun 2021

**Publication Type(s):** Journal Article

**PubMedID:** 34151871

Available at [Journal of pediatric rehabilitation medicine](#) - from Unpaywall

**Abstract:** PURPOSE Children who sustain Upper Limb Injuries (ULIs), including fractures and burns, may undergo intensive rehabilitation. The discomfort of therapy can reduce their compliance, limit their range of motion (ROM) and lead to chronic pain. Virtual Reality (VR) interventions have been found to reduce anticipated and procedural pain. This feasibility study aimed to explore perceptions and impacts of a custom-made, fully immersive Head-



Mounted Display VR (HMD-VR) experience within a United Kingdom (UK) National Health Service (NHS) outpatient rehabilitation service for children with ULIs.

**METHODS** Ten children aged 9-16 in one UK Children's hospital trialled HMD-VR during one rehabilitation session. They, their parents (n=10), and hospital physiotherapy staff (n=2) were interviewed about their perceptions of pain, difficulty, enjoyability, therapeutic impacts, benefits, and limitations. Children rated the sessions on enjoyability, difficulty, and pain compared to usual rehabilitation exercises. Physiotherapists were asked to provide range of motion readings.

**RESULTS** Inductive thematic analysis of interview data generated three themes, 'Escape through Engagement'; 'Enhanced Movement'; and 'Adaptability and Practicality'. Children rated the session as more enjoyable, less difficult and painful than their usual rehabilitation exercises. Findings suggested that HMD-VR was an engaging, enjoyable experience that distracted children from the pain and boredom of therapy. Also, it seemed to enhance the movement they achieved. Participants perceived it was useful for rehabilitation and adaptable to individual needs and other patient groups. Suggestions were made to increase adaptability and build in practical safeguards.

**CONCLUSION** Findings from this small-scale feasibility study suggested HMD-VR was perceived as usable, acceptable, and effective with potential for further development. Future work could include larger scale trials.

**Database:** Medline

### **51. Specifying current physical therapy practice for paediatric trials: A survey of UK physical therapists.**

**Author(s):** Duff, Catherine J; Kolehmainen, Niina; McAnuff, Jennifer

**Source:** Child: care, health and development; May 2021

**Publication Date:** May 2021

**Publication Type(s):** Journal Article

**PubMedID:** 34022063

Available at [Child: care, health and development](#) - from Wiley Online Library

**Abstract:** BACKGROUND Advancing physical therapy interventions for children and young people is a high research priority. This includes research to describe and specify the control condition, typically 'current care', for effectiveness trials. This paper aims to identify physical therapy outcomes commonly targeted, and intervention techniques and approaches commonly used, by physiotherapists working with children (aged 2-19 years) with mobility limitations in the United Kingdom.

**METHODS** A cross-sectional survey. Participants were recruited through the interactive Chartered Society of Physiotherapy members-only online discussion forum, the Association of Paediatric Chartered Physiotherapists, direct emails and snowball sampling within the authors' professional networks and Twitter. Data were collected using a structured online questionnaire and analysed using descriptive statistics.

**RESULTS** We received 146 responses, 95/146 (65.1%) of which were fully complete. Therapists reported targeting 367 unique outcome constructs, of which 193 (52.6%) mapped onto activities and participation (e.g. moving around using equipment, maintaining body position and walking), 158 (43.1%) on body functions (e.g. muscle strength, joint mobility and gait functions), 11 (3.0%) on body structure (e.g. muscle length) and 3 (0.8%) on environmental factors (e.g. access home environment, access school environment and family confidence). The most commonly used interventions related to postural management (115/133 of respondents, 86.4%) and exercise therapy (116/137, 84.67%) and included techniques such as 'use equipment' (118/137, 86.1%), 'instruct how to do something' (117/137, 85.4%), 'practice' (105/137, 76.6%) and 'stretch' (99/137, 72.3%).

**CONCLUSIONS** In designing trials, current care can be described as a combination of biomechanical and physiological techniques and approaches targeted at body functions and through that to activity and participation. Although some environmental behaviour change techniques and strategies were reported, the explicit use of these in current care appears limited.

**Database:** Medline



## **Comparative efficacy, safety, and cost-effectiveness of abobotulinumtoxinA and onabotulinumtoxinA in children with upper limb spasticity: a systematic literature review, indirect treatment comparison, and economic evaluation.**

**Author(s):** Danchenko, N; Johnston, K M; Haeussler, K; Whalen, J

**Source:** Journal of medical economics; 2021; vol. 24 (no. 1); p. 949-961

**Publication Date:** 2021

**Publication Type(s):** Journal Article

**PubMedID:** 34340647

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

**Abstract:** OBJECTIVE The objective of this study was to compare clinical- and cost-effectiveness of type A botulinum toxin (BoNT-A) therapies for management of pediatric upper limb spasticity, including AbobotulinumtoxinA (aboBoNT-A) and Onabotulinumtoxin A (onaBoNT-A).

**METHODS** Systematic literature review and indirect treatment comparisons were conducted of randomized controlled trials reporting efficacy and safety outcomes. Efficacy was characterized by Modified Ashworth Scale (MAS) and Ashworth Scale (AS) up to 16-weeks post-injection. Results were used to inform a cost-effectiveness model with a 1-year time horizon, linking response rates with health-related quality-of-life (HRQoL) outcomes and costs from a UK perspective. Other data sources included in the cost-effectiveness model were drug unit costs, health care resource utilization based on UK physician survey, and HRQoL impacts of adverse events associated with oral anti-spasticity therapies. Results were characterized as cost per quality-adjusted life year and cost per responder.

**RESULTS** Six studies were included in evidence syntheses. There was a trend towards greater response rate for aboBoNT-A which resulted in improved HRQoL and lower annual costs compared with onaBoNT-A. Safety outcomes were similar across BoNT-A therapies. In cost-effectiveness analysis, aboBoNT-A was an economically dominant therapy with respect to cost per quality-adjusted life year. The cost per responder at 1 year was estimated to be £39,056 for aboBoNT-A vs. £54,831 for onaBoNT-A.

**LIMITATIONS AND CONCLUSIONS** Based on observed safety and efficacy data, aboBoNT-A is estimated to result in higher treatment response and consequently increased quality-of-life and reduced costs, vs. onaBoNT-A in children with upper limb spasticity. Limitations to the study include study heterogeneity limited details available for onaBoNT-A studies (e.g. use of physical therapy), and limited availability of responder data. Where assumptions were required, they were made to be conservative towards aboBoNT-A.

**Database:** Medline

## **STROKE**

### **What would 'upscaling' involve? A qualitative study of international variation in stroke rehabilitation.**

**Author(s):** Watkins ; Levack, William Mark Magnus; Rathore, Farooq Azam; Hay-Smith, Elizabeth Jean Carleton

**Source:** BMC Health Services Research; Apr 2021; vol. 21 (no. 1); p. 1-8

**Publication Date:** Apr 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33926440

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

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

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

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

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



**Abstract:**Background: Demand for stroke rehabilitation is expected to grow dramatically; with the estimated prevalence of stroke survivors rising to 70 million worldwide by 2030. The World Health Organization's (WHO) report - Rehabilitation 2030: A call for action - has introduced the objective of 'upscaling' rehabilitation globally to meet demand. This research explored what upscaling stroke rehabilitation might mean for health professionals from countries at different stages of economic development.

**Methods:** Qualitative descriptive study design using semi-structured interviews was employed. Purposively sampled, clinical leaders in stroke rehabilitation were recruited for interviews from low through to high-income countries.

**Results:** Twelve rehabilitation professionals (medicine, physical therapy, occupational therapy, and speech and language therapy) from high (United States of America, Germany, United Kingdom, United Arab Emirates, New Zealand), upper-middle (Colombia and Turkey), lower-middle (Vietnam, Pakistan, Ghana), and low-income countries (Nepal and Sierra Leone) were interviewed. Upscaling was seen as a necessity. Successful scaling up will require initiatives addressing: political governance and managerial leadership, increasing knowledge and awareness of the value of rehabilitation, financial support, workforce developments, physical space and infrastructure, and the development of community services and reintegration.

**Conclusion:** Although there have been many gains within the development of stroke rehabilitation internationally, further investment is required to ensure that this patient population group continues to receive the best quality services. For the WHO to be successful in implementing their objective to upscale rehabilitation, specific attention will need to be paid to political, professional, economic, and sociocultural issues at global and local levels.

**Database:** CINAHL

### **Stroke impairment categories: A new way to classify the effects of stroke based on stroke-related impairments.**

**Author(s):** Gittins ; Lugo-Palacios, David; Vail, Andy; Bowen, Audrey; Paley, Lizz; Bray, Benjamin; Tyson, Sarah

**Source:** Clinical Rehabilitation; Mar 2021; vol. 35 (no. 3); p. 446-458

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

Available at [Clinical Rehabilitation](#) - from Unpaywall

**Abstract:**Objective: To create a classification system based on stroke-related impairments. Data source: All adults with stroke admitted for at least 72 hours in England, Wales and Northern Ireland from July 2013 to July 2015 extracted from the Sentinel Stroke National Audit Programme Analysis: Impairments were defined using the National Institute of Health Stroke Scale scores at admission. Common combinations of impairments were identified based on geometric coding and expert knowledge. Validity of the classification was assessed using standard descriptive statistics to report and compare patients' characteristics, therapy received and outcomes in each group. Results: Data from 94,905 patients were extracted. The items of the National Institute of Health Stroke Scale (on admission) were initially grouped into four body systems: Cognitive, Motor, Sensory and Consciousness. Seven common combinations of these impairments were identified (in order of stroke severity); Patients with Loss of Consciousness (n = 6034, 6.4%); those with Motor + Cognitive + Sensory impairments (n = 28,226, 29.7%); Motor + Cognitive impairments (n = 16,967, 17.9%); Motor + Sensory impairments (n = 9882, 10.4%); Motor Only impairments (n = 20,471, 21.6%); Any Non-Motor impairments (n = 7498, 7.9%); and No Impairments (n = 5827, 6.1%). There was a gradation of age, premorbid disability, mortality and disability on discharge. People with the most and least severe categories were least likely to receive therapy, and received least therapy (-20 minutes/day of stay) compared to -35 minutes/day of stay for the moderately severe categories. Conclusions: A classification system of seven Stroke Impairment Categories has been presented.

**Database:** CINAHL

### **Experiences of venue based exercise interventions for people with stroke in the UK: a systematic review and thematic synthesis of qualitative research.**

**Author(s):** Young ; Broom, David; Sage, Karen; Crossland, Kay; Smith, Christine



**Source:** Physiotherapy; Mar 2021; vol. 110 ; p. 5-14

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

Available at [Physiotherapy](#) - from Unpaywall

**Abstract:**The physical benefits of exercise following stroke are research evidenced and the UK stroke population is increasingly encouraged to engage with exercise interventions. A synthesis of qualitative research is required to further understand the perceived experience and psychosocial effect of exercise for people with stroke. To provide a systematic search and synthesis of evidence about the experiences and reported impact of participation in venue based exercise following stroke in the UK. Eligible studies were identified through a rigorous search of Medline, Cinahl, AMED, PsycINFO, SportDiscus, Proquest and ETHOS from January 2000 until December 2017. Full text qualitative studies or service evaluations conducted in the UK which explored the reported experience of venue based exercise amongst people with stroke. Included studies were evaluated through application of the Consolidated Criteria for Reporting Qualitative Research. Data synthesis using a thematic approach generated descriptive and analytical themes. Six research studies and one service evaluation met the inclusion criteria; methodological quality was variable. These studies highlighted that people with stroke gain confidence and renewed identity through exercise participation. Perceived improvements in physical function were reported and participants enjoyed stroke specific exercise programmes in de-medicalised venues. The studies only accessed people who had completed the exercise programmes; non-completers were not represented. Venue based exercise programmes have a positive effect on perceived wellbeing following stroke. Further research into the reasons for discontinuation of exercise participation following stroke is required. Systematic Review Registration Number PROSPERO 2017:CRD42017072483.

**Database:** CINAHL

### **Evaluation of the enhanced upper limb therapy programme within the Robot-Assisted Training for the Upper Limb after Stroke trial: descriptive analysis of intervention fidelity, goal selection and goal achievement.**

**Author(s):** Bosomworth ; Rodgers, Helen; Shaw, Lisa; Smith, Leanne; Aird, Lydia; Howel, Denise; Wilson, Nina; Alvarado, Natasha; Andole, Sreeman; Cohen, David L; Dawson, Jesse; Fernandez-Garcia, Cristina; Finch, Tracy; Ford, Gary A; Francis, Richard; Hogg, Steven; Hughes, Niall; Price, Christopher I; Ternent, Laura; Turner, Duncan L

**Source:** Clinical Rehabilitation; Jan 2021; vol. 35 (no. 1); p. 119-134

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Clinical rehabilitation](#) - from Unpaywall

**Abstract:**Objective: To report the fidelity of the enhanced upper limb therapy programme within the Robot-Assisted Training for the Upper Limb after stroke (RATULS) randomized controlled trial, the types of goals selected and the proportion of goals achieved.

Design: Descriptive analysis of data on fidelity, goal selection and achievement from an intervention group within a randomized controlled trial. Setting: Out-patient stroke rehabilitation within four UK NHS centres. Subjects: 259 participants with moderate-severe upper limb activity limitation (Action Research Arm Test 0–39) between one week and five years post first stroke. Intervention: The enhanced upper limb therapy programme aimed to provide 36 one-hour sessions, including 45 minutes of face-to-face therapy focusing on personal goals, over 12 weeks.

Results: 7877/9324 (84%) sessions were attended; a median of 34 [IQR 29–36] per participant. A median of 127 [IQR 70–190] repetitions were achieved per participant per session attended. Based upon the Canadian Occupational Performance Measure, goal categories were: self-care 1449/2664 (54%); productivity 374/2664 (14%); leisure 180/2664 (7%) and 'other' 661/2664 (25%). For the 2051/2664 goals for which data were available, 1287 (51%) were achieved, ranging between 27% by participants more than 12 months post stroke with baseline Action Research Arm Test scores 0–7, and 88% by those less than three months after stroke with scores 8–19.



Conclusions: Intervention fidelity was high. Goals relating to self-care were most commonly selected. The proportion of goals achieved varied, depending on time post stroke and baseline arm activity limitation.

**Database:** CINAHL

## **62. How active are stroke patients in physiotherapy sessions and is this associated with stroke severity?**

**Author(s):** James, Jimmy; McGlinchey, Mark P

**Source:** Disability and rehabilitation; Apr 2021 ; p. 1-7

**Publication Date:** Apr 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33794718

Available at [Disability and rehabilitation](#) - from Unpaywall

**Abstract:** PURPOSE Exercise improves functional outcome post-stroke, but how long patients with differing severity spend undertaking active exercise within physiotherapy sessions is unknown. We aimed to investigate if stroke severity is associated with time undertaking active exercise in physiotherapy sessions, and if any differences between planned and actual physiotherapy session length existed.

