# Physiotherapy Update

**January 2022**

Welcome to the latest copy of the Physiotherapy Update. The aim of this publication is to bring together a range of recently-published research and guidance that will help you make evidence based decisions.

## Accessing Articles

The following abstracts are taken from a selection of recently published articles.
If the article is available electronically, then there will be a blue link in the abstract. [Press CTRL and click to open the link. You will need to be registered for NHS Athens (see below) to be able to access the full text.] If the full text is not available electronically we may be able to obtain the document through our document supply services.

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

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**Community-based rehabilitation after knee arthroplasty: A randomised controlled trial with economic evaluations (CORKA trial): ISRCTN: 13517704...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Barker ; Room, J.; Knight, R.; Dutton, S.; Toye, F.; Leal, J.; Kenealy, N.; Schussel, M.M.; Collins, G.; Beard, D.; Price, A.; Underwood, M.; Drummond, A.; Lamb, S.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Exercise interventions for people living with frailty and receiving haemodialysis: A mixed-methods randomised controlled feasibility study...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Young ; March, D.; Highton, P.; Graham-Brown, M.; Goodliffe, S.; Greenwood, S.; Helen, E.; Conroy, S.; Singh, S.; Smith, A.; Burton, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The EX-FRAIL CKD trial: A pilot RCT of a home-based Exercise programme for pre-FRAIL and FRAIL, older adults with CKD...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Nixon ; Bampouras, T.M.; Gooch, H.J.; Young, H.M.; Finlayson, K.W.; Pendleton, N.; Mitra, S.; Brady, M.E.; Dhaygude, A.P.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**An exploration of adherence to self-management physiotherapy programmes in musculoskeletal physiotherapy using the COM B model and TDF framework...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Rawlinson ; Connell, L.; Tarling, R.; Beaver, K.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**To explore the prevalence and impact of hip and/or knee pain in patients presenting for pulmonary rehabilitation...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Briggs-Price ; Revitt, O.; Houchen-Wolloff, L.; Singh, S.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Accreditation of advanced clinical practice in musculoskeletal physiotherapy: Multi-methods analysis to inform implementation of advanced practice in the United Kingdom...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Noblet ; Heneghan, N.; Hindle, J.; Rushton, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Active marsden - development of a physical activity strategy...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Malhotra ; Cowan-Dickie, S.; Shaw, C.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**A novel method of cardiac rehabilitation compared to UK standard practice and outcomes...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Olden

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**A proposed new model of region-wide provision for post-stroke spasticity services in Kent, Surrey and Sussex...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Poole ; Holmes, R.; Skinner, A.; Bean, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**A qualitative evaluation of the multidisciplinary team's experience of a 7-day critical care physiotherapy model, compared to 5-day services...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Piper ; Gustafson, O.; Ede, J.; Vollam, S.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Evaluation of the First Contact Physiotherapy (FCP) model of primary care: Patient characteristics and outcomes...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Stynes ; Jordan, K.; Hill, J.C.; Wynne-Jones, G.; Cottrell, E.; Foster, N.E.; Goodwin, R.; Bishop, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Implementation of the JIGSAW-E model for osteoarthritis. A role for Extended Scope Practitioners in primary care...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Frost ; Cowie, J.; Tooman, T.; Quicke, J.; Evans, N.; Cottrell, E.; Dziedzic, K.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Implementing a First Contact Practitioner service - local challenges and deep dive into local data beyond the national evaluation...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Wanless ; Owen, G.; Wood, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Musculoskeletal physiotherapy: What do patients expect from an initial out-patient appointment?...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Griffin

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Realistic medicine and musculoskeletal physiotherapy...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** McLean

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Are neuromuscular adaptations present in people with recurrent spinal pain during a period of remission? A systematic review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Devecchi ; Gallina, A.; Rushton, A.; Heneghan, N.; Falla, D.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Improving care for people with chronic low back pain - ESCAPE-pain for back...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Hurley ; Sibley, F.; Thompson, F.; Gibney, A.; Carter, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Risk factors for post-stroke shoulder pain: A systematic review and meta-analysis...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Holmes ; McManus, K.; Koulouglioti, C.; Hale, B.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Using an animation to enhance parents and professionals' communication and assessment of pain in children with profound cognitive impairment...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Carter ; Young, R.; Munro, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**A review of strategies currently used to self-manage knee osteoarthritis in the aging population...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Milton

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Aerobic exercise to improve cardiopulmonary function in Parkinson's: A systematic review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Aburub ; Sim, J.; Hunter, S.M.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Chair based exercise: A proactive physiotherapy intervention to target reduced strength and balance in an ageing patient cohort...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Wood ; Collins, P.; Young, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**COACH: Challenging osteoarthritis and changing health...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Haines-Eynon

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Content and consistency of clinical guidelines for diagnostic imaging of non-traumatic lower back, knee and shoulder pain: A scoping review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Cuff ; Littlewood, P.C.; Foster, P.N.; Dikomitis, P.L.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Do we truly understand our community rehabilitation population? Using data and stratification tools to transform community rehabilitation...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Poole ; Coughlan, G.; Burchett, S.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Does a 10-week course of Otago exercises delivered in an NHS outpatient setting improve frailty, sarcopenia, and balance?...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Smith ; Stevens, R.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Does a 6-week supervised exercise programme for Parkinson's patients prevent against sarcopenia and improve physical function? A service evaluation...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Caffrey ; Stevens, R.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Does an enriched environment affect patient activity levels at the Oxfordshire Stroke Rehabilitation Unit?...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Garratt ; King, S.; Stobart, S.; Biggin, K.; Gaffney, T.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Does delayed physiotherapy following total knee replacement increase post-operative stiffness? A new angle on knee flexion...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Jenkins ; Jackson, W.; Bottomley, N.; Price, A.; Murray, D.; Barker, K.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Implementation of a "Better Breathing" group for those unable to attend Pulmonary Rehabilitation...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Swindale ; Hardinge, M.; Riley, J.; Kearley, K.; Ovington, A.; McGuigan, H.; Minden, L.; Marriott, T.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Improving hip fracture rehabilitation against CSP standards using an integrated physiotherapy and occupational therapy team approach...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Gray ; Lewis, T.; Dance, R.; Taylor, M.; Burt, A.; Worton, L.; Brown, O.; Robinson, H.; McRae, T.; Tovell, S.; Duggan, R.; White, P.

**Source:** Physiotherapy; Dec 2021; vol. 113

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**Database:** CINAHL

**Increasing access to rehabilitation for knee and hip osteoarthritis – ESCAPE-pain in leisure/community centres...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Hurley ; Connnelly, M.; Sheldon, H.; Gibney, A.; Hallett, R.; Carter, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**Physiotherapy led treatment of established finger joint contracture due to paratonia in a patient with dementia, single case study...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Robertson ; South, K.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**Provision of a community respiratory physiotherapy service for patients with a non-COPD diagnosis...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Swindale ; Kearley, K.; Riley, J.; Hardinge, M.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**Provision of a home exercise programme as an alternative to pulmonary rehabilitation as part of an integrated respiratory team...Virtual Physiotherapy UK 2020 Conference Abstract Poster Presentations 13-14 November.**

**Author(s):** Swindale ; Hardinge, M.; Riley, J.; Kearley, K.; Marriott, T.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Service evaluation of lifestyle integrated functional exercise program for falls prevention in early supported discharge stroke patients...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Butler ; Dinsdale, J.; Butler, L.; French, K.; De Cruz, R.; Reynolds, N.; Riley, R.; Fountain, G.; McQue, K.; Chivhunga, M.; Thompson, J.; Gofton-Howard, M.; Scott, F.; Coates, S.; Foster, C.

**Source:** Physiotherapy; Dec 2021; vol. 113

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

**Database:** CINAHL

**The "START" of our integrated rehabilitation journey...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Pilarska ; Houston, V.; Buchanan, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**The influence of frailty on the efficacy of exercise for falls prevention – A systematic review, meta-analysis and meta-regression...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Garnham ; Carter, C.; De Silva, D.; Whitney, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The non-weight bearing pathway: A community based alternative to inpatient rehabilitation...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Russell

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Evidence-based management of Achilles tendinopathy: A systematic review of physiotherapy interventions...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Gialeniou ; Skoufas, A.; Kaskaras, G.; Karampougioukidis, A.; Vassis, K.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Exercise for people with Parkinson's: Iterative evaluations to develop evidence-informed service provision across the United Kingdom...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Oliver ; Ramaswamy, B.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**Home-based and hospital-based pulmonary rehabilitation in patients with COPD-does the location influence completion rates?...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Hector ; Houchen-Wolloff, L.; Zatloukal, J.; Orme, M.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**Leg muscle strength outcomes in adults and children after surgical or non-surgical treatment for patellar dislocation: A systematic review...Virtual Physiotherapy UK 2020 Conference Abstract Poster Presentations 13 – 14 November.**

**Author(s):** Forde ; Mortimer, C.; Haddad, M.; Hirani, S.; Williams, M.A.; Keene, D.J.

**Source:** Physiotherapy; Dec 2021; vol. 113

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

**Database:** CINAHL

**Peri-surgical change in objective functional, neuromuscular and sensorimotor performance of people awaiting total knee arthroplasty...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Peer ; Gallacher, P.D.; Coutts, F.; Gleeson, N.

**Source:** Physiotherapy; Dec 2021; vol. 113

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

**Database:** CINAHL

**Plantarflexor muscle activity during a change in walking speed on a treadmill: Comparison between Parkinson's and unimpaired controls...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Aldayil ; Kerr, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Rehabilitation following shoulder arthroplasty: A survey of protocols...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Pitt ; Morgan, M.; Moffatt, M.; Edwards, P.; Davies, R.; Peach, C.; Littlewood, C.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Survey of people with Myalgic Encephalomyelitis (ME) to explore their use and experiences of physiotherapy services in the UK.**

**Author(s):** Clague-Baker ; Bull, M.; Leslie, K.; Hilliard, N.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The effectiveness of preoperative rehabilitation programmes on postoperative outcomes following anterior cruciate ligament (ACL) reconstruction: A systematic review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Carter ; Littlewood, C.; Webster, K.; Smith, B.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The preoperative physiotherapy management strategies for patients awaiting anterior cruciate ligament reconstruction (ACLR): A survey of physiotherapists...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Carter ; Webster, K.; Smith, B.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The use of Patient Reported Outcome Measures with patients in a musculoskeletal outpatient physiotherapy setting to enhance Shared Decision Making...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Parish ; Ashton, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Using surface electromyography as biofeedback to inform diagnosis and treatment of motor pattern disorders affecting the shoulder girdle – Case Series...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Corbett

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**A feasibility study into the effectiveness of a cue intervention, to increase physical activity levels in ambulatory chronic stroke...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Cook ; Wright, R.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Advanced practitioner cardiology follow-up clinic – A cardiac rehabilitation led service...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Jones

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Data analysis: Spasticity and neuropathic pain management provided for a community Neuro Rehab' Team by an Independent Prescriber Physiotherapist...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Curran

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Development of the advanced physiotherapy practitioner in managing acute orthopaedic injuries previously managed by orthopaedic consultants...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Laurie

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Does self-reported severe anxiety and depression have an impact on patient expectations of an initial musculoskeletal physiotherapy appointment?...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Bond ; Griffin, N.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Galvanic vestibular stimulation and balance control in Parkinson's disease...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Hodgson ; Stephensen, D.; Wilkinson, D.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Improving patient journeys and utilisation of NHS capacity by re-designing referral pathways in total hip and knee arthroplasty...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Stevenson ; Bicker, G.; Gommersall, S.; Deacon, P.; Softley, D.; Hall, E.; Dawson, K.; Menon, A.; Manhuwa, C.; Dos Remedios, I.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Improving the physiotherapy pathway for children under 16 years of age who present to A + E with a patella dislocation...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Webster

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Involving people with Parkinson's disease in the co-design a trial investigating the effect of Galvanic Vestibular Stimulation on balance...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Hodgson ; Wilkinson, D.; Stephensen, D.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Lessons learned from implementing a first contact physiotherapy service via a single and dual hub model. A narrative...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Doran

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Non-surgical treatment of Perthes disease: A systematic review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Galloway ; van Hille, T.; Perry, D.; Richards, S.; Siddle, H.; Comer, C.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Physio Near Me: Are virtual outpatient musculoskeletal (MSK) physiotherapy appointments an effective way to assess and manage patients?...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Parkinson ; Mackie, R.; Parrott, R.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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**Database:** CINAHL

**Safe or sedentary? A mixed-methods survey exploring healthcare professionals' views of promoting patient mobility in hospital...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Fallen-Bailey ; Robinson, L.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Shared Decision Making training improves confidence in clinicians to facilitate collaborative decisions in musculoskeletal physiotherapy...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Dando ; Grenfell, J.; Morgan, J.; Jones, E.; Knight-Davis, M.; Letchford, R.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The benefit of smartphone-based apps for the diagnosis, analysis and treatment of gait disturbances in patients with Parkinson's disease...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Bill

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The benefits of multidisciplinary involvement in an exercise referral service; early detection of the consequences of cancer treatment...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Archer ; Radcliffe, E.; Collyer, T.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The impact of repeated feedback of Patient-Reported Outcome Measures (PROMs) with patients in musculoskeletal physiotherapy settings: A qualitative study...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Parish