**MATERIALS AND METHODS** A prospective observational study of 107 stroke rehabilitation sessions in a UK acute stroke unit. Data recorded included patient demographics (age, gender, time post-stroke and Barthel Index score) and session attributes (planned and actual session length, time undertaking active exercise, grade of treating therapist).

**RESULTS** There was a significant negative association between increasing stroke severity and percentage of time undertaking active exercise in physiotherapy sessions ( $p < 0.001$ ). No other observed factors were associated with time undertaking active exercise. Mean session length across all levels of stroke severity was 32 min (SD 9.26) which was significantly less than planned ( $p < 0.05$ ). There was no difference in mean session length or between planned and actual physiotherapy session length between patients of differing severity.

**CONCLUSIONS** Patients with greater stroke severity participate in less active exercise in physiotherapy sessions than those with lesser stroke severity. Reasons for this disparity warrant further investigation. Implications for rehabilitation Stroke patients with higher levels of severity engage in less active exercise during rehabilitation. A discrepancy exists between patients' planned physiotherapy session lengths and actual session lengths during stroke rehabilitation. Physiotherapists should be mindful in how to adapt their sessions (particularly with severe stroke patients) to maximise the amount of activity they undertake. Physiotherapists should be flexible in their delivery of rehabilitation to ensure that the length of patient sessions reflect patients' needs.

**Database:** Medline

## **Factors influencing allied health professionals' implementation of upper limb sensory rehabilitation for stroke survivors: a qualitative study to inform knowledge translation.**

**Author(s):** Cahill, Liana S; Carey, Leeanne M; Mak-Yuen, Yvonne; McCluskey, Annie; Neilson, Cheryl; O'Connor, Denise A; Lannin, Natasha A

**Source:** BMJ open; Feb 2021; vol. 11 (no. 2); p. e042879

**Publication Date:** Feb 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 33608401

Available at [BMJ open](#) - from BMJ Journals

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

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version



Available at [BMJ open](#) - from Unpaywall

**Abstract:** OBJECTIVES Somatosensory loss is common after stroke with one-in-two individuals affected. Although clinical practice guidelines recommend providing somatosensory rehabilitation, this impairment often remains unassessed and untreated. To address the gap between guideline recommendations and clinical practice, this study sought to understand the factors influencing delivery of evidence-based upper limb sensory rehabilitation after stroke.

DESIGN Qualitative study involving focus groups and interviews. Data analysis used an inductive approach (thematic analysis) and deductive analysis using implementation theory (the Theoretical Domains Framework and Normalisation Process Theory).

SETTING Eight healthcare organisations in metropolitan and regional areas of Victoria and New South Wales, Australia.

PARTICIPANTS Eighty-seven rehabilitation therapists (79% occupational therapists and 21% physiotherapists) were purposively sampled and participated in a knowledge translation study with staggered recruitment from 2014 to 2018. RESULT Three types of factors influenced therapists' delivery of upper limb somatosensory rehabilitation: individual ('The uncertain, unskilled therapist'), patient ('Patient understanding and priorities') and organisational ('System pressures and resources'). Deductive analysis using implementation theory identified key determinants of practice change, such as opportunities to consolidate new skills, the anticipated benefits of upskilling as a therapy team and the work anticipated by therapists to incorporate a new somatosensory rehabilitation approach.

CONCLUSIONS Occupational therapists and physiotherapists hold valuable insights towards practice change in somatosensory rehabilitation from the 'frontline'. Therapists experience barriers to change including a lack of knowledge and skills, lack of resources and organisational pressures. Facilitators for change were identified, including social support and therapists' perceived legitimacy in using new somatosensory rehabilitation approaches. Results will inform the design of a tailored implementation strategy to increase the use of evidence-based somatosensory rehabilitation in Australia.

TRIAL REGISTRATION NUMBER Australian New Zealand Clinical Trials Registry (ACTRN12615000933550).

**Database:** Medline

### **Inclusion of stroke patients in expanded cardiac rehabilitation services: a cross-national qualitative study with cardiac and stroke rehabilitation professionals.**

**Author(s):** Jeffares, Isabelle; Merriman, Niamh A; Doyle, Frank; Horgan, Frances; Hickey, Anne

**Source:** Disability and rehabilitation; Feb 2021 ; p. 1-13

**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33529535

**Abstract:** PURPOSE This qualitative study explored healthcare professionals' views in relation to the potential expansion of cardiac rehabilitation services to include stroke patients, thereby becoming a cardiovascular rehabilitation model.

DESIGN AND METHODS 23 semi-structured interviews were completed with hospital and community-based stroke and cardiac rehabilitation professionals in Switzerland (n = 7) and Ireland (n = 19). The sample comprised physiotherapists, occupational therapists, speech and language therapists, stroke physicians, cardiologists, psychologists, dieticians and nurses. Interviews were audio-recorded and the transcripts were analysed in NVivo using inductive Thematic Analysis.

RESULTS Barriers and facilitators to cardiovascular rehabilitation were captured under four broad themes; (i) Cardiac rehabilitation as "low-hanging fruit," (ii) Cognitive impairment ("the elephant in the room"), (iii) Adapted cardiac rehabilitation for mild stroke, and (iv) Resistance to change.

CONCLUSIONS Hybrid cardiac rehabilitation programmes could be tailored to deliver stroke-specific education, exercises and multidisciplinary expertise. Post-stroke cognitive impairment was identified as a key barrier to



participation in cardiac rehabilitation. A cognitive rehabilitation intervention could potentially be delivered as part of cardiac rehabilitation, to address the cognitive needs of stroke and cardiac patients. Implications for rehabilitation The cardiac rehabilitation model has the potential to be expanded to include mild stroke patients given the commonality of secondary prevention needs. Up to half of stroke survivors are affected by post-stroke cognitive impairment, consequently mild stroke patients may not be such an "easy fit" for cardiac rehabilitation. A cardiovascular programme which includes common rehabilitation modules, in addition to stroke- and cardiac-specific content is recommended. A cognitive rehabilitation module could potentially be added as part of the cardiac rehabilitation programme to address the cognitive needs of stroke and cardiac patients.

**Database:** Medline

## REHABILITATION

### **Rehabilitation following rotator cuff repair: A multi-centre pilot & feasibility randomised controlled trial (RaCeR).**

**Author(s):** Littlewood ; Bateman, Marcus; Butler-Walley, Stephanie; Bathers, Sarah; Bromley, Kieran; Lewis, Martyn; Funk, Lennard; Denton, Jean; Moffatt, Maria; Winstanley, Rachel; Mehta, Saurabh; Stephens, Gareth; Dikomitis, Lisa; Foster, Nadine E

**Source:** Clinical Rehabilitation; Jun 2021; vol. 35 (no. 6); p. 829-839

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Clinical rehabilitation](#) - from Unpaywall

**Abstract:**Objective: To evaluate the feasibility of a multi-centre randomised controlled trial to compare the clinical and cost-effectiveness of early patient-directed rehabilitation versus standard rehabilitation following surgical repair of the rotator cuff of the shoulder.

Design: Two-arm, multi-centre pilot and feasibility randomised controlled trial. Setting: Five National Health Service hospitals in England. Participants: Adults (n = 73) with non-traumatic rotator cuff tears scheduled for repair were recruited and randomly allocated remotely prior to surgery. Interventions: Early patient-directed rehabilitation (n = 37); advised to remove their sling as soon as able and move as symptoms allow. Standard rehabilitation (n = 36); sling immobilisation for four weeks.

Measures: (1) Randomisation of 20% or more eligible patients. (2) Difference in time out of sling of 40% or more between groups. (3) Follow-up greater than 70%. Results: 73/185 (39%) potentially eligible patients were randomised. Twenty participants were withdrawn, 11 due to not receiving rotator cuff repair. The between-group difference in proportions of participants who exceeded the cut-off of 222.6 hours out of the sling was 50% (80% CI = 29%, 72%), with the early patient-directed rehabilitation group reporting greater time out of sling. 52/73 (71%) and 52/53 (98%) participants were followed-up at 12 weeks when withdrawals were included and excluded respectively. Eighteen full-thickness re-tears were reported (early patient-directed rehabilitation = 7, standard rehabilitation = 11). Five serious adverse events were reported.

Conclusion: A main randomised controlled trial is feasible but would require allocation of participants following surgery to counter the issue of withdrawal due to not receiving surgery.

**Database:** CINAHL

### **Rehabilitation following rotator cuff repair: A survey of current practice (2020).**

**Author(s):** Littlewood ; Mazuquin, Bruno; Moffatt, Maria; Bateman, Marcus

**Source:** Musculoskeletal Care; Jun 2021; vol. 19 (no. 2); p. 165-171

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Musculoskeletal care](#) - from Wiley Online Library



**Abstract:**Introduction: Approaches to rehabilitation following rotator cuff repair are variable but typically include 4–6 weeks of immobilisation followed by a gradual introduction of movement and activity. However, research has questioned whether such an approach is optimal. The aim of this study was to undertake an updated survey to understand whether practice has evolved in line with contemporary research. Methods: An electronic survey was developed describing three case scenarios (medium-sized rotator cuff repair [2 cm], large-sized rotator cuff repair [4 cm] and large-sized rotator cuff repair with biceps tenodesis). Clinicians involved with rehabilitation following rotator cuff repair were invited to participate. Results: 129 responses were received (United Kingdom = 87, other regions [ORs] = 42). Respondents would most commonly recommend four to six weeks of immobilisation for all case scenarios. Passive movement would commence during this period, with active movement recommended from four to six weeks. Resisted exercise would commence between seven to 12 weeks along with return to driving. There were some minor differences in recommendations between respondents from the United Kingdom and ORs, including a greater proportion from the United Kingdom recommending sling immobilisation rather than abduction brace immobilisation. Conclusion: For many respondents to this survey, rehabilitation for the three case scenarios was similar and has not evolved in line with contemporary research evidence. The reasons behind this need to be explored and incorporated into the design of future research evaluating rehabilitation following rotator cuff repair.

**Database:** CINAHL

### **An exploration of UK student physiotherapists' goal setting practices within anterior cruciate ligament rehabilitation.**

**Author(s):** Alexanders ; Chesterton, Paul; Brooks, Anna; Kaye, Jo Ann

**Source:** Musculoskeletal Care; Jun 2021; vol. 19 (no. 2); p. 172-179

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Musculoskeletal care](#) - from Wiley Online Library

**Abstract:**Background: Anterior cruciate ligament (ACL) injuries are a common and complex injury coupled with a lengthy rehabilitation. Goal setting is said to be an effective psychological tool within ACL rehabilitation due to its simplicity and is commonly used amongst sport and health professionals. To date, literature surrounding goal setting practices has only focused on qualified therapists. Purpose: The central aim of this study was to explore UK student physiotherapists' perceptions towards goal setting practices used in ACL rehabilitation and whether they feel prepared for practice. Method: Semi-structured interviews involving 11 participants from one UK university was conducted using an inductive approach. Data analysis included thematic analysis with triangulation and a comprehensive five-stage analysis process to enhance confirmability and credibility, whilst respecting ethical considerations. Results/Discussion: Participants reported some understanding of goal setting and the importance of involving the patient during this process. However, participants negatively experienced goal setting practices as being mainly therapist/protocol led. The training participants received on goal setting was minimal, but further training was welcomed by all participants. The findings were consistent with previous UK and international research surrounding inadequate education and training across sport and health professionals when applying goal setting practice within ACL rehabilitation. Conclusion: These findings suggest that, initially, a review of the psychological content of sport and health professional courses is warranted to clearly identify potential knowledge gaps. There is also an opportunity whereby a global specialist interest group could be designed to share psychological practices and globally connect like-minded sport and health professionals together.

**Database:** CINAHL

### **Rehabilitation following proximal humeral fracture in the UK National Health Service: A survey of publicly facing information.**

**Author(s):** Rohun ; May, Pauline; Littlewood, Chris

**Source:** Musculoskeletal Care; Jun 2021; vol. 19 (no. 2); p. 193-198



**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Musculoskeletal care](#) - from Wiley Online Library

Available at [Musculoskeletal care](#) - from Unpaywall

**Abstract:**Introduction: Proximal humeral fractures (PHF) are a common injury in the older population but there is limited research evaluating rehabilitation following PHF. The aim of this study was to understand current National Health Service (NHS) practice for rehabilitation following PHF as a platform for conducting future research. Methods: Two reviewers independently undertook electronic searches for publicly available information sheets (PIS) from websites of NHS Trusts that included detail about rehabilitation following PHF, for example, duration of immobilisation. One reviewer extracted data and a second reviewer verified this. Results: Seventeen PIS from 17 different NHS trusts were identified. All provided some information on the method of immobilisation but only six provided guidance on duration of immobilisation with the median time being 2 weeks (range 0–6). The median time to commencement of passive exercise was 2 weeks (range 0–4) and 9 weeks (range 6–12) for active exercise. Only one PIS reported on the time for commencement of resisted exercises and this was reported as 6 weeks. The median time recommended return to work was 7.5 weeks (range 6–12). Conclusion: This study found limited publicly available information for rehabilitation following PHF in the NHS but offers some insight into current approaches. Our results will facilitate development of relevant information for patients and evaluation of rehabilitation strategies in future research.

**Database:** CINAHL

### **An evaluation of a shoulder rehabilitation class in a UK hospital following evidence-based modifications.**

**Author(s):** Kell ; Hammond, John A.; Andrews, Sophie; Germeni, Christina; Hingston, Helen; Khan, Saifur; Shearer, Gemma; Weeks, Sophie

**Source:** Physiotherapy Practice & Research; Jan 2021; vol. 42 (no. 1); p. 13-20

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

**Abstract:**OBJECTIVES: Shoulder pain is a common musculoskeletal disorder, which carries a high cost to healthcare systems. Exercise is a common conservative management strategy for a range of shoulder conditions and can reduce shoulder pain and improve function. Exercise classes that integrate education and self-management strategies have been shown to be cost-effective, offer psycho-social benefits and promote self-efficacy. This study aimed to examine the effectiveness of an 8-week educational and exercise-based shoulder rehabilitation programme following the introduction of evidence-based modifications.

**METHODS:** A retrospective evaluation of a shoulder rehabilitation programme at X Trust was conducted, comparing existing anonymised Shoulder Pain and Disability Index (SPADI) and Patient-Specific Functional Scale (PSFS) scores from two cohorts of class participants from 2017-18 and 2018-19 that were previously collected by the physiotherapy team. Data from the two cohorts were analysed separately, and in comparison, to assess class efficacy. Descriptive data were also analysed from a patient satisfaction survey from the 2018-19 cohort.

**RESULTS:** A total of 47 patients completed the 8-week shoulder rehabilitation programme during the period of data collection (2018-2019). The 2018-19 cohort showed significant improvements in SPADI (p 0.001) and PSFS scores (p 0.001). No significant difference was found between the improvements seen in the 2017-18 cohort and the 2018-19 cohort. 96% of the 31 respondents who completed the patient satisfaction survey felt the class helped to achieve their goals.

**CONCLUSION:** A group-based shoulder rehabilitation class, which included loaded exercises and patient education, led to improvements in pain, disability and function for patients with rotator cuff related shoulder pain (RCRSP) in this outpatient setting, but anticipated additional benefits based on evidence were not observed.

**Database:** CINAHL



## **Ankylosing spondylitis rehabilitation publications and the global productivity: a Web of Science-based bibliometric analysis (2000-2019).**

**Author(s):** Akyol, Ahmet; Kocyigit, Burhan Fatih

**Source:** Rheumatology international; Apr 2021

**Publication Date:** Apr 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33797569

**Abstract:** Rehabilitation programs have an important place in the treatment of ankylosing spondylitis (AS), but there is no comprehensive bibliometric research that assesses publications on AS rehabilitation in a holistic way. The aim of this study was to investigate the quantity and quality of articles related to AS rehabilitation and to reveal the features of global productivity in this topic. This bibliometric study was conducted utilizing the Web of Science (WoS) database with the keywords 'ankylosing spondylitis rehabilitation', 'ankylosing spondylitis exercise', 'ankylosing spondylitis physical therapy' and 'ankylosing spondylitis physiotherapy'. The number of articles, citations, and main active countries were determined and trend analyses were performed. A total of 792 articles were reviewed. The articles originated from 51 different countries, 22 of which met the main active country criteria. A significant increase trend was detected in the number of articles between 2000 and 2019 ( $p < 0.001$ ). The five most productive countries were Germany ( $n = 111$ ; 14.02%), Turkey ( $n = 98$ ; 12.37%), the United States ( $n = 71$ ; 8.96%), the United Kingdom ( $n = 53$ ; 6.69%) and the Netherlands ( $n = 53$ ; 6.69%). The highest values in number of articles per million population were calculated in Norway, the Netherlands and Austria, respectively. In the analysis according to GDP, Norway, the Netherlands and Turkey were ranked as the first three. The top three countries for the average citation count were France, Netherlands and Germany. This bibliometric study can be considered as an assessment and summary of worldwide scientific production on AS rehabilitation. The data demonstrate an increasing trend in research productivity since 2000. European countries were seen to be at the forefront both quantitatively and qualitatively in this area.

**Database:** Medline

## **What is the optimum rehabilitation for patients who have undergone release procedures for frozen shoulder? A UK survey.**

**Author(s):** Willmore, Elaine; McRobert, Cliona; Foy, Chris; Stratton, Irene; van der Windt, Danielle

**Source:** Musculoskeletal science & practice; Apr 2021; vol. 52 ; p. 102319

**Publication Date:** Apr 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33588155

**Abstract:** OBJECTIVE Despite usually being considered necessary, the rehabilitation regime that optimises outcomes for patients following release procedures for frozen shoulder has not been established and no accepted best practice guidelines currently exist. The purpose of this study was to gain insight into what physiotherapists considered best practice and factors they considered likely to affect patient outcome.

METHODS A cross-sectional, self-administered online questionnaire was developed and distributed to UK based Physiotherapists, undergraduate students and support workers via email, social media and professional networks.

RESULTS 260 eligible and fully completed surveys were received. Clear preference for early (within 72 h), frequent (2-3 times per week or weekly) and prolonged (greater than 6 weeks) treatment delivered in a 1:1 setting was expressed. 99% were highly likely/likely to advocate education and advice, range of movement exercises (99.6%), stretching (73.5%) and strengthening (61.9%). More passive modalities (manual therapy, massage, electrotherapy, acupuncture) were highly unlikely/unlikely to be used and lack of manual therapy and insufficient contact with a physiotherapist were the reasons deemed least likely to affect outcome. Most clinicians (89.2%) were likely to prescribe exercises that patients reported as painful but persistent pain and poor adherence by patients to exercises were the top reasons given for poor outcome along with psychological and psychosocial patient characteristics.



CONCLUSION Physiotherapists consistently advocate early, frequent, prolonged, 1:1 treatment following release procedures for frozen shoulder. Most patients are discharged whilst still experiencing symptoms, particularly pain. Further work is needed to establish high value pathways for this patient group.

**Database:** Medline

**Factors that influence patient preferences for virtual consultations in an orthopaedic rehabilitation setting: a qualitative study.**

**Author(s):** Gilbert, Anthony W; Jones, Jeremy; Stokes, Maria; May, Carl R

**Source:** BMJ open; Feb 2021; vol. 11 (no. 2); p. e041038

**Publication Date:** Feb 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 33632750

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

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

**Abstract:** OBJECTIVES To identify, characterise and explain factors that influence patient preferences, from the perspective of patients and clinicians, for virtual consultations in an orthopaedic rehabilitation setting.

DESIGN Qualitative study using semi-structured interviews and abductive analysis.

SETTING A physiotherapy and occupational therapy department situated within a tertiary orthopaedic centre in the UK.

PARTICIPANTS Patients who were receiving orthopaedic rehabilitation for a musculoskeletal problem. Occupational therapists, physiotherapists or therapy technicians involved in the delivery of orthopaedic rehabilitation for patients with a musculoskeletal problem.

RESULTS Twenty-two patients and 22 healthcare professionals were interviewed. The average interview length was 48 minutes. Four major factors were found to influence preference: the situation of care (the ways that patients understand and explain their clinical status, their treatment requirements and the care pathway), the expectations of care (influenced by a patients desire for contact, psychological status, previous care and perceived requirements), the demands on the patient (due to each patients respective social situation and the consequences of choice) and the capacity to allocate resources to care (these include financial, infrastructural, social and healthcare resources).

CONCLUSION This study has identified key factors that appear to influence patient preference for virtual consultations in orthopaedic rehabilitation. A conceptual model of these factors, derived from empirical data, has been developed highlighting how they combine and compete. A series of questions, based on these factors, have been developed to support identification of preferences in a clinical setting.

**Database:** Medline

**Goal setting practices used within anterior cruciate ligament rehabilitation: An exploration of physiotherapists understanding, training and experiences.**

**Author(s):** Alexanders, Jenny; Perry, John; Douglas, Caroline

**Source:** Musculoskeletal care; Jan 2021

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article



**PubMedID:** 33427379

Available at [Musculoskeletal care](#) - from Wiley Online Library

**Abstract:** BACKGROUND Anterior cruciate ligament (ACL) injuries are a common injury that occurs in both the sporting and non-sporting population. Goal setting is said to be an effective psychological tool within ACL rehabilitation and is commonly used by physiotherapists. To date, literature surrounding goal setting practices is under analysed in relation to qualitative research.

**PURPOSE** The central aim of this study was to explore UK physiotherapists understanding, experiences and training towards goal setting practices used in ACL rehabilitation and whether they are effective.

**METHOD** Semi-structured interviews involving 24 participants across three specific areas including: National Health Service, elite sport and academia were conducted using an inductive approach. Data analysis included thematic analysis with triangulation and a comprehensive multi-staged analysis process to enhance trustworthiness, whilst respecting ethical considerations.

**RESULTS/DISCUSSION** Participants from all three areas of practice tended to use the same approach which was SMART goals. All participants lacked any theoretical understanding of goals but would welcome further training in the field. Participants were missing important aspects of setting goals such as not addressing expectations and underutilising feedback.

**CONCLUSION** These findings suggest that a call for more psychological training is clearly warranted in both the physiotherapy curriculum and within post graduate CPD training. Creating a specialist interest group (e.g. physiotherapists interested in psychology) may help share good psychological practices and overall enhance understanding in this field.

**Database:** Medline

## CRITICAL CARE

**Sustainability in critical care practice: A grounded theory study.**

**Author(s):** Baid ; Richardson, Janet; Scholes, Julie; Hebron, Clair

**Source:** Nursing in Critical Care; Jan 2021; vol. 26 (no. 1); p. 20-27

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Nursing in critical care](#) - from Wiley Online Library

Available at [Nursing in critical care](#) - from Unpaywall

**Abstract:**Background: Sustaining high-quality, critical care practice is challenging because of current limits to financial, environmental, and social resources. The National Health Service in England intends to be more sustainable, although there is minimal research into what sustainability means to people working in critical care, and a theoretical framework is lacking that explains the social processes influencing sustainability in critical care. Aims and objectives: This study aimed to explain the concept of sustainability from the perspective of practitioners caring for critically ill patients. Design The qualitative research followed a Charmazian constructivist grounded theory approach, including concurrent data collection and interpretation through constant comparison analysis. Methods: In-depth interviews were conducted online or by telephone with 11 health care professionals working in critical care in the South of England (8 nurses, 2 physiotherapists, and 1 technician). Schatzman's dimensional analysis and Straussian grounded theory techniques supplemented the data analysis. Results: Sustainability was defined as maintaining financial, environmental, and social resources throughout the micro, meso, and macro systems of critical care practice. The most pertinent social process enabling sustainability of critical care was satisficing (satisfaction of achieving a goal of quality care while sufficing within the limits of available resources). Increased satisficing enabled practitioners to fulfil their sense of normative, responsible, sustainable, and flourishing practice. Satisficing was bounded by the cognitive and environmental influences on decisions and an ethical imperative to ensure resources were used wisely through stewarding. Conclusions: An explanation of the concept of sustainability and significant social processes, in relation to critical care, are presented in a theoretical framework, with



implications for how financial, environmental, and social resources for critical care practice can be maintained. Relevance to clinical practice: This theory offers clinicians, managers, educators, and researchers a definition of sustainability in critical care practice and provides a structured approach to addressing critical care sustainability issues.

**Database:** CINAHL

### **Improving Rehabilitation Information-Giving to Intensive Care Unit Survivors to Aid in Physical and Psychological Recovery.**

**Author(s):** Fardanesh, Armin; Stavropoulou-Tatla, Stavroula; Grassby, Oliver; Elliott, Sarah

**Source:** Cureus; Feb 2021; vol. 13 (no. 2); p. e13247

**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33717755

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

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

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**Abstract:** Intensive care unit (ICU) survivors have an increased mortality rate and reduced quality of life associated with post-ICU syndrome: a triad of physical, psychiatric and cognitive decline. Following evidence on the benefits of early rehabilitation, the National Institute of Clinical Excellence (NICE) CG83 guidelines instruct the provision of rehabilitation information to ICU patients before discharge. Only 33% of UK trusts meet these guidelines. The aim of this project was to reach 100% patient and ICU therapist satisfaction with the rehabilitation information given before ICU discharge at Medway Maritime Hospital, within four months. Patient and therapist satisfaction was assessed using questionnaires at baseline and following each Plan-Do-Study-Act (PDSA) cycle. In PDSA1, a generalised rehabilitation information booklet was created and distributed to ICU survivors pre-discharge. For PDSA2, a personalised rehabilitation plan completed by therapists was added. During PDSA3, the booklet was enriched with mental health and speech and language therapy sections. Results showed a shift in patient satisfaction scores, indicating a significant change in the median from 20% at baseline to 87% after PDSA3. This was also reflected in the therapist satisfaction scores, which increased significantly from 60% at baseline to 100%. The introduction of a generalised information booklet, supplemented with a personalised recovery plan, is an effective way of increasing critical care patient and therapist satisfaction with post-discharge rehabilitation information provision. This should translate to greater patient engagement with rehabilitation and improved long-term outcomes. This is ever more pertinent, as the COVID-19 pandemic will exponentially increase the numbers of ICU survivors at risk of long-term morbidity and mortality.

**Database:** Medline

## **BALANCE / STABILITY / MOBILITY**

### **Development of a complex intervention to improve mobility and participation of older people with vertigo, dizziness and balance disorders in primary care: a mixed methods study.**

**Author(s):** Regauer ; Seckler, Eva; Grill, Eva; Ippisch, Richard; Jahn, Klaus; Bauer, Petra; Müller, Martin

**Source:** BMC Family Practice; May 2021; vol. 22 (no. 1); p. 1-15

**Publication Date:** May 2021

**Publication Type(s):** Academic Journal

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

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

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



Available at [BMC family practice](#) - from Unpaywall

**Abstract:**Background: Vertigo, dizziness and balance disorders (VDB) are common in older people and cause restrictions in mobility and social participation. Due to a multifactorial aetiology, health care is often overutilised, but many patients are also treated insufficiently in primary care. The purpose of this study was to develop a care pathway as a complex intervention to improve mobility and participation in older people with VDB in primary care. Methods: The development process followed the UK Medical Research Council guidance using a mixed-methods design with individual and group interviews carried out with patients, physical therapists (PTs), general practitioners (GPs), nurses working in community care and a multi-professional expert panel to create a first draft of a care pathway (CPW) and implementation strategy using the Consolidated Framework of Implementation Research and the Expert recommendations for Implementing Change. Subsequently, small expert group modelling of specific components of the CPW was carried out, with GPs, medical specialists and PTs. The Behaviour Change Wheel was applied to design the intervention's approach to behaviour change. To derive theoretical assumptions, we adopted Kellogg's Logic Model to consolidate the hypothesized chain of causes leading to patient-relevant outcomes. Results: Individual interviews with patients showed that VDB symptoms need to be taken more seriously by GPs. Patients demanded age-specific treatment offers, group sessions or a continuous mentoring by a PT. GPs required a specific guideline for diagnostics and treatment options including psychosocial interventions. Specific assignment to and a standardized approach during physical therapy were desired by PTs. Nurses favoured a multi-professional documentation system. The structured three-day expert workshop resulted in a first draft of CPW and potential implementation strategies. Subsequent modelling resulted in a CPW with components and appropriate training materials for involved health professionals. A specific implementation strategy is now available. Conclusion: A mixed-methods design was suggested to be a suitable approach to develop a complex intervention and its implementation strategy. We will subsequently test the intervention for its acceptability and feasibility in a feasibility study accompanied by a comprehensive process evaluation to inform a subsequent effectiveness trial. Trial Registration: The research project is registered in "Projektdatenbank Versorgungsforschung Deutschland" (Project-ID: VfD\_MobilE-PHY\_17\_003910; date of registration: 30.11.2017).