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Utilising a group consultation assessment model for the assessment and management of low back pain...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Jeavons ; Ford, G.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Advice-giving practice in physiotherapy, osteopathy and acupuncture for people with low back pain...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Osborn-Jenkins ; Roberts, L.; Al-Abbadey, M.; MacPherson, H.; Stuart, B.; Carnes, D.; Fawkes, C.; Yardley, L.; Bradbury, K.; Bishop, F.L.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**An exploration into the effectiveness of cryotherapy modalities on patients with degenerative knee conditions, through a series of single-case experiments...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Greenhalgh ; Selfe, J.; Richards, J.; Jones, M.; Alexander-Riley, J.; McCarthy, C.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Body reprogramming. Service improvement analysis of a new group-based therapy for fibromyalgia...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Walters ; Dee, A.; Storry, P.; Ornelas, L.; Davies, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Clinical indicators to identify neuropathic pain in low back related leg pain: A modified Delphi study...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Mistry ; Falla, D.; Noblet, T.; Heneghan, N.; Rushton, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Diagnostic utility of clinical indicator data to identify neuropathic pain in low back related leg pain: A systematic review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Mistry ; Heneghan, N.; Noblet, T.; Falla, D.; Rushton, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Effects of core stabilization exercise and cognitive behavioural therapy in the management of patients with non-specific chronic low back pain...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Akodu ; Ogunbiyi, T.; Fapojuwo, O.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Effects of neck stabilization and isometric neck exercises on non-specific chronic neck pain: A pilot study...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Akodu ; Ajepe, T.; Sorunke, M.S.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Exploring the anxieties and difficulties of physiotherapists when discussing the need for imaging in patients with routine low back pain...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** McNicholas ; Pickford, R.; Spahr, N.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**MSK aggravations to sun salutations – Managing chronic MSK pain with yoga therapy. A qualitative systematic review...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Cox ; Annetts, S.; Carrier, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**One size does not fit all: Enabling choice and patient-centred care in a chronic pain rehabilitation service...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Heelas ; Barker, K.L.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Patient expectations: An analysis of patients returning to musculoskeletal outpatient physiotherapy compared to patients attending for the first time...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Bailey ; Griffin, N.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Prognostic factors in the assessment of low back pain: A systematic review and evidence gap map...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Hill ; Malek, S.; Keith-Jopp, C.; Morrissey, D.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The effect of sensory stimulation combined with mirror box therapy on fine dexterity of the hand: Mobilisation and tactile stimulation...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Andrews ; Winterton, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The pain exchange: Evaluation of a physiotherapy-led, community project supporting people with complex pain...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Alsop

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The use of graded virtual mirror therapy in hand rehabilitation following severe nerve injury – A case study...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Corbett ; Houston, A.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Treatment of low back pain in 2020: Monitoring clinical practice through audit...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Gregory ; Jeavons, K.; Ford, G.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**UK physiotherapists' knowledge and attitudes towards the 2016 NICE guidelines for low back pain and sciatica...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** O'Connell ; Maki, D.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**Does a patient's anaesthetic grading bear any correlation to the achievement of early mobilisation following surgical fixation of hip fracture?...Virtual Physiotherapy UK Conference, November 13-14, 2020.**

**Author(s):** Eckersley ; Heneghan, J.; Carney, M.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

**The impact of a rehabilitation outreach team upon acute physiotherapy performance for the management of patients with hip fracture...Virtual Physiotherapy UK Conference, November 13-14, 2020**

**Author(s):** Eckersley ; Carney, M.; Heneghan, J.

**Source:** Physiotherapy; Dec 2021; vol. 113

**Publication Date:** Dec 2021

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

**Database:** CINAHL

## ARTHRITIS

**Influence of commissioning arrangements on implementing and sustaining a complex healthcare intervention (ESCAPE-pain) for osteoarthritis: a qualitative case study.**

**Author(s):** Walker ; Boaz, Annette; Hurley, Michael V.

**Source:** Physiotherapy; Dec 2021; vol. 113 ; p. 160-167

**Publication Date:** Dec 2021

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

Available at Physiotherapy - from Unpaywall

**Abstract:**Funding in health care has a critical impact on the implementation and sustainability of evidence-based interventions. This study explored the perspectives of physiotherapists on the influence of commissioning arrangements on the implementation and sustainability of a group rehabilitation programme for osteoarthritis (ESCAPE-pain). A qualitative case study approach using in-depth interviews. National Health Service (NHS) musculoskeletal (MSK) outpatient departments in England. Thirty physiotherapists in clinical and senior management roles from 11 NHS MSK providers. Five themes were identified: (1) clinical perspectives of ESCAPE-pain – MSK services wanted to implement and sustain ESCAPE-pain because it provided evidence-based, quality care; (2) focusing on clinical activity over outcomes – commissioners were perceived as prioritising activity-based performance over delivering clinical outcomes; (3) rationing availability – patient access to ESCAPE-pain could be limited due to rationing resources; (4) absorbing costs – contracts did not always cover the activities associated with delivering ESCAPE-pain meaning that providers bore the costs; and (5) relationship between commissioners and providers – physiotherapists perceived a disconnect with commissioners and had little power to influence decisions. Commissioning arrangements for MSK physiotherapy services can impede providers from implementing and sustaining a clinically and cost-effective intervention. To be implemented and sustained, an intervention needs to integrate into clinical practice and the wider healthcare system. Commissioning arrangements for MSK physiotherapy need to allow providers the flexibility to deliver interventions that best meet the needs of their patients. The move to more strategic, integrated, outcome-based commissioning has the potential to facilitate the spread and sustainability of interventions.

**Database:** CINAHL

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

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

**Source:** Musculoskeletal Care; Sep 2021; vol. 19 (no. 3); p. 306-318

**Publication Date:** Sep 2021

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

Available at Musculoskeletal care - from Wiley Online Library

Available at Musculoskeletal care - from Unpaywall

**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 (≥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:** CINAHL

**Base of thumb osteoarthritis in UK interface services—a cohort and survey-based study to assess current practice.**

**Author(s):** Dean ; Kluzek, Stefan; Carr, Andrew J; Hopewell, Sally; Richards, Duncan; Riley, Nicholas; Cuff, Andrew; Collaborative, Oxford Base of Thumb

**Source:** Rheumatology; Sep 2021; vol. 60 (no. 9); p. 4094-4102

**Publication Date:** Sep 2021

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

Available at Rheumatology (Oxford, England) - from Unpaywall

**Abstract:**Objective Base of thumb OA (BTOA) is a common age-related disease that has a significant negative impact on quality of life, while little is known about the structure and pathways of interface services. Our aim was to assess disease burden, referral pathways, service structure and management pathways in UK interface services. Methods A structured questionnaire was carried out with a participating clinician at each centre to detail the local guidelines and management of BTOA. Five patients referred with BTOA were prospectively identified in each of 32 UK interface centres. Results Most centres (72%) had a local guideline and a standardized treatment regime consisting of education (100%), joint protection (100%), range of motion exercises (84%), strengthening exercises (88%), splintage (100%) and use of assistive devices (78%). No centre routinely offered a steroid injection at the first appointment and no centre had a specific threshold for offering an injection. Injection delivery was variable. Most patients had not been referred previously (82%). Most patients used analgesia (72%), but a minority of patients had been treated with a splint (46%), therapy (43%) and steroid injection (27%) prior to their latest attendance. Conclusion Most BTOA patients newly referred to interface services have been treated with analgesics and have not received comprehensive multimodal intervention. The management of BTOA at interface services is standardized in terms of education, splintage and therapy. However, there is a lack of standardization in terms of both the threshold for, timing of and mode of delivery of injection therapy.