**Database:** CINAHL

### **Improving mobility and participation of older people with vertigo, dizziness and balance disorders in primary care using a care pathway: feasibility study and process evaluation.**

**Author(s):** Seckler ; Regauer, Verena; Krüger, Melanie; Gabriel, Anna; Hermsdörfer, Joachim; Niemietz, Carolin; Bauer, Petra; Müller, Martin

**Source:** BMC Family Practice; Apr 2021; vol. 22 (no. 1); p. 1-21

**Publication Date:** Apr 2021

**Publication Type(s):** Academic Journal

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

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

Available at [BMC family practice](#) - from Unpaywall

**Abstract:**Background: Community-dwelling older people are frequently affected by vertigo, dizziness and balance disorders (VDB). We previously developed a care pathway (CPW) to improve their mobility and participation by offering standardized approaches for general practitioners (GPs) and physical therapists (PTs). We aimed to assess the feasibility of the intervention, its implementation strategy and the study procedures in preparation for the subsequent main trial. Methods: This 12-week prospective cohort feasibility study was accompanied by a process evaluation designed according to the UK Medical Research Council's Guidance for developing and evaluating complex interventions. Patients with VDB ( $\geq 65$  years), GPs and PTs in primary care were included. The intervention consisted of a diagnostic screening checklist for GPs and a guide for PTs. The implementation strategy included specific educational trainings and a telephone helpline. Data for mixed-method process evaluation were collected via standardized questionnaires, field notes and qualitative interviews. Quantitative data were analysed using



descriptive statistics, qualitative data using content analysis. Results: A total of five GP practices (seven single GPs), 10 PT practices and 22 patients were included in the study. The recruitment of GPs and patients was challenging (response rates: GP practices: 28%, PT practices: 39%). Ninety-one percent of the patients and all health professionals completed the study. The health professionals responded well to the educational trainings; the utilization of the telephone helpline was low (one call each from GPs and PTs). Familiarisation with the routine of application of the intervention and positive attitudes were emphasized as facilitators of the implementation of the intervention, whereas a lack of time was mentioned as a barrier. Despite difficulties in the GPs' adherence to the intervention protocol, the GPs, PTs and patients saw benefit in the intervention. The patients' treatment adherence to physical therapy was good. There were minor issues in data collection, but no unintended consequences. Conclusion: Although the process evaluation provided good support for the feasibility of study procedures, the intervention and its implementation strategy, we identified a need for improvement in recruitment of participants, the GP intervention part and the data collection procedures. The findings will inform the main trial to test the interventions effectiveness in a cluster RCT. Trial registration: Projektdatenbank Versorgungsforschung Deutschland (German registry Health Services Research) VfD\_Mobile-PHY\_17\_003910, date of registration: 30.11.2017; Deutsches Register Klinischer Studien (German Clinical Trials Register) DRKS00022918, date of registration: 03.09.2020 (retrospectively registered).

**Database:** CINAHL

**Investigating the feasibility and acceptability of the HOLOBalance system compared with standard care in older adults at risk for falls: study protocol for an assessor blinded pilot randomised controlled study.**

**Author(s):** Liston, Matthew; Genna, Gregory; Maurer, Christoph; Kikidis, Dimitris; Gatsios, Dimitris; Fotiadis, Dimitris; Bamiou, Doris-Eva; Pavlou, Marousa

**Source:** BMJ open; Feb 2021; vol. 11 (no. 2); p. e039254

**Publication Date:** Feb 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Clinical Trial Protocol Journal Article

**PubMedID:** 33579762

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

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

**Abstract:** INTRODUCTION Approximately one in three of all older adults fall each year, with wide ranging physical, psychosocial and healthcare-related consequences. Exercise-based interventions are the cornerstone for falls prevention programmes, yet these are not consistently provided, do not routinely address all components of the balance system and are often not well attended. The HOLOBalance system provides an evidence-based balance training programme delivered to patients in their home environment using a novel technological approach including an augmented reality virtual physiotherapist, exergames and a remote monitoring system. The aims of this proof-of-concept study are to (1) determine the safety, acceptability and feasibility of providing HOLOBalance to community dwelling older adults at risk for falls and (2) provide data to support sample size estimates for a future trial.

**METHODS** A single (assessor) blinded pilot randomised controlled proof of concept study. 120 participants will be randomised to receive an 8-week home exercise programme consisting of either: (1) HOLOBalance or (2) The OTAGO Home Exercise Programme. Participants will be required to complete their exercise programme independently under the supervision of a physiotherapist. Participants will have weekly telephone contact with their physiotherapist, and will receive home visits at weeks 0, 3 and 6. Outcome measures of safety, acceptability and feasibility, clinical measures of balance function, disability, balance confidence and cognitive function will be assessed before and immediately after the 8 week intervention. Acceptability and feasibility will be explored using descriptive statistics, and trends for effectiveness will be explored using general linear model analysis of variance.



ETHICS AND DISSEMINATION This study has received institutional ethical approvals in Germany (reference: 265/19), Greece (reference: 9769/24-6-2019) and the UK (reference: 19/LO/1908). Findings from this study will be submitted for peer-reviewed publications.

TRIAL REGISTRATION NUMBER NCT04053829. PROTOCOL VERSION V.2, 20 January 2020.

**Database:** Medline

### **Life after falls prevention exercise - experiences of older people taking part in a clinical trial: a phenomenological study.**

**Author(s):** Finnegan ; Bruce, Julie; Seers, Kate

**Source:** BMC Geriatrics; Jan 2021; vol. 21 (no. 1); p. 1-10

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33517904

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

**Abstract:** Background: There is little evidence about the lived experience of older people who have completed a falls prevention exercise programme and their life beyond their intervention.

Method: A phenomenological interview study with 23 participants (12 females), mean age 81 years (range 74-93 years), residing in their own homes across England, who had participated in a falls prevention exercise intervention within the Prevention of Falls Injury Trial (PreFIT). The aims were to explore their experiences of: i. being in a clinical trial involving exercise. ii. exercise once their falls prevention intervention had finished. Interpretative data analysis was informed by van Manen's (1997) framework for phenomenological data.

Results: Analysis of interviews about experiences of participating in PreFIT and what happened once the falls intervention ended identified five themes: Happy to help; Exercise behaviours; "It keeps me going"; "It wasn't a real fall"; and Loss. Participants did not continue their specific exercises after they had completed the intervention. They preferred walking as their main exercise, and none reported preventing falls as a motivator to continue exercising. Participant experiences suggest that they have their own ideas about what constitutes a fall and there is disparity between their interpretation and the definition used by healthcare professionals and researchers.

Conclusion: Despite good intentions and perceived benefits, on-going participation in falls prevention exercises beyond a structured, supervised intervention was not a priority for these older people. Promoting continuation of falls prevention exercises post-intervention is just as challenging as promoting uptake to and adherence during exercise programmes.

**Database:** CINAHL

### **Development of a lifestyle-integrated physical exercise training and home modification intervention for older people living in a community with a risk of falling (Part 1): the FIT-at-Home fall prevention program.**

**Author(s):** Müller, Christian; Lautenschläger, Sindy; Dörge, Christine; Voigt-Radloff, Sebastian

**Source:** Disability and rehabilitation; May 2021; vol. 43 (no. 10); p. 1367-1379

**Publication Date:** May 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Journal Article

**PubMedID:** 31760814



**Abstract:** PURPOSE In this paper, we report on the development and refinement of a progressive physical exercise training and home modification intervention for older people with a risk of falling located in Germany by using the United Kingdom's Medical Research Council framework.

METHODS The process was iterative and six phases of development emerged: (1) establishing an intervention development group, (2) identifying the evidence on interventions, (3) identifying a theory to underpin the intervention, (4) designing the intervention components, (5) drafting the intervention manual and training course, and (6) piloting and refining of intervention components.

RESULTS The result was an evidence-based, theory-informed, and user-endorsed intervention: FIT-at-Home. This intervention comprised nine individual sessions over 12 weeks and two follow-up booster sessions delivered by trained occupational therapists. A feasibility study demonstrated the acceptance and feasibility of intervention delivery. Users responses were generally favorable and included recommendations about the intervention manual, mode of delivery of the home hazard assessment, and producing a manual for older people.

CONCLUSIONS We developed a feasible home-based lifestyle-integrated physical exercise training and home modification intervention for older people with a risk of falling by using a systematic approach. Implications include how this intervention could enrich occupational therapy fall prevention strategy in older people living at home.

IMPLICATIONS FOR REHABILITATION Falls in older people represent a major public health concern and occupational therapists in rehabilitation practice are encouraged to apply evidence-based interventions that reduce the risk of falls in older people living in a community. Many physical and environmental fall risks are modifiable by lifestyle changes such as physical exercise training, home safety assessment, and home modification. We developed a home-based balance and strength exercise training and home modification intervention that aims to improve strength, balance, and home safety. This study indicates that older people, at risk of falling, with functional limitations, and limited mobility, who participated in the FIT-at-Home intervention, felt that exercising at home suited them best.

**Database:** Medline

### **Protocol of a 12-month multifactorial eHealth programme targeting balance, dual-tasking and mood to prevent falls in older people: the StandingTall+ randomised controlled trial.**

**Author(s):** van Schooten, Kimberley S; Callisaya, Michele L; O'Dea, Bridianne; Lung, Thomas; Anstey, Kaarin; Lord, Stephen R; Christensen, Helen; Brown, Alicia; Chow, Jessica; McLnerney, Garth; Miles, Lillian; Ngo, Michelle; Perram, Amy; Delbaere, Kim

**Source:** BMJ open; Apr 2021; vol. 11 (no. 4); p. e051085

**Publication Date:** Apr 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Clinical Trial Protocol Journal Article

**PubMedID:** 33858875

Available at [BMJ open](#) - from BMJ Journals

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

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

**Abstract:** INTRODUCTION Falls have a multifactorial aetiology, which may limit the effectiveness of the common approach of exercise as the sole intervention strategy. Multifactorial interventions could be more effective in people at high risk of falling; however, the focus of such interventions has traditionally been quite narrow. This paper describes the design of a randomised controlled trial that will evaluate the effectiveness of an eHealth programme, which addresses cumulative effects of key fall-risk factors across the triad of physical, affective and cognitive functions on falls in older people.

METHODS AND ANALYSIS 518 older people aged 65 years and over with high fall risk, defined as having a history of falls in the past 6 months, self-reported fear of falling or being aged 80 years or over, will be recruited via local advertisements, newsletters and presentations, and randomised to an intervention or health education control



group. The intervention comprises balance exercise, cognitive-motor exercise and cognitive-behavioural therapy, with their dosage based on participant's baseline balance, executive function and mood. The primary outcome is the rate of falls in the 12 months after randomisation. Secondary outcomes at 6 and 12 months comprise programme adherence, healthcare use, physical activity, balance and mobility, cognitive function, psychological well-being, quality of life, health literacy and user experience and attitudes towards the programme. Data will be analysed following intention to treat to gauge real-world effectiveness. We will further determine complier averaged causal effects to correct for varying adherence and conduct economic analyses to gain insight into cost-effectiveness and cost-utility.

**ETHICS AND DISSEMINATION** Ethical approval was obtained from the University of New South Wales (UNSW) Human Research Ethics Committee in December 2017. Outcomes will be disseminated via peer-reviewed articles, conference presentations, community events and media releases.

**TRIAL REGISTRATION NUMBER** ACTRN12619000540112.

**Database:** Medline

## COVID-19

### **A Multidisciplinary NHS COVID-19 Service to Manage Post-COVID-19 Syndrome in the Community.**

**Author(s):** Parkin ; Davison, Jennifer; Tarrant, Rachel; Ross, Denise; Halpin, Stephen; Simms, Alex; Salman, Rashad; Sivan, Manoj

**Source:** Journal of Primary Care & Community Health; Apr 2021 ; p. 1-9

**Publication Date:** Apr 2021

**Publication Type(s):** Academic Journal

Available at [Journal of primary care & community health](#) - from Unpaywall

**Abstract:**The National Institute for Health and Care Excellence (NICE) describe " post COVID-19 syndrome " or "Long COVID" as a set of persistent physical, cognitive and/or psychological symptoms that continue for more than 12 weeks after illness and which are not explained by an alternative diagnosis. These symptoms are experienced not only by patients discharged from hospital but also those in the community who did not require inpatient care. To support the recovery of this group of people, a unique integrated rehabilitation pathway was developed following extensive service evaluations by Leeds Primary Care Services, Leeds Community Healthcare NHS Trust and Leeds Teaching Hospital NHS Trust. The pathway aligns itself to the NHS England "Five-point plan" to embed post-COVID-19 syndrome assessment clinics across England, supporting the comprehensive medical assessment and rehabilitation intervention for patients in the community. The pathway was first of its kind to be set up in the UK and comprises of a three-tier service model (level 1: specialist MDT service, level 2: community therapy teams and level 3: self-management). The MDT service brings together various disciplines with specialist skill sets to provide targeted individualized interventions using a specific core set of outcome measures including C19-YRS (Yorkshire Rehabilitation Scale). Community and primary care teams worldwide need such an integrated multidisciplinary comprehensive model of care to deal with the growing number of cases of post-COVID-19 syndrome effectively and in a timely manner.

**Database:** CINAHL

## OTHER

### **An international profile of the practice of osteopaths: A systematic review of surveys.**

**Author(s):** Ellwood ; Carnes, Dawn

**Source:** International Journal of Osteopathic Medicine; Jun 2021; vol. 40 ; p. 14-21



**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

**Abstract:** Osteopathic healthcare exists globally but is not well described. We aimed to provide an overview to describe international osteopathic practice delivered by osteopaths. We searched PubMed and EMBASE and used peer network contacts to identify surveys describing and profiling osteopathic practitioners, osteopathic patients, practice and care. We included the most current data from surveys conducted at a national or regional level since 2012. Osteopathic practitioners in the 30-50-year-old age bracket were the most likely to respond to the surveys, with equal gender representation. Responders were more likely to be experienced practitioners with 8 years or more in practice and work in one location. Patients were mostly seen within one week from initial contact (mean 54%, range 19–75%). Patients were most commonly employed/self-employed adults and twice-as-likely to be women than men; 66% of patients were aged between 21 and 65 years, around 5–10% of patients were under 6 months old. The majority of patients (52–73%) sought care for sub-acute and chronic conditions. Low back and neck pain accounted for the highest proportion of patient complaints. In central Europe osteopaths used more gentle techniques (cranial, visceral and functional) compared with the UK and Australia where structural techniques such as soft tissue manipulation and spinal manipulation were preferred. Osteopaths are well educated, independent healthcare practitioners treating people with predominantly musculoskeletal complaints, mainly spinal, that have persisted for longer than four weeks. They deliver manual therapy as part of a package of care that includes exercise/physical activity and lifestyle advice. • To provide a profile of osteopathic practitioners and their patients. • To describe osteopathic practice characteristics, treatment and care by country. • To gain an understanding of the scope of osteopathic practice across different geographical regions. • To evaluate the comparisons and differences in how osteopath's practice in different geographical regions.

**Database:** CINAHL

### **Monitoring treatment harm in myalgic encephalomyelitis/chronic fatigue syndrome: A freedom-of-information study of National Health Service specialist centres in England.**

**Author(s):** McPhee ; Baldwin, Adrian; Kindlon, Tom; Hughes, Brian M

**Source:** Journal of Health Psychology; Jun 2021; vol. 26 (no. 7); p. 975-984

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

**Abstract:** The use of graded exercise therapy and cognitive behavioural therapy for myalgic encephalomyelitis/chronic fatigue syndrome has attracted considerable controversy. This controversy relates not only to the disputed evidence for treatment efficacy but also to widespread reports from patients that graded exercise therapy, in particular, has caused them harm. We surveyed the National Health Service-affiliated myalgic encephalomyelitis/chronic fatigue syndrome specialist clinics in England to assess how harms following treatment are detected and to examine how patients are warned about the potential for harms. We sent 57 clinics standardised information requests under the United Kingdom's Freedom of Information Act. Data were received from 38 clinics. Clinics were highly inconsistent in their approaches to the issue of treatment-related harm. They placed little or no focus on the potential for treatment-related harm in their written information for patients and for staff. Furthermore, no clinic reported any cases of treatment-related harm, despite acknowledging that many patients dropped out of treatment. In light of these findings, we recommend that clinics develop standardised protocols for anticipating, recording, and remedying harms, and that these protocols allow for therapies to be discontinued immediately whenever harm is identified.