**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; Nov 2021; vol. 41 (no. 11); p. 2007-2014

**Publication Date:** Nov 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

## ONCOLOGY

**Exercise versus usual care after non-reconstructive breast cancer surgery (UK PROSPER): multicentre randomised controlled trial and economic evaluation.**

**Author(s):** Bruce, Julie; Mazuquin, Bruno; Canaway, Alastair; Hossain, Anower; Williamson, Esther; Mistry, Pankaj; Lall, Ranjit; Petrou, Stavros; Lamb, Sarah E; Rees, Sophie; Padfield, Emma; Vidya, Raghavan; Thompson, Alastair M; Prevention of Shoulder Problems Trial (PROSPER) Study Group

**Source:** BMJ (Clinical research ed.); Nov 2021; vol. 375 ; p. e066542

**Publication Date:** Nov 2021

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

**PubMedID:** 34759002

Available at BMJ - from BMJ Journals

Available at BMJ - from BMJ Journals

**Abstract:**OBJECTIVETo evaluate whether a structured exercise programme improved functional and health related quality of life outcomes compared with usual care for women at high risk of upper limb disability after breast cancer surgery.DESIGNMulticentre, pragmatic, superiority, randomised controlled trial with economic evaluation.SETTING17 UK National Health Service cancer centres.PARTICIPANTS392 women undergoing breast cancer surgery, at risk of postoperative upper limb morbidity, randomised (1:1) to usual care with structured exercise (n=196) or usual care alone (n=196).INTERVENTIONSUsual care (information leaflets) only or usual care plus a physiotherapy led exercise programme, incorporating stretching, strengthening, physical activity, and behavioural change techniques to support adherence to exercise, introduced at 7-10 days postoperatively, with two further appointments at one and three months.MAIN OUTCOME MEASURESDisability of Arm, Hand and Shoulder (DASH) questionnaire at 12 months, analysed by intention to treat. Secondary outcomes included DASH subscales, pain, complications, health related quality of life, and resource use, from a health and personal social services perspective.RESULTSBetween 26 January 2016 and 31 July 2017, 951 patients were screened and 392 (mean age 58.1 years) were randomly allocated, with 382 (97%) eligible for intention to treat analysis. 181 (95%) of 191 participants allocated to exercise attended at least one appointment. Upper limb function improved after exercise compared with usual care (mean DASH 16.3 (SD 17.6) for exercise (n=132); 23.7 (22.9) usual care (n=138); adjusted mean difference 7.81, 95% confidence interval 3.17 to 12.44; P=0.001). Secondary outcomes favoured exercise over usual care, with lower pain intensity at 12 months (adjusted mean difference on numerical rating scale -0.68, -1.23 to -0.12; P=0.02) and fewer arm disability symptoms at 12 months (adjusted mean difference on Functional Assessment of Cancer Therapy-Breast+4 (FACT-B+4) -2.02, -3.11 to -0.93; P=0.001). No increase in complications, lymphoedema, or adverse events was noted in participants allocated to exercise. Exercise accrued lower costs per patient (on average -£387 (€457; $533) (95% confidence interval -£2491 to £1718; 2015 pricing) and was cost effective compared with usual care.CONCLUSIONSThe PROSPER exercise programme was clinically effective and cost effective and reduced upper limb disability one year after breast cancer treatment in patients at risk of treatment related postoperative complications.TRIAL REGISTRATIONISRCTN Registry ISRCTN35358984.

**Database:** Medline

## LOW BACK PAIN

**Limited evidence exists on determinants of physiotherapists' adherence to high value interventions in nonspecific low back pain management: A scoping review.**

**Author(s):** Shah, Sweni; Prakash, V

**Source:** Musculoskeletal care; Dec 2021

**Publication Date:** Dec 2021

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

**PubMedID:** 34875125

Available at Musculoskeletal care - from Wiley Online Library

**Abstract:**BACKGROUNDExamining the emerging body of evidence investigating what drives physiotherapist's clinical decisions in the management of low back pain can guide future research into identifying barriers and facilitators of their adherence to evidence recommended interventions.OBJECTIVETo establish the body of evidence regarding factors that improve or hinder physiotherapists' adherence to high-value interventions on the management of non-specific low back pain.DESIGNScoping review.METHODSWe conducted a Scoping review by searching MEDLINE, CINAHL, and SPORTDiscus databases on 13 February 2021. Two reviewers independently screened the retrieved literature and selected articles for inclusion. We included quantitative research that investigated an association between physiotherapists' personal characteristics or setting related characteristics with their clinical management of patients with non-specific low back pain.RESULTSTwelve studies reported in 13 publications were included. The majority of the studies were conducted in high-income countries including, the United States, Canada and UK. Twenty-six factors were investigated as potentially influencing physiotherapists' adherence to high value interventions in low back pain management. The most commonly examined physiotherapists' attributes were educational qualification that is postgraduate or certification course (58%, N = 7 studies), years of experience (41%, N = 5 studies), and beliefs and attitude about low back pain (41%, N = 5 studies). Work setting (N = 4) and workload (N = 3) were frequently investigated setting related factors.CONCLUSIONCurrently, there is limited evidence available to understand determinants controlling practice behaviours of physiotherapists' management of nonspecific low back pain. Future researches conceptualized within contemporary theories of clinician behaviour change and models of knowledge translation are needed.

**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; Dec 2021; vol. 19 (no. 4); p. 540-549

**Publication Date:** Dec 2021

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

**PubMedID:** 33713545

Available at Musculoskeletal care - from Wiley Online Library

Available at Musculoskeletal care - from Unpaywall

**Abstract:**OBJECTIVETo 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.DESIGNCross-sectional observational survey.METHODSData 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/FINDINGSTreatment 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%).CONCLUSIONThis 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

**Durability of the Therapeutic Effect of Restorative Neurostimulation for Refractory Chronic Low Back Pain.**

**Author(s):** Mitchell, Bruce; Deckers, Kristiaan; De Smedt, Kris; Russo, Marc; Georgius, Peter; Green, Matthew; Gulve, Ashish; van Buyten, Jean-Pierre; Smet, Iris; Mehta, Vivek; Baranidharan, Ganesan; Rathmell, James; Gilligan, Chris; Goss, Ben; Eldabe, Sam

**Source:** Neuromodulation : journal of the International Neuromodulation Society; Aug 2021; vol. 24 (no. 6); p. 1024-1032

**Publication Date:** Aug 2021

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

**PubMedID:** 34242440

Available at Neuromodulation : journal of the International Neuromodulation Society - from Wiley Online Library

Available at Neuromodulation : journal of the International Neuromodulation Society - from Unpaywall

**Abstract:**OBJECTIVESThe purpose of the ongoing follow-up of ReActiv8-A clinical trial is to document the longitudinal benefits of episodic stimulation of the dorsal ramus medial branch and consequent contraction of the lumbar multifidus in patients with refractory mechanical chronic low back pain (CLBP). We report the four-year outcomes of this trial.MATERIALS AND METHODSReActiv8-A is a prospective, single-arm trial performed at nine sites in the United Kingdom, Belgium, and Australia. Eligible patients had disabling CLBP (low back pain Numeric Rating Scale [NRS] ≥6; Oswestry Disability Index [ODI] ≥25), no indications for spine surgery or spinal cord stimulation, and failed conventional management including at least physical therapy and medications for low back pain. Fourteen days postimplantation, stimulation parameters were programmed to elicit strong, smooth contractions of the multifidus, and participants were given instructions to activate the device for 30-min stimulation-sessions twice daily. Annual follow-up through four years included collection of NRS, ODI, and European Quality of Life Score on Five Dimensions (EQ-5D). Background on mechanisms, trial design, and one-year outcomes were previously described.RESULTSAt baseline (N = 53) (mean ± SD) age was 44 ± 10 years; duration of back pain was 14 ± 11 years, NRS was 6.8 ± 0.8, ODI 44.9 ± 10.1, and EQ-5D 0.434 ± 0.185. Mean improvements from baseline were statistically significant ($p < 0.001$) and clinically meaningful for all follow-ups. Patients completing year 4 follow-up, reported mean (±standard error of the mean) NRS: 3.2 ± 0.4, ODI: 23.0 ± 3.2, and EQ-5D: 0.721 ± 0.035. Moreover, 73% of participants had a clinically meaningful improvement of ≥2 points on NRS, 76% of ≥10 points on ODI, and 62.5% had a clinically meaningful improvement in both NRS and ODI and 97% were (very) satisfied with treatment.CONCLUSIONSIn participants with disabling intractable CLBP who receive long-term restorative neurostimulation, treatment satisfaction remains high and improvements in pain, disability, and quality-of-life are clinically meaningful and durable through four years.

**Database:** Medline

## ARTHROPLASTY

**Development of an internet-delivered cognitive behavioral therapy program for use in combination with exercise therapy and education by patients at increased risk of chronic pain following total knee arthroplasty.**

**Author(s):** Rognsvåg ; Lindberg, Maren Falch; Lerdal, Anners; Stubberud, Jan; Furnes, Ove; Holm, Inger; Indrekvam, Kari; Lau, Bjørn; Rudsengen, Daniil; Skou, Søren T; Badawy, Mona

**Source:** BMC Health Services Research; Oct 2021; vol. 21 (no. 1); p. 1151-1151

**Publication Date:** Oct 2021

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

**PubMedID:** NLM34696785

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)

**Abstract:**Background: Approximately 20% of patients experience chronic pain after total knee arthroplasty (TKA). Due to the growing number of TKA procedures, this will affect an increasing number of people worldwide. Catastrophic thinking, dysfunctional illness perception, poor mental health, anxiety and depression characterize these non-improvers, and indicate that these patients may need individualized treatment using a treatment approach based on the bio-psycho-social health model. The present study developed an internet-delivered cognitive behavioral therapy (iCBT) program to be combined with exercise therapy and education for patients with knee osteoarthritis (OA) at increased risk of chronic pain after TKA.Methods: The development process followed the first two phases of the UK Medical Research Council framework for complex interventions. In the development phase, the first prototype of the iCBT program was developed based on literature review, established iCBT programs and multidisciplinary workshops. The feasibility phase consisted of testing the program, interviewing users, condensing the program, and tailoring it to the patient group. A physiotherapist manual was developed and adapted to physiotherapists who will serve as mentors.Results: The development process resulted in an iCBT program consisting of 10 modules with educational texts, videos and exercises related to relevant topics such as goalsetting, stress and pain, lifestyle, automatic thoughts, mindfulness, selective attention, worry and rumination. A physiotherapist manual was developed to guide the physiotherapists in supporting the patients through the program and to optimize adherence to the program.Conclusions: The iCBT program is tailored to patients at risk of chronic pain following TKA, and may be useful as a supplement to surgery and/or exercise therapy. A multicentre RCT will evaluate the iCBT program in combination with an exercise therapy and education program. This novel intervention may be a valuable contribution to the treatment of OA patients at risk of chronic pain after TKA.Trial Registration: The RCT is pre-registered at ClinicalTrials.gov: NCT03771430 11/12/2018.

**Database:** CINAHL

**Home based rehabilitation after a knee replacement is as effective as physiotherapy.**

**Author(s):** Saul, Helen; Gursul, Deniz

**Source:** BMJ (Clinical research ed.); Nov 2021; vol. 375 ; p. n2593

**Publication Date:** Nov 2021

**Publication Type(s):** Journal Article Randomized Controlled Trial

**PubMedID:** 34725095

Available at BMJ (Clinical research ed.) - from BMJ Journals

Available at BMJ (Clinical research ed.) - from BMJ Journals

**Abstract:**The studyBarker KL, Room J, Knight R, et al. Outpatient physiotherapy versus home-based rehabilitation for patients at risk of poor outcomes after knee arthroplasty: CORKA RCT. Health Technol Assess 2020;24:1-116.To read the full NIHR Alert, go to: https://evidence.nihr.ac.uk/alert/knee-replacements-home-based-rehabilitation-as-effective-physiotherapy/.

**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; Oct 2021; vol. 141 (no. 10); p. 1761-1778

**Publication Date:** Oct 2021

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

**PubMedID:** 33554305

Available at Archives of orthopaedic and trauma surgery - from Unpaywall

**Abstract:**PURPOSEOsteoarthritis 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).METHODSA 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).RESULTSIn 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.CONCLUSIONSThis 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

**Home-based rehabilitation programme compared with traditional physiotherapy for patients at risk of poor outcome after knee arthroplasty: the CORKA randomised controlled trial.**

**Author(s):** Barker, Karen L; Room, Jonathan; Knight, Ruth; Dutton, Susan; Toye, Francine; Leal, Jose; Kenealy, Nicola; Maia Schlüssel, Michael; Collins, Gary; Beard, David; Price, Andrew James; Underwood, Martin; Drummond, Avril; Lamb, Sarah; CORKA Trial group

**Source:** BMJ open; Aug 2021; vol. 11 (no. 8); p. e052598

**Publication Date:** Aug 2021

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

**PubMedID:** 34452970

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

**Abstract:**OBJECTIVESTo evaluate whether a home-based rehabilitation programme for people assessed as being at risk of a poor outcome after knee arthroplasty offers superior outcomes to traditional outpatient physiotherapy.DESIGNA prospective, single-blind, two-arm randomised controlled superiority trial.SETTING14 National Health Service physiotherapy departments in the UK.PARTICIPANTS621 participants identified at high risk of a poor outcome after knee arthroplasty using a bespoke screening tool.INTERVENTIONSA multicomponent home-based rehabilitation programme delivered by rehabilitation assistants with supervision from qualified therapists versus usual care outpatient physiotherapy.MAIN OUTCOME MEASURESThe primary outcome was the Late-Life Function and Disability Instrument (LLFDI) at 12 months. Secondary outcomes were the Oxford Knee Score (a disease-specific measure of function), Knee injury and Osteoarthritis Outcome Score Quality of Life subscale, Physical Activity Scale for the Elderly, 5 dimension, 5 level version of Euroqol (EQ-5D-5L) and physical function assessed using the Figure of 8 Walk test, 30 s Chair Stand Test and Single Leg Stance.RESULTS621 participants were randomised between March 2015 and January 2018. 309 were assigned to CORKA (Community Rehabilitation after Knee Arthroplasty) home-based rehabilitation, receiving a median five treatment sessions (IQR 4-7). 312 were assigned to usual care, receiving a median 4 sessions (IQR 2-6). The primary outcome, LLFDI function total score at 12 months, was collected for 279 participants (89%) in the home-based CORKA group and 287 participants (92%) in the usual care group. No clinically or statistically significant difference was found between the groups (intention-to-treat adjusted difference=0.49 points; 95% CI -0.89 to 1.88; p=0.48). There were no statistically significant differences between the groups on any of the patient-reported or physical secondary outcome measures at 6 or 12 months.There were 18 participants in the intervention group reporting a serious adverse event (5.8%), only one directly related to the intervention, all other adverse events recorded throughout the trial related to underlying chronic medical conditions.CONCLUSIONSThe CORKA intervention was not superior to usual care. The trial detected no significant differences, clinical or statistical, between the two groups on either primary or secondary outcomes. CORKA offers an evaluation of an intervention utilising a different service delivery model for this patient group.TRIAL REGISTRATION NUMBERISRCTN13517704.