**Database:** CINAHL

### **Implementing patient direct access to musculoskeletal physiotherapy in primary care: views of patients, general practitioners, physiotherapists and clinical commissioners in England.**

**Author(s):** Igwesi-Chidobe ; Bishop, Annette; Humphreys, Katrina; Hughes, Emily; Protheroe, Joanne; Maddison, John; Bartlam, Bernadette



**Source:** Physiotherapy; Jun 2021; vol. 111 ; p. 31-39

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Physiotherapy](#) - from Unpaywall

**Abstract:** Musculoskeletal problems are the leading cause of chronic disability. Most patients in the UK seek initial care from general practitioners (GPs), who are struggling to meet demand. Patient direct access to National Health Service physiotherapy is one possible solution. The purpose of this study was to understand the experiences of patients, GPs, physiotherapists and clinical commissioners on direct access in a region in England with it commissioned. The study was informed by Normalisation Process Theory (NTP). Data collection was via semi-structured individual face-to-face and telephone interviews with 22 patients and 20 health care professionals (HCPs). Data were analysed thematically using NPT. Three themes emerged: understanding physiotherapy and the direct access pathway; negotiating the pathway; making the pathway viable. HCPs saw direct access as acceptable. Whilst patients found the concept of direct access, those with complex conditions continued to see their GP as first point of contact. Some GPs and patients reported a lack of clarity around the pathway, reflected in ambiguous paperwork and inconsistent promotion. Operational challenges emerged in cross-disciplinary communication and between HCPs and patients, and lack of adequate resources. Direct access to NHS musculoskeletal physiotherapy is acceptable to patients and HCPs. There is need to ensure: effective communication between HCPs and with patients, clarity on the scope of physiotherapy and the direct access pathway, and sufficient resources to meet demand. Patient direct access can free GPs to focus on those patients with more complex health conditions who are most in need of their care.

**Database:** CINAHL

#### **Economic evaluation of patient direct access to NHS physiotherapy services.**

**Author(s):** Yang ; Bishop, Annette; Sussex, Jon; Roland, Martin; Jowett, Sue; Wilson, Edward C.F.

**Source:** Physiotherapy; Jun 2021; vol. 111 ; p. 40-47

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

**Abstract:** Our aim was to undertake an economic evaluation of patient direct access to physiotherapy in the UK NHS by comparing the number of patients treated, waiting time, cost and health gain from a direct access pathway versus traditional GP-referral to NHS physiotherapy. The authors used a discrete event simulation (DES) model to represent a hypothetical GP practice of 10,000 patients. Costs were measured from the perspective of the NHS and society. Outcomes were predicted waiting times, the total number of patients with musculoskeletal conditions who received physiotherapy and quality adjusted life years (QALYs) gained, each estimated over a one year period. Model inputs were based on a pilot cluster randomised controlled trial (RCT) conducted in four general practices in Cheshire, UK, and other sources from the literature. Direct access could increase the number of patients receiving at least one physiotherapy appointment by 63%, but without investment in extra physiotherapist capacity would increase waiting time dramatically. The increase in activity is associated with a cost of £4999 per QALY gained. Direct access to physiotherapy services would be cost-effective and benefit patients given current cost per QALY thresholds used in England. This is because physiotherapy itself is cost-effective, rather than through savings in GP time. Direct access without an increase in supply of physiotherapists would increase waiting times and would be unlikely to be cost saving for the NHS owing to the likely increase in the use of physiotherapy services.

**Database:** CINAHL

#### **Providing patients with direct access to musculoskeletal physiotherapy: the impact on general practice musculoskeletal workload and resource use. The STEMS-2 study.**

**Author(s):** Bishop ; Chen, Ying; Protheroe, Joanne; Ogollah, Reuben O.; Bailey, James; Lewis, Martyn; Jordan, Kelvin; Foster, Nadine E.



**Source:** Physiotherapy; Jun 2021; vol. 111 ; p. 48-56

**Publication Date:** Jun 2021

**Publication Type(s):** Academic Journal

Available at [Physiotherapy](#) - from Unpaywall

**Abstract:** This study examined the real-world impact of patient direct access to NHS physiotherapy (self-referral) on (a) general practice consultations for musculoskeletal (MSK) conditions and (b) specified clinical management for patients with MSK conditions. Natural experiment in four general practices and the associated physiotherapy service. Anonymised routinely collected data were obtained. MSK coded GP consultations, recorded fit notes, MSK-related prescription medication, X-rays and MRI requests, and referrals to secondary care for patients consulting with MSK conditions were identified and trends described across a 6-year period (June 2011 to June 2017). Joinpoint regression analysis was used to identify any significant changes in GP MSK consultation trends before and after the introduction of self-referral to physiotherapy. Physiotherapy service data examined access methods used by patients (GP referred, GP recommended self-referral, true self-referral) and the number of physiotherapy sessions. Direct access resulted in inconsistent impact on general practices. In one arm of the experiment a significant increase in GP consultations was observed and in one arm was stable. Exploratory examination of clinical management showed only requests for X-rays (arm 1) and possibly requests for MRI (arm 2) changed over time. Physiotherapy service referrals showed a low uptake of true self-referral (10% and 6%) in each arm respectively. This is the first study to examine the real-world impact of patient direct access to physiotherapy at general practice level. We found no consistent impact of patient direct access on GP MSK workload. Impact on some clinical management was observed but not consistently in the direction suggested by previous studies.

**Database:** CINAHL

#### **Variations in funding for treatment of obstructive sleep apnoea in England.**

**Author(s):** Chaidas ; Ashman, A

**Source:** Journal of Laryngology & Otology; May 2021; vol. 135 (no. 5); p. 385-390

**Publication Date:** May 2021

**Publication Type(s):** Academic Journal

**Abstract:** Objectives: This study aimed to review the funding policies of clinical commissioning groups for treatment of obstructive sleep apnoea in England.

Methods: Published policies from a randomly selected sample of 60 out of 190 clinical commissioning groups were reviewed.

Results: Continuous positive airway pressure was funded based on a clinical assessment or according to criteria that were in line with national guidelines in most clinical commissioning groups (49 of 60), with 11 clinical commissioning groups offering no policy. Mandibular advancement devices, tonsillectomy and nasal surgery were funded based on a clinical assessment or certain criteria in 16, 25 and 16 clinical commissioning groups, respectively. In contrast, only one clinical commissioning group provided funding for soft palate, tongue base or mandibular surgery. Hypoglossal nerve stimulation was not mentioned in any clinical commissioning group's policy.

Conclusion: Although most clinical commissioning groups provide funding for the use of continuous positive airway pressure, the availability of funding for other obstructive sleep apnoea treatment modalities is heterogeneous, leaving continuous positive airway pressure intolerant patients with limited therapeutic options in some regions.

**Database:** CINAHL

#### **The effectiveness of peroneal nerve functional electrical simulation for the reduction of bradykinesia in Parkinson's disease: A feasibility study for a randomised control trial.**

**Author(s):** Taylor ; Sampson, Trish; Beare, Ben; Donavon-Hall, Maggie; Thomas, Peter W; Marques, Elsa; Strike, Paul; Seary, Coralie; Stevenson, Valerie L; Padiachy, Diran; Lee, James; Nell, Sheila



**Source:** Clinical Rehabilitation; Apr 2021; vol. 35 (no. 4); p. 546-557

**Publication Date:** Apr 2021

**Publication Type(s):** Academic Journal

Available at [Clinical rehabilitation](#) - from Unpaywall

**Abstract:** Objectives: To assess the feasibility of a multi-site randomised controlled trial to evaluate the effect of functional electrical stimulation on bradykinesia in people with Parkinson's disease. Design: A two-arm assessor blinded randomised controlled trial with an 18 weeks intervention period and 4 weeks post-intervention follow-up. Setting: Two UK hospitals; a therapy outpatient department in a district general hospital and a specialist neuroscience centre. Participants: A total of 64 participants with idiopathic Parkinson's disease and slow gait <1.25 ms<sup>-1</sup>. Interventions: Functional electrical stimulation delivered to the common peroneal nerve while walking in addition to standard care compared with standard care alone. Main measures: Feasibility aims included the determination of sample size, recruitment and retention rates, acceptability of the protocol and confirmation of the primary outcome measure. The outcome measures were 10 m walking speed, Unified Parkinson's Disease Rating Scale (UPDRS), Mini Balance Evaluation Systems Test, Parkinson's Disease Questionnaire-39, EuroQol 5-dimension 5-level, New Freezing of Gait questionnaire, Falls Efficacy Score International and falls diary. Participants opinion on the study design and relevance of outcome measures were evaluated using an embedded qualitative study. Results: There was a mean difference between groups of 0.14 ms<sup>-1</sup> (CI 0.03, 0.26) at week 18 in favour of the treatment group, which was maintained at week 22, 0.10 ms<sup>-1</sup> (CI -0.05, 0.25). There was a mean difference in UPDRS motor examination score of -3.65 (CI -4.35, 0.54) at week 18 which was lost at week 22 -0.91 (CI -2.19, 2.26). Conclusion: The study design and intervention were feasible and supportive for a definitive trial. While both the study protocol and intervention were acceptable, recommendations for modifications are made.

**Database:** CINAHL

### **Colostomy irrigation (part 1): impact on quality of life.**

**Author(s):** Jones

**Source:** Gastrointestinal Nursing; Apr 2021; vol. 19 (no. 3); p. 24-29

**Publication Date:** Apr 2021

**Publication Type(s):** Academic Journal

**Abstract:** Colostomy irrigation (CI) involves instillation of water via the stoma into the colon, where it stimulates peristalsis, causing expulsion of stool and water from the stoma. CI allows colostomates to regain controlled evacuation and faecal continence. A review of the literature suggests that CI is safe and can have a positive impact on key factors affecting quality of life, including flatus, odour and peristomal skin health. CI is also convenient in avoiding the need for frequent disposal of used appliances. All of this has also been shown to improve psychological wellbeing. However, use of CI in the UK remains relatively low. This first article considers the impact of CI on colostomates' quality of life, and the second will explore the barriers to uptake.

**Database:** CINAHL

### **A QUALITY IMPROVEMENT PROJECT—PHYSIOTHERAPY CASELOAD MANAGEMENT ON THE OLDER PERSON'S UNIT...British Geriatrics Society Autumn Meeting, November 25-27 2020 (Virtual).**

**Author(s):** Snape ; Triteos, N.; Wood, C. A.; Robert, G.; Jones, J.

**Source:** Age & Ageing; Mar 2021; vol. 50

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

**Abstract:** Introduction: Complex health issues, co-morbidities and the number of patients living with frailty are critical concerns associated with the ageing population (Kojima et al, 2019). In this wider context, there is an emphasis on targeting resources efficaciously within the NHS. A consequence of capacity constraints, inpatient



physiotherapy teams across the OPU at a large urban teaching hospital, prioritise their patient caseload, but lack evidence-based guidance on dosage and frequency of physiotherapy intervention, to inform the process. The aim of the quality improvement project was to design and deliver a staff education and training package to facilitate implementation of a newly-developed, evidence-based prioritisation resource.

**Method:** Plan-Do-Study-Act cycles and the Com-B model to influence behaviour changes were employed between October 2019 and March 2020. Stakeholders were engaged throughout the design process. Training to all 11 physiotherapists consisted of familiarisation with the resource through content discussion and "mock-use" training sessions to ensure intra/inter-rater-reliability. Physiotherapist staff knowledge and confidence of prioritisation was evaluated by questionnaire. Accuracy of use of the prioritisation tool was determined by comparison of staff prioritisation decision with expert opinion.

**Results:** From the 11 questionnaire responses, pre to post intervention physiotherapy knowledge of the prioritisation categories increased (43% to 100%), physiotherapist rated confidence using the prioritisation tool increased (mean score, 6.9 to 8.2/10) and accuracy of prioritisation of patients improved (mean 42.1% to 92.3%).

**Conclusion:** The education and training package developed to support implementation of the prioritisation tool resulted in improved staff knowledge and confidence of patient prioritisation and increased the accuracy of OPU physiotherapy targeting. This project has highlighted the importance of staff training in resource allocation to ensure that decisions regarding which patients receive physiotherapy intervention are efficacious. This has increased relevance in a department with a large number of rotational staff.

**Database:** CINAHL

### **DO EXERCISE PROGRAMMES FOR OLDER PEOPLE WITH SARCOPENIA OR FRAILITY DELIVER AN EVIDENCE-BASED SERVICE? FINDINGS FROM A UK SURVEY...British Geriatrics Society Autumn Meeting, November 25-27 2020 (Virtual).**

**Author(s):** Chawner ; De Biase, S.; Offord, N. J.; Todd, O.; Clegg, A.; Sayer, A. A.; Witham, M. D.

**Source:** Age & Ageing; Mar 2021; vol. 50

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

**Abstract:**Background: Awareness of sarcopenia and frailty is growing and both are known to be potentially reversible with effective resistance training. We aimed to establish whether existing exercise programmes offered to people with sarcopenia or frailty adhere to the known evidence base. Methods: We conducted a national on-line survey of practitioners delivering exercise programmes to older people with sarcopenia or frailty. The link to the online survey was distributed through the British Geriatrics Society, Chartered Society of Physiotherapy Special Interest Group for Older People (AGILE), the NHS England Future Collaboration Platform "Supporting People Living with Frailty" forum and social media. Questions covered target population and aims of the exercise programme, type, duration and frequency of exercise, progress assessment and outcome measures. Descriptive analyses were conducted using SPSS v24. Results: 136 responses were received from respondents who worked for NHS Trusts, clinical commissioning groups, private practices, and third sector providers. 94% of respondents reported prescribing or delivering exercise programmes to people with sarcopenia or frailty. Most programmes (81/135 [60%]) were primarily designed to prevent or reduce falls. Resistance training was reported as the main focus of the programme in only 11/123 (9%); balance training was the main focus in 61/123 (50%) and functional exercise in 28/123 (23%). Exercise was offered once a week or less by 81/124 (65%) of respondents; the median number of sessions offered was 8.5 (IQR 6 to 12). Outcome measures suitable for assessing the effect of resistance training programmes were reported by fewer than half of respondents (hand grip: 13/119 [11%]; chair stands: 55/119 [46%], short physical performance battery: 4/119 [3%]). Conclusions: Current exercise programmes offered to older people with sarcopenia or frailty lack the frequency, duration or specificity of exercise likely to improve outcomes for this group of patients.

**Database:** CINAHL



**PHYSICAL ACTIVITY IMPROVEMENT IN ELDERLY HOSPITALISED PATIENTS AT THE ROYAL LONDON: EXERCISE AS PART OF A MULTIMODAL INTERVENTION...British Geriatrics Society Autumn Meeting, November 25-27 2020 (Virtual).**

**Author(s):** Sayer ; Whiteaway, K.; Dawson, J. O.; Simpson, J.; Chu, W.

**Source:** Age & Ageing; Mar 2021; vol. 50

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

**Abstract:**Introduction: Approximately 65% of elderly patients admitted to hospital experience some level of deconditioning during their stay. This can lead to longer length of stays, premature admissions to care homes and loss of function whilst in hospital (British Geriatrics Society). There is evidence that exercise can be safe and effective in reversing functional decline in this population. However, there is limited evidence into the effectiveness and feasibility of running a multi modal exercise intervention (eg. Dance and Exercise) on a busy elderly care ward in the UK.

**Method:** An 8-week inpatient programme consisting of a 60-minute exercise classes once a week and/or 60-minute dance class once a week started on the Older Person's Wards at the Royal London. Primary outcome measures included: 5 x Sit To Stands (5xSTS) and Falls Efficacy Scale International (FES-I). Secondary measures; Rockwood score, Barthel Index, Elderly Mobility Score (EMS), Mood, 4AT and handgrip strength. Patient satisfaction scores were also recorded.

**Results:** 23 patients were included in the analysis, 3 patients attended the dance class, 14 attended the exercise class and 5 attended both. In total 37 sessions were completed. The average score for all outcome measures improved except one after 8 weeks. The 5xSTS times improved by an average of 7.7 seconds and the FES-I score dropped by 3.9. The Barthel score increased by 5 points. Handgrip strength increased by 2.3 kg and 57% improved on their EMS. Mood improved from 5.4/10 to 6.0/10 and 4AT from 2.7 to 1.7. Overall, 70% of participants reported enjoying the classes and 90% said they would re-attend.

**Conclusion:** A multifactorial intervention including seated dance and exercise sessions showed significant improvements in mobility, fear of falling, cognition and functional tasks. Further work will look into the impact on length of stay and readmissions inpatient to hospital.

**Database:** CINAHL

**UK Moves to Revise Guidelines for Treatment of Chronic Fatigue Syndrome.**

**Author(s):** Roush, Karen

**Source:** AJN American Journal of Nursing; Mar 2021; vol. 121 (no. 3); p. 16-16

**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

Available at [AJN, American Journal of Nursing](#) - from Unpaywall

**Abstract:**The article focuses on guidelines for management of myalgic encephalomyelitis, or chronic fatigue syndrome (ME/CFS), from the Great Britain's National Institute for Health and Care Excellence (NICE) are being hailed for their rejection of graded exercise therapy and cognitive behavior therapy (CBT) as routine treatment. Topics include the U.S. Centers for Disease Control and Prevention in 2017 eliminated these largely useless and, in some cases, harmful therapies from its recommendations.

**Database:** CINAHL

**Clinical decision making in the provision of audiovisual care for upper limb trauma: a survey of UK experiences.**

**Author(s):** McMullen ; Robson, Megan; Brewin, Mark Paul; Valand, Poonam; Sayed, Leela; Steele, Jessica

**Source:** Hand Therapy; Mar 2021; vol. 26 (no. 1); p. 17-25



**Publication Date:** Mar 2021

**Publication Type(s):** Academic Journal

Available at [Hand Therapy](#) - from Unpaywall

**Abstract:**Introduction: For many patients, audio-visual appointments have provided a timely and efficient way of seeking advice, assessment and treatment for their hand injuries during the NHS response to COVID-19. This study aimed to explore the experience of hand units across the UK in determining the safe and judicious use of audio-visual outpatient care for the management of acute upper limb trauma. Methods: An online cross-sectional survey was sent to the therapy leads of hand units across the UK. Questions focused on the experience of using audio-visual technology in the management of upper limb trauma, and the relevant factors in determining its appropriate use. A deductive mixed methods analysis was used to identify both common themes and capture community experience and characteristics. Results: A total of 51 out of 76 hand therapy units completed the survey; a response rate of 67%. Of these, 82% (42/51) reported using audio-visual technology to manage upper limb trauma during the UK COVID-19 lockdown. When determining patient suitability for audio-visual consultations, 73% (37/51) of respondents reported the use of COVID-19 guidelines, but only 35% (18/51) reported the use of a clinical decision-making tool. In agreement with our experience at Salisbury Hospital Foundation Trust, 92% (47/51) had concerns relating to the use of audio-visual care. Conclusion: The choice of safely managed remote care or in-person consultation has, to date, largely relied on the discretion of the clinician. A carefully designed clinical decision-making tool for the management of upper limb trauma is needed for use both in clinical practice and in future service planning.

**Database:** CINAHL

### **On the way home: a BCI-FES hand therapy self-managed by sub-acute SCI participants and their caregivers: a usability study.**

**Author(s):** Zulauf-Czaja ; Al-Taleb, Manaf K. H.; Purcell, Mariel; Petric-Gray, Nina; Cloughley, Jennifer; Vuckovic, Aleksandra

**Source:** Journal of NeuroEngineering & Rehabilitation (JNER); Feb 2021; vol. 18 (no. 1); p. 1-18

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33632262

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

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

Available at [Journal of neuroengineering and rehabilitation](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

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

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

**Abstract:**Background: Regaining hand function is the top priority for people with tetraplegia, however access to specialised therapy outwith clinics is limited. Here we present a system for hand therapy based on brain-computer interface (BCI) which uses a consumer grade electroencephalography (EEG) device combined with functional electrical stimulation (FES), and evaluate its usability among occupational therapists (OTs) and people with spinal cord injury (SCI) and their family members.

Methods: Users: Eight people with sub-acute SCI (6 M, 2F, age  $55.4 \pm 15.6$ ) and their caregivers (3 M, 5F, age  $45.3 \pm 14.3$ ); four OTs (4F, age  $42.3 \pm 9.8$ ). User Activity: Researchers trained OTs; OTs subsequently taught caregivers to set up the system for the people with SCI to perform hand therapy. Hand therapy consisted of attempted movement (AM) of one hand to lower the power of EEG sensory-motor rhythm in the 8-12 Hz band and thereby activate FES which induced wrist flexion and extension. Technology: Consumer grade wearable EEG, multichannel FES, custom made BCI application.

Location: Research space within hospital. Evaluation: donning times, BCI accuracy, BCI and FES parameter repeatability, questionnaires, focus groups and interviews.



**Results: Effectiveness:** The BCI accuracy was 70-90%. **Efficiency:** Median donning times decreased from 40.5 min for initial session to 27 min during last training session (N = 7), dropping to 14 min on the last self-managed session (N = 3). BCI and FES parameters were stable from session to session. **Satisfaction:** Mean satisfaction with the system among SCI users and caregivers was  $3.68 \pm 0.81$  (max 5) as measured by QUEST questionnaire. Main facilitators for implementing BCI-FES technology were "seeing hand moving", "doing something useful for the loved ones", good level of computer literacy (people with SCI and caregivers), "active engagement in therapy" (OT), while main barriers were technical complexity of setup (all groups) and "lack of clinical evidence" (OT).

**Conclusion:** BCI-FES has potential to be used as at home hand therapy by people with SCI or stroke, provided it is easy to use and support is provided. Transfer of knowledge of operating BCI is possible from researchers to therapists to users and caregivers. Trial registration Registered with NHS GG&C on December 6th 2017; clinicaltrials.gov reference number NCT03257982, url: <https://clinicaltrials.gov/ct2/show/NCT03257982> .

**Database:** CINAHL

### **Successful recovery following musculoskeletal trauma: protocol for a qualitative study of patients' and physiotherapists' perceptions.**

**Author(s):** Middlebrook ; Heneghan, N. R.; Falla, D.; Silvester, L.; Rushton, A. B.; Soundy, A. A.

**Source:** BMC Musculoskeletal Disorders; Feb 2021; vol. 22 (no. 1); p. 1-10

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

**PubMedID:** NLM33568110

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

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

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

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

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

**Abstract:**Background: Annually in the UK, 40,000-90,000 people are involved in a traumatic incident. Severity of injury and how well people recover from their injuries varies, with physiotherapy playing a key role in the rehabilitation process. Recovery is evaluated using multiple outcome measures for perceived levels of pain severity and quality of life. It is unclear however, what constitutes a successful recovery from injury throughout the course of recovery from the patient perspective, and whether this aligns with physiotherapists' perspectives. Methods: A qualitative study using two approaches: Interpretive Phenomenological Analysis (IPA) using semi-structured interviews and thematic analysis following the Kreuger framework for focus groups. A purposive sample of 20 patients who have experienced musculoskeletal trauma within the past 4 weeks and 12 physiotherapists who manage this patient population will be recruited from a single trauma centre in the UK. Semi-structured interviews with patients at 4 weeks, 6 and 12 months following injury, and 2 focus groups with physiotherapists will be undertaken at one time point. Views and perceptions on the definition of recovery and what constitutes a successful recovery will be explored using both methods, with a focus on the lived experience and patient journey following musculoskeletal trauma, and how this changes through the process of recovery. Data from both the semi-structured interviews and focus groups will be analysed separately and then integrated and synthesised into key themes ensuring similarities and differences are identified. Strategies to ensure trustworthiness e.g., reflexivity will be employed. Discussion: Recovery following musculoskeletal trauma is complex and understanding of the concept of successful recovery and how this changes over time following an injury is largely unknown. It is imperative to understand the patient perspective and whether these perceptions align with current views of physiotherapists. A greater understanding of recovery following musculoskeletal trauma has potential to change clinical care, optimise patient centred care and improve efficiency and clinical decision making during rehabilitation. This in turn can contribute to improved clinical effectiveness, patient outcome and patient satisfaction with potential service and economic cost savings. This study has ethical approval (IRAS 287781/REC 20/PR/0712).

**Database:** CINAHL



### **Description of the PreFIT Trial From the UK.**

**Author(s):**

**Source:** Back Letter; Feb 2021; vol. 36 (no. 2); p. 20-23

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

**Database:** CINAHL

### **Economic evaluation of 'Men on the Move', a 'real world' community-based physical activity programme for men.**

**Author(s):** Kelly ; Harrison, Michael; Richardson, Noel; Carroll, Paula; Egan, Tom; Ormond, Gillian; Robertson, Steve

**Source:** European Journal of Public Health; Feb 2021; vol. 31 (no. 1); p. 156-160

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

Available at [European Journal of Public Health](#) - from Unpaywall

**Abstract:**Background Physical activity (PA) interventions capable of producing health benefits cost effectively are a public health priority across the Western world. 'Men on the Move' (MOM), a community-based PA intervention for men, demonstrated significant health benefits up to 52-weeks (W) post-baseline. This article details the economic evaluation of MOM with a view to determining its cost-effectiveness as a public health intervention to be rolled out nationally in Ireland. Methods Cost-effectiveness was determined by comparing the costs (direct and indirect) of the programme to its benefits, which were captured as the impact on quality-adjusted life-years (QALYs). For the benefits, cost-utility analysis was conducted by retrospectively adapting various health-related measures of participants to generate health states using Brazier et al.'s (2002) short form-6D algorithm. This in turn allowed for 'utility measures' to be generated, from which QALYs were derived. Results Findings show MOM to be cost-effective in supporting an 'at risk' cohort of men achieves significant improvements in aerobic fitness, weight loss and waist reduction. The total cost per participant (€125.82 for each of the 501 intervention participants), the QALYs gained (11.98 post-12-W intervention, or 5.3% health improvement per participant) and estimated QALYs ratio costs of €3723 represents a cost-effective improvement when compared to known QALY guidelines. Conclusions The analysis shows that the cost per QALY achieved by MOM is significantly less than the existing benchmarks of £20 000 and €45 000 in the UK and Ireland respectively, demonstrating MOM to be cost-effective.

**Database:** CINAHL

### **The value of a consultant physiotherapist within a primary care musculoskeletal interface service: part of the spinal multidisciplinary team.**

**Author(s):** Angus ; Dickens, Victoria; Yasin, Naveed; Greenwood, James; Siddique, Irfan

**Source:** International Journal of Therapy & Rehabilitation; Jan 2021; vol. 28 (no. 1); p. 1-10

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

**Abstract:**Background/aims: The national low back pain pathway in the UK suggests practitioners managing patients with spinal pathology should be specifically trained to do so and have the ability to link with tertiary spinal services when required. The aim of this study was to ensure referrals through to a tertiary spinal surgical centre are appropriate and patients get the correct advice early in their management pathway. Methods: A retrospective review of 700 cases were discussed at a spinal case-based discussion meeting in a primary care interface service, compared to services without this model. A convenience sample of cases were analysed with the consultant physiotherapist and those referred from other allied health professionals into the tertiary spinal surgical centre. Case-based team discussion took place before every referral into the tertiary spinal service, with spinal surgical



discussion where required. Results: Patients referred from other interface services were more likely to require further work-up such as investigations, or be discharged from clinic on their first attendance than those who had been through the case-based discussion. Conclusions: A consultant physiotherapist working as part of the spinal team of a tertiary referral centre can help advanced practitioners with their clinical decision making to help prevent unnecessary referrals to spinal surgical services.

**Database:** CINAHL

### **Management of hemiplegic shoulder pain: A UK-wide online survey of physiotherapy and occupational therapy practice.**

**Author(s):** Kumar ; Turton, Ailie; Cramp, Mary; Smith, Mark; McCabe, Candy

**Source:** Physiotherapy Research International; Jan 2021; vol. 26 (no. 1); p. 1-13

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Physiotherapy research international : the journal for researchers and clinicians in physical therapy](#) - from Unpaywall

**Abstract:** Purpose: The purpose of this study was to explore, via an online survey, how therapists assess, diagnose and manage hemiplegic shoulder pain (HSP) in the United Kingdom. The objectives were to explore (1) how therapists assessed HSP, (2) what the aims of therapy were, (3) what interventions therapists used, (4) what outcome measures therapists used, (5) what training of HSP therapists had, and (6) what barriers therapists experienced in the management of HSP.

**Methods:** An online survey was distributed to physiotherapists (PTs) and occupational therapists (OTs) working in stroke rehabilitation via professional bodies' interest groups.

**Results:** Sixty-seven responses were received: 40 (60%) were PTs and 27 (40%) were OTs. Therapists routinely screened for HSP (n = 59, 89%). When HSP was assessed, 33 (50%) spent 10 min on assessment. Patient-reported pain was used for assessment of HSP by 66 (99%) of respondents. Frequent interventions included positioning (n = 62, 94%), posture re-education (n = 57, 86%), and range of motion exercises (n = 55, 83%). Range of movement was used as an outcome measure by 31 (47%). Sixty (91%) respondents reported receiving training in HSP management. Time constraints (n = 41, 62%) and lack of diagnosis of HSP (n = 33, 54%) were identified as barriers to providing appropriate care to people with HSP. Conclusion: Study findings showed varied practice in the assessment and treatment for HSP and indicate that time constraints are a considerable barrier to the management of these patients. Further research is required to establish best practice which may help improve outcomes and care for people with poststroke shoulder pain.