**Database:** Medline

## PAEDIATRICS

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

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

**Source:** Child: Care, Health & Development; Nov 2021; vol. 47 (no. 6); p. 794-804

**Publication Date:** Nov 2021

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

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:** CINAHL

## STROKE

**Rehabilitation Using a Novel Home Based Digital Therapy Device For The Upper-Limb Post Stroke (RHOMBUS): An Intervention Study...American Congress of Rehabilitation Medicine (ACRM) Annual Conference (Virtual), September 24–29, 2021**

**Author(s):** Kilbride ; Nowicky, Alex; Warland, Alyson; Butcher, Thomas; Norris, Meriel; Singla, Guillem Buxarrais; Scott, Daniel; Baker, Karen; Athanasiou, Dimitris; Anoyke, Nana; Ryan, Jennifer; Cassidy, Elizabeth

**Source:** Archives of Physical Medicine & Rehabilitation; Oct 2021; vol. 102 (no. 10)

**Publication Date:** Oct 2021

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

**Abstract:**The RHOMBUS (Rehabilitation via home based gaming exercise for the upper-limb post stroke) study aimed to determine the safety, feasibility and acceptability of a novel digital therapy device, "NeuroBall™" for home-based upper-limb rehabilitation post stroke. The study was a non-randomized intervention study with a parallel mixed methods process evaluation. The study examined the NeuroBall as an upper limb intervention to promote self-directed exercise with occasional therapist oversight over a seven-week intervention period. Stroke survivors were given the NeuroBall device and its associated tablet computer to use independently in their own home in the London area, UK. Thirty stroke survivors (women n=14), median age 60, median 4.9 years post-stroke, with mild to severe upper limb impairment (FMA-UE scores between 8 and 63) who were no longer receiving therapy. Participants were trained to use NeuroBall and its associated tablet software at home for 7 weeks by a research physical therapist. Therapy compliance was measured objectively by NeuroBall's software, patient satisfaction and functional improvements were measured by postintervention questionnaires and semi-structured interviews. Arm function was assessed by Fugl-Meyer Assessment - upper-limb (FMA-UL) Adverse events were monitored by the investigators. Participants exercised a median 17.4 hours (15,092 movements) during the 7-week intervention. NeuroBall had high acceptability (median enjoyment 4/5) and satisfaction levels (median QUEST score 36/40). Device-related adverse events were mild and short term (e.g. muscle soreness). Shoulder external rotation improved by 7.1° (95%CI 2.4-11.8, p=.049) and the incidence of shoulder pain at 8 weeks was lower than that at baseline (OR 0.45, 95%CI 0.24-0.83, p=0.010). Results suggest that NeuroBall is a safe, feasible, and acceptable intervention for home-based rehabilitation of the upper-limb post stroke; future work is required to determine efficacy in a larger randomized controlled trial. Karen Baker is employed by Neurofenix (UK), the company that designed and manufactures NeuroBall. Neurofenix provided the NeuroBall devices and technical support to the research therapists. Neurofenix had no influence on the design of the study, data collection, analysis and interpretation of the data. The writing of this abstract has the full support of the independent research team who carried out the research independently.

**Database:** CINAHL

**Current clinical practice in the screening and diagnosis of spatial neglect post-stroke: Findings from a multidisciplinary international survey.**

**Author(s):** Checketts ; Mancuso, Mauro; Fordell, Helena; Chen, Peii; Hreha, Kimberly; Eskes, Gail A; Vuilleumier, Patrik; Vail, Andy; Bowen, Audrey

**Source:** Neuropsychological Rehabilitation; Oct 2021; vol. 31 (no. 9); p. 1495-1526

**Publication Date:** Oct 2021

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

**PubMedID:** NLM32691688

Available at Neuropsychological rehabilitation - from Unpaywall

**Abstract:**Spatial neglect has profound implications for quality of life after stroke, yet we lack consensus for screening/diagnosing this heterogeneous syndrome. Our first step in a multi-stage research programme aimed to determine which neglect tests are used (within four categories: cognitive, functional, neurological and neuroimaging/neuromodulation), by which stroke clinicians, in which countries, and whether choice is by professional autonomy or institutional policy. 454 clinicians responded to an online survey: 12 professions (e.g., 39% were occupational therapists) from 33 countries (e.g., 38% from the UK). Multifactorial logistic regression suggested inter-professional differences but fewer differences between countries (Italy was an outlier). Cognitive tests were used by 82% (particularly by psychologists, cancellation and drawing were most popular); 80% used functional assessments (physiotherapists were most likely). 20% (mainly physicians, from Italy) used neuroimaging/ neuromodulation. Professionals largely reported clinical autonomy in their choices. Respondents agreed on the need for a combined approach to screening and further training. This study raises awareness of the translation gap between theory and practice. These findings lay an important foundation to subsequent collaborative action between clinicians, researchers and stroke survivors to reach consensus on screening and diagnostic measures. The immediate next step is a review of the measures' psychometric properties.

**Database:** CINAHL

**How do patients spend their time in stroke rehabilitation units in England? The REVIHR study.**

**Author(s):** Chouliara ; Fisher, Rebecca; Crosbie, Brian; Guo, Boliang; Sprigg, Nikola; Walker, Marion

**Source:** Disability & Rehabilitation; Aug 2021; vol. 43 (no. 16); p. 2312-2319

**Publication Date:** Aug 2021

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

Available at Disability and rehabilitation - from Unpaywall

**Abstract:**To examine how patients spend their time in stroke rehabilitation units in England. We recruited 144 patients within a month after stroke from four stroke rehabilitation units and observed their activity type, interactions and location. Each participant was observed for 1 min every 10-minutes, for a total of 20 h, over three consecutive days. Multilevel modelling was performed to assess differences across sites. Across the four sites a total of 12,248 observations were performed. Patients spent on average 37% of the observed time inactive and 60% alone. A health care professional was present for 18% of the observations and patients' most frequent contact was with family members (19%). Patients were mainly physically active in the presence of therapists, but they practiced self-care activities of daily living most frequently in the presence of nursing staff. There were limited opportunities for activity away from the bedside. Significant differences were found between the units, including patients' level of contact with rehabilitation assistants and nursing staff, but not in their time with occupational therapists and physiotherapists. Stroke patients in England spend a large proportion of their day inactive and alone. Opportunities to promote a rehabilitation focused environment may include: a) enhancing the role of rehabilitation assistants, b) supporting nursing staff in maximising opportunities for the practice of activities of daily living and c) involving family members in the rehabilitation process. Clinicians need to consider stroke patients' activity levels and rehabilitation experience outside formal therapy. The role of rehabilitation assistants and nursing staff can be key in promoting patient activity and practice of self-care ADL tasks. Pragmatic strategies to encourage family involvement in the rehabilitation process need to be developed.