**Database:** CINAHL

### **Experiences and perceptions of trial participants and healthcare professionals in the UK Frozen Shoulder Trial (UK FROST): a nested qualitative study.**

**Author(s):** Srikesavan, Cynthia; Toye, Francine; Brealey, Stephen; Goodchild, Lorna; Northgraves, Matthew; Charalambous, Charalambos P; Rangan, Amar; Lamb, Sarah

**Source:** BMJ open; Jun 2021; vol. 11 (no. 6); p. e040829

**Publication Date:** Jun 2021

**Publication Type(s):** Research Support, Non-u.s. Gov't Randomized Controlled Trial Multicenter Study Journal Article

**PubMedID:** 34117042

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Available at [BMJ open](#) - from HighWire - Free Full Text



Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

**Abstract:**OBJECTIVES To explore the experiences and perceptions of trial participants and healthcare professionals in the UK Frozen Shoulder Trial (UK FROST), a multicentre randomised controlled trial that compared manipulation under anaesthesia (MUA), arthroscopic capsular release (ACR) with a 12-week early structured physiotherapy programme (ESP) in people with unilateral frozen shoulder referred to secondary care.

DESIGN Nested qualitative study with semistructured interviews. We used constant comparison method to develop our themes.

SETTING This qualitative study was nested within the UK FROST.PARTICIPANTS44 trial participants (ESP: 14; MUA: 15; ACR: 15), and 8 surgeons and 8 physiotherapists who delivered the treatments in the trial.

RESULTS Trial participants found UK FROST treatments acceptable and satisfactory in terms of content, delivery and treatment benefits. Participants in all arms experienced improvements in pain, shoulder movements, and function. Participants said they would choose the same treatment that they received in the trial. Surgeons and physiotherapists felt that the content and delivery of UK FROST treatments was not significantly different to their routine practice except for the additional number of physiotherapy sessions offered in the trial. They had mixed feelings about the effectiveness of UK FROST treatments. Both stressed the value of including hydrodilatation as a comparator of other treatment options. Physiotherapists raised concerns about the capacity to deliver the number of UK FROST physiotherapy sessions in routine clinical settings. Shared perceptions of trial participants, surgeons and physiotherapists were: (1) Pain relief and return of shoulder movements and function are important outcomes and (2) Adherence to exercises leads to better outcomes.

CONCLUSION In general, our findings indicated that trial participants, and surgeons and physiotherapists who delivered the treatments had positive experiences and perceptions in the UK FROST. Early qualitative investigations to explore the feasibility of delivering treatments in real-world settings are suggested in future trials in the frozen shoulder.

TRIAL REGISTRATION NUMBER International Standard Randomised Controlled Trial Register, ID: ISRCTN48804508. Registered on 25 July 2014; Results.

**Database:** Medline

### **Efficacy of unsupervised exercise in adults with obstructive lung disease: a systematic review and meta-analysis.**

**Author(s):** Taylor, Daniel; Jenkins, Alex R; Parrott, Kate; Benham, Alex; Targett, Samantha; Jones, Arwel W

**Source:** Thorax; Jun 2021; vol. 76 (no. 6); p. 591-600

**Publication Date:** Jun 2021

**Publication Type(s):** Meta-analysis Journal Article Systematic Review

**PubMedID:** 33685962

Available at [Thorax](#) - from BMJ Journals

Available at [Thorax](#) - from Unpaywall

**Abstract:**INTRODUCTION The benefits of unsupervised exercise programmes in obstructive lung disease are unclear. The aim of this systematic review was to synthesise evidence regarding the efficacy of unsupervised exercise versus non-exercise-based usual care in patients with obstructive lung disease.

METHODS Electronic databases (MEDLINE, CINAHL, Embase, Allied and Complementary Medicine Database, Web of Science, Cochrane Central Register of Controlled Trials and Physiotherapy Evidence Database) and trial registers (ClinicalTrials.gov, Current Controlled Trials, UK Clinical Trials Gateway and WHO International Clinical Trials Registry Platform) were searched from inception to April 2020 for randomised trials comparing unsupervised exercise programmes with non-exercise-based usual care in adults with chronic obstructive pulmonary disease (COPD), non-cystic fibrosis bronchiectasis or asthma. Primary outcomes were exercise capacity, quality of life, mortality, exacerbations and respiratory cause hospitalisations.



**RESULTS** Sixteen trials (13 COPD, 2 asthma, 1 chronic bronchitis: 1184 patients) met the inclusion criteria. Only data on COPD populations were available for meta-analysis. Unsupervised exercise resulted in a statistically but not clinically significant improvement in the 6-Minute Walk Test (n=5, MD=22.0 m, 95% CI 4.4 to 39.6 m, p=0.01). However, unsupervised exercise did lead to statistically significant and clinically meaningful improvements in St. George's Respiratory Questionnaire (n=4, MD=-11.8 points, 95% CI -21.2 to -2.3 points, p=0.01) and Chronic Respiratory Disease Questionnaire domains (dyspnoea: n=4, MD=0.5 points, 95% CI 0.1 to 0.8 points, p<0.01; fatigue: n=4, MD=0.7 points, 95% CI 0.4 to 1.0 points, p<0.01; emotion: n=4, MD=0.5 points, 95% CI 0.2 to 0.7 points, p<0.01; mastery: unable to perform meta-analysis) compared with non-exercise-based usual care.

**DISCUSSION** This review demonstrates clinical benefits of unsupervised exercise interventions on health-related quality of life in patients with COPD. High-quality randomised trials are needed to examine the effectiveness of prescription methods.

**Database:** Medline

### **Lifestyle, Exercise and Activity Package for People living with Progressive Multiple Sclerosis (LEAP-MS): adaptations during the COVID-19 pandemic and remote delivery for improved efficiency.**

**Author(s):** Lowe, Rachel; Barlow, Christy; Lloyd, Barry; Latchem-Hastings, Julie; Poile, Vincent; Scoble, Charlotte; Dean-Young, Andrew; Button, Kate; Playle, Rebecca; Busse, Monica

**Source:** Trials; Apr 2021; vol. 22 (no. 1); p. 286

**Publication Date:** Apr 2021

**Publication Type(s):** Randomized Controlled Trial Letter

**PubMedID:** 33863342

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

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

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

Available at [Trials](#) - from Unpaywall

**Abstract:** The LEAP-MS (Lifestyle, Exercise and Activity Package for People living with Progressive Multiple Sclerosis) study has developed an individualised supported self-management approach for physical activity for people with progressive multiple sclerosis (MS) and severe disability. The intervention has been evaluated in a single-arm feasibility study with embedded process evaluation. The feasibility study was due to open to recruitment during the COVID-19 2020-2021 pandemic, 1 month into the first UK-wide lockdown. We worked rapidly to implement adaptations to the trial procedures and intervention delivery that we believe are applicable to randomised controlled trials. Recruitment became predominantly via self-referral. Electronic consent was employed, with consent discussions occurring over the telephone. Registration, consent, eligibility assessment and data collection as well as the intervention (online physical activity tool) were via a secure, encrypted multi-user web-based platform for participants, physiotherapists and researchers accessible via various hardware. Physiotherapy consultations, as well as the process evaluation, were conducted remotely using video conferencing software or the telephone. A remote training package for physiotherapists and site initiations was also developed and electronic site files employed. Our adaptations are extremely topical given the COVID-19 situation, and whilst not what we had originally planned, have enabled successful delivery of the feasibility study and are relevant to conducting randomised controlled trials and meeting the needs of people with MS who are far more isolated than ever before. TRIAL REGISTRATION: ClinicalTrials.gov NCT03951181 . Registered on 15 May 2019.

**Database:** Medline

### **Thoracic movement screening in adults with cystic fibrosis: reliability of the Manchester musculoskeletal screening tool.**

**Author(s):** Hodgson, Nicola; Taylor, Julia; Ashbrook, Jane; Goodwin, Peter; Bright-Thomas, Rowland; Caunt, Jenny



**Source:** Physiotherapy theory and practice; Apr 2021 ; p. 1-7

**Publication Date:** Apr 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33822675

**Abstract:** Objectives: The Manchester Musculoskeletal Screening Tool (MMST) is used internationally to screen for pain, postural changes, and urinary incontinence in adults with cystic fibrosis (CF). The tool has been validated for the outcome measures of pain and incontinence but not for the thoracic movement section. The aim of this study was to assess intra (single rater) and inter-rater (between rater) reliability of the thoracic movement screen section of the MMST.

**Methods:** This is a prospective reliability study. Digital videos of thoracic movement were taken of adults with CF during their annual musculoskeletal screening at a large UK Adult CF Center. Twelve physiotherapists independently watched the videos and scored the movements on two occasions, 2 weeks apart, using MMST. Cohen's kappa and Krippendorff alpha were used to establish intra- and inter-rater reliability.

**Results:** Intra-rater reliability using Cohen's kappa calculation ranged between 0.35 and 0.93. Eleven out of 12 physiotherapists had a moderate-substantial reliability score as assessed by the Landis Koch criteria. Percentage agreement for each physiotherapist ranged from 67%-97%. The inter-rater reliability was poor (Krippendorff alpha score = 0.422 (CI: 0.24-0.60)).

**Conclusion:** The thoracic section of the MMST is reliable in adults with CF to highlight changes in posture and thoracic mobility that may go undetected or under-reported by the patient when repeated by the same clinician. However, the inter-rater variability is high, and it should not be considered reliable when carried out by different clinicians over time.

**Database:** Medline

### **Utilisation of outcome measures in the management of non-specific neck pain: A national survey of current physiotherapy practice in the UK.**

**Author(s):** Eldin Alreni, Ahmad Salah; McRobert, Cliona; McLean, Sionnadh Mairi

**Source:** Musculoskeletal science & practice; Apr 2021; vol. 52 ; p. 102347

**Publication Date:** Apr 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33618232

**Abstract:** BACKGROUND Routine utilisation of outcome measures (OMs) is an integral part of physiotherapy rehabilitation when managing non-specific neck pain (NSNP). Numerous relevant OMs exist; however, the extent to which OMs are used by physiotherapists in the UK for NSNP is unknown.

**OBJECTIVE** To determine current utilisation patterns of OMs in UK physiotherapy practice when managing NSNP.

**METHODS** An online web-based survey instrument was developed and physiotherapists were invited to participate if they were currently practicing in the UK and had some experience of managing patients with neck pain. Logistic regression analyses using the generalised linear models was carried out to identify characteristics associated with OMs utilisation.

**RESULTS** A total of 2101 surveys were completed. One-third of the respondents reported not using OMs when managing NSNP. Lack of time and clear guidance about the suitability of available OMs were the most commonly reported reasons. A majority of the two-thirds of those who reported using OMs were consistently using pain and range of motion rating measures. Physical/functional limitations, psychological distress, and quality of life constructs, which are frequently associated with NSNP, were rarely measured. Years of practice ( $p = 0.000$ ), nation ( $p = 0.019$ ) and proportion of patients with neck pain ( $p = 0.034$ ) variables were found to be independently associated with frequent use of OMs.



**CONCLUSION** This survey established the poor integration of OMs in the UK when managing NSNP. Further attention is required to identify or develop OMs which are feasible for use in busy clinical practice and to market them more effectively to physiotherapists.

**Database:** Medline

### **Effectiveness of Educating Health Care Professionals in Managing Chronic Pain Patients Through a Supervised Student Inter-professional Pain Clinic.**

**Author(s):** Cao, Ling; Hull, Stephen Z

**Source:** Medical science educator; Apr 2021; vol. 31 (no. 2); p. 479-488

**Publication Date:** Apr 2021

**Publication Type(s):** Journal Article

**PubMedID:** 34457905

**Abstract:**Objective To address the need for increased and more effective medical education regarding chronic pain and pain management, an inter-professional (IP) training program in the form of a supervised student IP pain clinic was implemented in 2016. In the current study, we evaluated its feasibility and effectiveness in improving health care professional students' skills in (1) managing chronic pain and (2) working in an IP team. Methods From January 2016 to December 2018, we assembled 12 IP teams that included students from the following six professions at the University of New England: nursing, osteopathic medicine (OM), occupational therapy (OT), pharmacy, physical therapy (PT), and social work (SW). During this 12-week training program, each team conducted the initial evaluation, generated treatment plans, and performed follow-up examinations for its assigned patient under the supervision of a pain specialist at the Mercy Pain Center. Surveys were conducted with all participating students and patients. Results Overall, students showed significant improvement in knowledge regarding pain physiology and chronic pain management as well as attitude and perception regarding IP practice and perceived team skills. Specifically, prior to the program, nursing students showed the greatest pain-related knowledge and perceived team skills, while OT students scored the highest in attitude and perception regarding IP practice. Following the program, improvement in various measures was observed in all professions with PT students showing the most significant improvement in all areas. Surveys also indicated patients' satisfaction with their IP pain clinic experience. Conclusions These results demonstrated the feasibility and the effectiveness of this IP training program for all participating professions.

**Database:** Medline

### **Preoperative Exercise Training to Prevent Postoperative Pulmonary Complications in Adults Undergoing Major Surgery. A Systematic Review and Meta-analysis with Trial Sequential Analysis.**

**Author(s):** Assouline, Benjamin; Cools, Evelien; Schorer, Raoul; Kayser, Bengt; Elia, Nadia; Licker, Marc

**Source:** Annals of the American Thoracic Society; Apr 2021; vol. 18 (no. 4); p. 678-688

**Publication Date:** Apr 2021

**Publication Type(s):** Meta-analysis Journal Article Systematic Review

**PubMedID:** 33030962

Available at [Annals of the American Thoracic Society](#) - from Unpaywall

**Abstract:** Rationale: Poor preoperative physical fitness and respiratory muscle weakness are associated with postoperative pulmonary complications (PPCs) that result in prolonged hospital length of stay and increased mortality.

Objectives: To examine the effect of preoperative exercise training on the risk of PPCs across different surgical settings.



**Methods:** We searched MEDLINE, Web of Science, Embase, the Physiotherapy Evidence Database, and the Cochrane Central Register, without language restrictions, for studies from inception to July 2020. We included randomized controlled trials that compared patients receiving exercise training with those receiving usual care or sham training before cardiac, lung, esophageal, or abdominal surgery. PPCs were the main outcome; secondary outcomes were preoperative functional changes and postoperative mortality, cardiovascular complications, and hospital length of stay. The study was registered with PROSPERO (International Prospective Register of Systematic Reviews).

**Results:** From 29 studies, 2,070 patients were pooled for meta-analysis. Compared with the control condition, preoperative exercise training was associated with a lower incidence of PPCs (23 studies, 1,864 patients; relative risk, 0.52; 95% confidence interval [CI], 0.41 to 0.66; grading of evidence, moderate); Trial Sequential Analysis confirmed effectiveness, and there was no evidence of difference of effect across surgeries, type of training (respiratory muscles, endurance or combined), or preoperative duration of training. At the end of the preoperative period, exercise training resulted in increased peak oxygen uptake (weighted mean difference [WMD], +2 ml/kg/min; 99% CI, 0.3 to 3.7) and higher maximal inspiratory pressure (WMD, +12.2 cm H<sub>2</sub>O; 99% CI, 6.3 to 18.2). Hospital length of stay was shortened (WMD, -2.3 d; 99% CI, -3.82 to -0.75) in the intervention group, whereas no difference was found in postoperative mortality.

**Conclusions:** Preoperative exercise training improves physical fitness and reduces the risk of developing PPCs while minimizing hospital resources use, regardless of the type of intervention and surgery performed.