**Database:** CINAHL

**The rehabilitation of physical function after severely disabling stroke: a survey of UK therapist practice.**

**Author(s):** McGlinchey ; McKevitt, Christopher; Faulkner-Gurstein, Rachel; Sackley, Catherine M.

**Source:** International Journal of Therapy & Rehabilitation; Jul 2021; vol. 28 (no. 7); p. 1-25

**Publication Date:** Jul 2021

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

Available at International Journal of Therapy and Rehabilitation - from Unpaywall

**Abstract:**Background/aims Individuals who are severely disabled from stroke (survivors of severely disabling stroke) experience poorer outcomes compared to those who are less disabled from stroke. However, there is a paucity of evidence describing current therapy practice in the management of severely disabling stroke. The aim of the study was to describe intervention and outcome measure use by physiotherapists and occupational therapists in the rehabilitation of physical function of survivors of severely disabling stroke. Methods A mixed-methods survey was conducted, involving an online questionnaire and follow-up interviews. Survey participants were UK-based physiotherapists and occupational therapists with experience treating stroke. Questionnaire data were analysed with descriptive and inferential statistics. Interview data were analysed using content analysis. Results A total of 452 therapists (59% physiotherapists) responded to the questionnaire. Out of the respondents, 18 self-selected therapists participated in follow-up interviews to explain questionnaire data. Whole body positioning, training of upper limb handling and positioning, and sitting balance practice were the most frequently used interventions. Inpatient-based therapists performed more active rehabilitation interventions, whereas community-based therapists performed more training and education. The Barthel Index, Modified Rankin Scale and National Institutes for Health Stroke Scale were the most frequently used outcome measures. Outcome measure use was generally low and was more likely to be completed when it was part of a national audit. Reasons for low outcome measure use were perceived lack of time and insensitivity to detect clinical change. conclusions A variety of interventions and outcome measures are used in the rehabilitation of survivors of severely disabling stroke. There is a need to evaluate the effectiveness of frequently used interventions and identify outcome measures that are sensitive to the needs of survivors of severely disabling stroke.

**Database:** CINAHL

**Designing stroke services for the delivery of cognitive rehabilitation: A qualitative study with stroke rehabilitation professionals.**

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

**Source:** Neuropsychological rehabilitation; Oct 2021 ; p. 1-24

**Publication Date:** Oct 2021

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

**PubMedID:** 34648412

**Abstract:**This qualitative study explored the potential to deliver cognitive rehabilitation for post-stroke cognitive impairment (PSCI), with a specific focus on barriers and facilitators to its delivery from the perspective of Irish stroke rehabilitation professionals. Sixteen semi-structured interviews were completed with healthcare professionals in both hospital and community settings. The sample comprised physiotherapists, occupational therapists, nurses, a stroke physician, a psychologist, a neuropsychologist, a speech and language therapist, a dietician, and a public health nurse. Interviews were audio-recorded and analysed in NVivo using inductive Thematic Analysis. Barriers and facilitators to the delivery of cognitive rehabilitation were identified and described under four key themes: (i) Cognitive screening; (ii) Cognitive rehabilitation: no one size fits all; (iii) Psychology: the lost dimension of stroke rehabilitation; and (iv) Joining the dots in the community. Staffing required to deliver cognitive rehabilitation for PSCI was highlighted as under-resourced in the Republic of Ireland. Inadequate resourcing of neuropsychology and stroke-related psychological services, in particular, has had negative implications for the delivery of cognitive rehabilitation. Stroke-specific cognitive rehabilitation expertise is virtually inaccessible in the community, highlighting an urgent need for investment in specialist rehabilitation teams to deliver cognitive rehabilitation in this setting.

**Database:** Medline

**Addressing inactivity after stroke: The Collaborative Rehabilitation in Acute Stroke (CREATE) study.**

**Author(s):** Jones, Fiona; Gombert-, Karolina; Honey, Stephanie; Cloud, Geoffrey; Harris, Ruth; Macdonald, Alastair; McKevitt, Christopher; Robert, Glenn; Clarke, David

**Source:** International journal of stroke : official journal of the International Stroke Society; Aug 2021; vol. 16 (no. 6); p. 669-682

**Publication Date:** Aug 2021

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

**PubMedID:** 33138735

Available at International journal of stroke : official journal of the International Stroke Society - from Unpaywall

**Abstract:**BACKGROUNDStroke patients are often inactive outside of structured therapy sessions - an enduring international challenge despite large scale organizational changes, national guidelines and performance targets. We examined whether experienced-based co-design (EBCD) - an improvement methodology - could address inactivity in stroke units.AIMSTo evaluate the feasibility and impact of patients, carers, and staff co-designing and implementing improvements to increase supervised and independent therapeutic patient activity in stroke units and to compare use of full and accelerated EBCD cycles.METHODSMixed-methods case comparison in four stroke units in England.RESULTSInterviews were held with 156 patients, staff, and carers in total; ethnographic observations for 364 hours, behavioral mapping of 68 patients, and self-report surveys from 179 patients, pre- and post-implementation of EBCD improvement cycles.Three priority areas emerged: (1) 'Space' (environment); (2) 'Activity opportunities' and (3) 'Communication'. More than 40 improvements were co-designed and implemented to address these priorities across participating units. Post-implementation interview and ethnographic observational data confirmed use of new social spaces and increased activity opportunities. However, staff interactions remained largely task-driven with limited focus on enabling patient activity. Behavioral mapping indicated some increases in social, cognitive, and physical activity post-implementation, but was variable across sites. Survey responses rates were low at 12-38% and inconclusive.CONCLUSIONIt was feasible to implement EBCD in stroke units. This resulted in multiple improvements in stroke unit environments and increased activity opportunities but minimal change in recorded activity levels. There was no discernible difference in experience or outcome between full and accelerated EBCD; this methodology could be used across hospital stroke units to assist staff and other stakeholders to co-design and implement improvement plans.

**Database:** Medline

## REHABILITATION

**Development of a single-session physiotherapy and self-management intervention for the treatment of primary traumatic anterior shoulder dislocation for the 'Acute Rehabilitation following Traumatic anterior shoulder dISlocAtioN (ARTISAN)' multi centre RCT**

**Author(s):** Liew ; Mazuquin, Bruno; Ellard, David R.; Karasouli, Eleni; Drew, Stephen; Modi, Chetan; Bush, Howard; Underwood, Martin; Kearney, Rebecca S.