Systematic review registered with <https://www.crd.york.ac.uk/prospero/> (CRD 42018096956).

**Database:** Medline

### **Economic Evaluation in Neurological Physiotherapy: A Systematic Review.**

**Author(s):** García-Álvarez, David; Sempere-Rubio, Núria; Faubel, Raquel

**Source:** Brain sciences; Feb 2021; vol. 11 (no. 2)

**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article Review

**PubMedID:** 33669731

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

Available at [Brain sciences](#) - from Unpaywall

**Abstract:** This systematic review was carried out to compile and assess original studies that included economic evaluations of neurological physiotherapy interventions. A thorough search of PubMed, Cochrane and Embase was developed using keywords such as health economics, neurological physiotherapy and cost analysis, and studies published during the last six-year term were selected. A total of 3124 studies were analyzed, and 43 were eligible for inclusion. Among the studies analyzed, 48.8% were interventions for stroke patients, and 13.9% were focused on Parkinson's disease. In terms of the countries involved, 46.5% of the studies included were developed in the UK, and 13.9% were from the USA. The economic analysis most frequently used was cost-utility, implemented in 22 of the studies. A cost-effectiveness analysis was also developed in nine of those studies. The distribution of studies including an economic evaluation in this discipline showed a clear geographic dominance in terms of the pathology. A clear upward trend was noted in the economic evaluation of interventions developed in neurological physiotherapy. However, these studies should be promoted for their use in evidence-based clinical practice and decision-making.

**Database:** Medline

### **USING A BIOPSYCHOSOCIAL APPROACH WITHIN ACL REHABILITATION: AN EXPLORATION OF STUDENT PHYSIOTHERAPISTS' PERCEPTIONS AND EXPERIENCES.**

**Author(s):** Kaye, Jo Ann; Spence, Dan; Alexanders, Jenny

**Source:** Physiotherapy theory and practice; Feb 2021 ; p. 1-13



**Publication Date:** Feb 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33555238

**Abstract:** Background: Supporting the psychological needs of the patient during Anterior Cruciate Ligament Reconstruction (ACLR) rehabilitation is of paramount importance in order to optimize function and return to sport. Despite this, the amount of psychological training physiotherapists receive is inadequate.

Purpose: the central aim of this study was to gain valuable insight, through the lens of the student physiotherapist, in relation to biopsychosocial practices used within ACL rehabilitation.

Method: A phenomenological design using an inductive approach through purposive sampling was used. The study conducted semi-structured interviews, which involved ten undergraduate and postgraduate physiotherapy students from a UK University institution. The study identified perceptions, experiences and training surrounding a biopsychosocial approach within ACL rehabilitation. Data analysis included thematic analysis with triangulation and an audit trail to enhance confirmability and credibility.

Results: Participants demonstrated a superficial understanding of the biopsychosocial approach, psychological symptoms and the significance of applying a patient-centered approach. Nonetheless, participants consistently reported barriers to implementing this approach, including the application of theory to practice when working with patients following ACL surgery.

Discussion: Findings were consistent with previous research surrounding inadequate biopsychosocial education and training within ACL rehabilitation. The application of theory of the model to clinical practice was absent from the students' training.

Conclusion: These findings suggest that student physiotherapists are aware of the possible benefits of incorporating psychological interventions but feel inadequately trained, highlighting a need for a review of the curriculum. Future research focusing on pedagogy-based strategies to effectively equip students to apply biopsychosocial theory to practice is of critical importance to prepare students for contemporary ACL rehabilitation and practice.

**Database:** Medline

### **Remote Musculoskeletal Assessment Framework: A Guide for Primary Care.**

**Author(s):** Murray, Tom; Murray, Gemma; Murray, James

**Source:** Cureus; Jan 2021; vol. 13 (no. 1); p. e12778

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33628650

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

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

Available at [Cureus](#) - from Unpaywall

**Abstract:** Introduction Remote consulting has exploded into primary care following the initial COVID-19 surge as a measure to reduce potential cross-infection (staff-patient or patient-patient). Musculoskeletal (MSK) conditions comprise up to 21% of the annual primary care caseload in England. Established techniques for MSK examination, however, rely on face-to-face attendance. Evidence-based guidance for remote MSK assessment is required to ensure the quality of care is maintained with the move from face-to-face to virtual consultations.

Method A literature review of published evidence and current guidelines was conducted. The most appropriate remote consultation techniques and MSK examinations were identified and where there was no evidence, modified examination tests were developed from established face-to-face examination techniques. A concise, accessible framework for remote MSK assessment in primary care was then created and tested on a non-medically trained volunteer.



Results Over 2232 papers and articles were identified by search headings, reducing to 28 sources that had relevant content. At the time of searching, there was no published evidence relating to MSK remote consultation in a primary care setting. However, evidence was found in the physiotherapy and rehabilitation literature for the efficacy and practicality of MSK teleconsultation. MSK remote examination framework From this literature and with the addition of modified established examinations, an MSK assessment framework was constructed. This framework provides pre-consultation guidance and step-by-step remote examination instructions. Patient and clinician resources (including a patient information leaflet and photographic examples of examinations) were created as supplementary material.

Conclusion Due to the frameshift away from face-to-face consultation, primary care clinicians have found themselves lacking an evidence base or practical guidance to support remote MSK assessment. This paper is a systematic literature review of MSK telemedicine from which practical advice and evidence-based MSK tests have been developed. Where there is no evidence, modified traditional tests are suggested to allow a complete framework for remote MSK examination - using a system approach of 'look, point, move' followed by modified special tests, for use in a primary care setting as a 'ready-to-use' practical guide to remote MSK assessment, presented in a downloadable format. What did this add? With 21% of primary care consultations relating to MSK conditions and limited means of performing face-to-face MSK examination due to COVID-19, there needs to be a recognised framework for assessing the MSK system remotely. To the best of our knowledge, this evidence does not exist for primary care remote MSK examination. This paper demonstrates evidence-based practical advice (from non-primary care settings) and modified MSK examinations to be used in a primary care MSK remote consultation.

**Database:** Medline

### **Protocol for a multi-site pilot and feasibility randomised controlled trial: Surgery versus Physiotherapist-led exercise for traumatic tears of the rotator cuff (the SPeEDy study).**

**Author(s):** Littlewood, Chris; Wade, Julia; Butler-Walley, Stephanie; Lewis, Martyn; Beard, David; Rangan, Amar; Bhabra, Gev; Kalogrianitis, Socrates; Kelly, Cormac; Mehta, Saurabh; Singh, Harvinder Pal; Smith, Matthew; Tambe, Amol; Tyler, James; Foster, Nadine E

**Source:** Pilot and feasibility studies; Jan 2021; vol. 7 (no. 1); p. 17

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33413664

Available at [Pilot and feasibility studies](#) - from BioMed Central

Available at [Pilot and feasibility studies](#) - from Europe PubMed Central - Open Access

Available at [Pilot and feasibility studies](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Pilot and feasibility studies](#) - from Unpaywall

**Abstract:** BACKGROUND Clinically, a distinction is made between types of rotator cuff tear, traumatic and non-traumatic, and this sub-classification currently informs the treatment pathway. It is currently recommended that patients with traumatic rotator cuff tears are fast tracked for surgical opinion. However, there is uncertainty about the most clinically and cost-effective intervention for patients with traumatic rotator cuff tears and further research is required. SPeEDy will assess the feasibility of a fully powered, multi-centre randomised controlled trial (RCT) to test the hypothesis that, compared to surgical repair (and usual post-operative rehabilitation), a programme of physiotherapist-led exercise is not clinically inferior, but is more cost-effective for patients with traumatic rotator cuff tears.

**METHODS** SPeEDy is a two-arm, multi-centre pilot and feasibility RCT with integrated Quintet Recruitment Intervention (QRI) and further qualitative investigation of patient experience. A total of 76 patients with traumatic rotator cuff tears will be recruited from approximately eight UK NHS hospitals and randomly allocated to either surgical repair and usual post-operative rehabilitation or a programme of physiotherapist-led exercise. The QRI is a mixed-methods approach that includes data collection and analysis of screening logs, audio recordings of recruitment consultations, interviews with patients and clinicians involved in recruitment, and review of study



documentation as a basis for developing action plans to address identified difficulties whilst recruitment to the RCT is underway. A further sample of patient participants will be purposively sampled from both intervention groups and interviewed to explore reasons for initial participation, treatment acceptability, reasons for non-completion of treatment, where relevant, and any reasons for treatment crossover.

**DISCUSSION** Research to date suggests that there is uncertainty regarding the most clinically and cost-effective interventions for patients with traumatic rotator cuff tears. There is a clear need for a high-quality, fully powered, RCT to better inform clinical practice. Prior to this, we first need to undertake a pilot and feasibility RCT to address current uncertainties about recruitment, retention and number of and reasons for treatment crossover.

**TRIAL REGISTRATION** [ClinicalTrials.gov \( NCT04027205 \)](https://clinicaltrials.gov/ct2/show/study/NCT04027205) - Registered on 19 July 2019. Available via.

**Database:** Medline

### **Current preoperative physiotherapy management strategies for patients awaiting Anterior Cruciate Ligament Reconstruction (ACLR): A worldwide survey of physiotherapy practice.**

**Author(s):** Carter, Hayley M; Webster, Kate E; Smith, Benjamin E

**Source:** The Knee; Jan 2021; vol. 28 ; p. 300-310

**Publication Date:** Jan 2021

**Publication Type(s):** Multicenter Study Journal Article

**PubMedID:** 33482621

**Abstract:** **BACKGROUND** Anterior cruciate ligament ruptures are the most common ligament injury to the knee with surgical reconstruction considered standard treatment. This study aimed to explore the current physiotherapy management strategies used during the preoperative phase of rehabilitation for patients awaiting anterior cruciate ligament reconstruction (ACLR).

**METHODS** An anonymous survey was disseminated online via Twitter and the 'interactive Chartered Society of Physiotherapy' message board. Practising physiotherapists who treated at least one patient prior to ACLR in the past year were invited to take part. Responses were collected over a 4-week period in March 2020. Data were analysed using descriptive statistics.

**RESULTS** In total, 183 respondents replied; 122 completed the full survey. Responses were collected from 20 countries across 3 settings, NHS/public health services, private and sports. Most respondents reported prescribing exercises, advice and education to patients during prehabilitation. Up to 40% also utilised passive treatments including manual therapy, taping/bracing and electrotherapy. The frequency of recommended exercise completion and length of treatment varied. Most respondents (n = 103/84.4%) felt that many patients waiting for ACLR did not receive prehabilitation. Many physiotherapists reported that patients expressed concerns regarding their readiness for surgery (n = 61/50%) and return to preinjury levels of physical activity (n = 112/91.8%). Almost all respondents would discuss non-operative management with patients (n = 112/91.8%) if they had returned to their preinjury level of physical activity before their ACLR.

**CONCLUSION** Overall, this survey provides some insight as to how physiotherapists manage patients awaiting ACLR. Areas of uncertainty in physiotherapy practice have also been highlighted that require further high-quality research.

**Database:** Medline

### **Mind the gaps: therapists' experiences of managing symptomatic hypermobility in Scotland.**

**Author(s):** Dockrell, Dervil M; Berg, Kathryn M; Ralston, Stuart H

**Source:** Rheumatology advances in practice; 2021; vol. 5 (no. 2); p. rkab046

**Publication Date:** 2021

**Publication Type(s):** Journal Article

**PubMedID:** 34396034



Available at [Rheumatology advances in practice](#) - from Oxford Journals - Open Access

Available at [Rheumatology advances in practice](#) - from Unpaywall

**Abstract:** Objectives The aim was to ascertain occupational therapist (OT) and physiotherapist (PT) experiences of managing hypermobility spectrum disorders (HSDs) and hypermobile Ehlers-Danlos syndrome (hEDS) patients, specifically the training and confidence levels of therapists, use of evidence-based practice, accessibility of pain management and clinical psychology services, and perceived usefulness of a specialist centre in Scotland.

Methods A mixed-method survey was distributed to Rheumatology OTs/PTs in Scotland. It included multiple choice and open text questions, which were analysed to reflect therapists' experiences and perception of service need.

Results We found that therapists in Scotland do have expertise in the management of HSD/hEDS patients; however, this expertise tends to be concentrated in secondary care, which makes it difficult for patients who are managed in primary care to access. The majority of respondents reported lack of access to external training (80%). There was difficulty in referral to pain management services (55%) and clinical psychology (28%) among adult therapists. Paediatric services provided considerably better access to these disciplines. Of note, the majority of respondents were in favour of a specialist centre in Scotland for the training and education of therapists (94.7%) and the diagnosis and management of complex HSD/hEDS patients (73.7%).

Conclusion More research is needed urgently to evaluate the effectiveness of therapy interventions to underpin a national guideline in order that we can improve outcomes for HSD/hEDS patients. A specialist centre with expert and engaged clinicians would be a valuable asset in coordinating patient-focused research and conducting good-quality clinical trials.

**Database:** Medline

### **Patterns of Health Service Use Among Young People With Cerebral Palsy in England.**

**Author(s):** Ryan, Jennifer M; Lavelle, Grace; Theis, Nicola; Kilbride, Cherry; Noorkoiv, Marika

**Source:** Frontiers in neurology; 2021; vol. 12 ; p. 659031

**Publication Date:** 2021

**Publication Type(s):** Journal Article

**PubMedID:** 34054701

Available at [Frontiers in neurology](#) - from Europe PubMed Central - Open Access

Available at [Frontiers in neurology](#) - from Unpaywall

**Abstract:** Background: Although the provision of healthcare for people with cerebral palsy (CP) is typically focussed on childhood, many people with CP require access to services periodically throughout their life. Few studies have examined patterns of health service use among young people with CP in England. Understanding patterns of use may inform future service development. Objective: To describe patterns of visits to rehabilitation and medical professionals among ambulatory young people with CP living in England, and identify factors associated with service use.

Methods: Sixty-two young people with CP aged 10-19 years [mean (SD) age 13.7 (2.5) years] in Gross Motor Function Classification System (GMFCS) levels I-III reported visits to a range of health professionals, hospital admissions and visits to the emergency department over a median duration of 34 weeks (min-max: 12-34 weeks). Negative binomial models were used to examine factors associated with number of visits.

Results: Physiotherapists were the most commonly used professional, with 67.7% of participants visiting a physiotherapist at least once, followed by dentists (66.1%), general practitioners (48.4%), occupational therapists (40.3%) and orthopaedic surgeons (40.3%). Physiotherapists were also the most frequently visited professional with a total of 473 visits (13.3 visits per person-year). Speech and language therapists (5.0 visits per person-year), occupational therapists (4.5 visits per person-year) and nurses (4.3 per person-year) were the next most frequently visited professionals. Age, GMFCS level, and speech impairment were associated with rate of visits to a physiotherapist.



Conclusions: The proportion of young people who visited medical and rehabilitation professionals during the study period varied considerably depending on the profession. Generally, the proportion of young people using services was low. In the context of limited resources, data on service use in combination with data on unmet need, may support the reorganisation of services to maximise benefits to young people with CP.

**Database:** Medline