**Source:** Physiotherapy; Dec 2021; vol. 113 ; p. 80-87

**Publication Date:** Dec 2021

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

Available at Physiotherapy - from Unpaywall

**Abstract:**Optimum physiotherapy management for people with a conservatively managed primary traumatic anterior shoulder dislocation is not known. The purpose of the ARTISAN trial is to compare the clinical and cost-effectiveness of a course of usual care physiotherapy with a single session of physiotherapy and self-management, the ARTISAN intervention. ARTISAN is a UK multi-centre, two-arm, parallel group, randomised controlled trial with 1:1 treatment allocation. The intervention was developed following the Medical Research Council framework for developing and evaluating complex interventions and will be reported in line with the template for intervention description and replication checklist (TIDieR) and the Consensus on Exercise Reporting Template (CERT). It was informed by published research, national clinical guidelines, current clinical practice and patient and public

involvement. The ARTISAN intervention comprises education (Phase 1), progressive exercise (Phase 2 and Phase 3) and an optional return to sport component (Phase 4). Behaviour change strategies are embedded throughout intervention. The single session of physiotherapy is delivered by a chartered physiotherapist, within the first six weeks of injury, in an NHS outpatient setting. At the end of the initial session, paper-based booklets and/or a patient website with the same content are provided to participants to aid self-management and progression though the four phases of the trial intervention. The ARTISAN intervention was successfully implemented throughout the internal pilot and is suitable for testing in the subsequent definitive RCT ARTISAN trial. Trial Registration Number ISRCTN63184243

**Database:** CINAHL

**Home-based Extended Rehabilitation for Older people (HERO): study protocol for an individually randomised controlled multi-centre trial to determine the clinical and cost-effectiveness of a home-based exercise intervention for older people with frailty as extended rehabilitation following acute illness or injury, including embedded process evaluation.**

**Author(s):** Prescott ; Lilley-Kelly, Amanda; Cundill, Bonnie; Clarke, David; Drake, Sian; Farrin, Amanda J.; Forster, Anne; Goodwin, Madeline; Goodwin, Victoria A.; Hall, Abi J.; Hartley, Suzanne; Holland, Mike; Hulme, Claire; Nikolova, Silviya; Parker, Catriona; Wright, Phil; Ziegler, Friederike; Clegg, Andrew

**Source:** Trials; Nov 2021; vol. 22 (no. 1); p. 1-17

**Publication Date:** Nov 2021

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

**PubMedID:** NLM34749783

Available at Trials - from BioMed Central

Available at Trials - from Europe PubMed Central - Open Access

Available at Trials - from EBSCO (MEDLINE Complete)

**Abstract:**Background: The majority of older people (> 65 years) in hospital have frailty and are at increased risk of readmission or death following discharge home. In the UK, following acute hospitalisation, around one third of older people with frailty are referred on for rehabilitation, termed 'intermediate care' services. Although this rehabilitation can reduce early readmission to hospital (< 30 days), recipients often do not feel ready to leave the service on discharge, suggesting possible incomplete recovery. Limited evidence suggests extended rehabilitation is of benefit in several conditions and there is preliminary evidence that progressive physical exercise can improve mobility and function for older people with frailty, and slow progression to disability. Our aim is to evaluate the effectiveness of the Home-based Older People's Exercise (HOPE) programme as extended rehabilitation for older people with frailty discharged home from hospital or intermediate care services after acute illness or injury.Methods: A multi-centre individually randomised controlled trial, to evaluate the clinical and cost-effectiveness of the HOPE programme. This individualised, graded and progressive 24-week exercise programme is delivered by NHS physiotherapy teams to people aged 65 and older with frailty, identified using the Clinical Frailty Scale, following discharge from acute hospitalisation and linked intermediate care rehabilitation pathways. The primary outcome is physical health-related quality of life, measured using the physical component summary score of the modified Short Form 36- item health questionnaire (SF36) at 12 months. Secondary outcomes include self-reported physical and mental health, functional independence, death, hospitalisations, care home admissions. Plans include health economic analyses and an embedded process evaluation.Discussion: This trial seeks to determine if extended rehabilitation, via the HOPE programme, can improve physical health-related quality of life for older people with frailty following acute hospitalisation. Results will improve awareness of the rehabilitation needs of older people with frailty, and provide evidence on the clinical and cost-effectiveness of the targeted exercise intervention. There is potential for considerable benefit for health and social care services through widespread implementation of trial findings if clinical and cost-effectiveness is demonstrated.Trial Registration: ISRCTN 13927531 . Registered on April 19, 2017.

**Database:** CINAHL

**Effects of pulmonary rehabilitation program on amyotrophic lateral sclerosis: A meta-analysis of randomized controlled trials.**

**Author(s):** Su ; Tam, Ka-Wai; Fang, Tien-Pei; Chiang, Ling-Ling; Chen, Hui-Chin

**Source:** NeuroRehabilitation; Jul 2021; vol. 48 (no. 3); p. 255-265

**Publication Date:** Jul 2021

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

**Abstract:**BACKGROUND: Patients with amyotrophic lateral sclerosis (ALS) develop respiratory failure and progressive muscle weakness. The effects of pulmonary rehabilitation on the lung function of patients with ALS are unclear. OBJECTIVE: Through this meta-analysis of randomized controlled trials (RCTs), we evaluated the effects of pulmonary rehabilitation, such as type of treatment, on patients with ALS and compared the effectiveness of this treatment. METHODS: PubMed, EMBASE, Web of Science, and Cochrane databases were searched until December 2020. The methodological quality of each study was assessed using the updated Cochrane Risk of Bias tool (RoB 2.0). Data were analyzed using Review Manager version 5.4 (Cochrane Collaboration, Oxford, England), and the meta-analysis was performed in accordance with Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) guidelines. RESULTS: Of 2168 articles, 10 trials were reviewed; among these trials, two focused on respiratory training and eight on physical exercise, three of which involved a combination of aerobic and resistance training. Our meta-analysis demonstrated no difference in the ALSFRS-R score and % FVC among patients with ALS. CONCLUSIONS: Respiratory training or physical exercise did not significantly affect the ALSFRS-R score and % FVC of patients with ALS. At 12 months after intervention, the ALSFRS-R score in the physical exercise group was higher than that in the usual care group. Further clinical trials are warranted to develop approaches for improving the lung function of patients with ALS.

**Database:** CINAHL

**Orthopaedic physiotherapists' perceptions of mechanisms for observed variation in the implementation of physiotherapy practices in the early postoperative phase after hip fracture: a UK qualitative study.**

**Author(s):** Volkmer, Brittannia; Sadler, Euan; Lambe, Kate; Martin, Finbarr C; Ayis, Salma; Beaupre, Lauren; Cameron, Ian D; Gregson, Celia L; Johansen, Antony; Kristensen, Morten Tange; Magaziner, Jay; Sackley, Catherine; Smith, Toby O; Sobolev, Boris; Sheehan, Katie J

**Source:** Age and ageing; Nov 2021; vol. 50 (no. 6); p. 1961-1970

**Publication Date:** Nov 2021

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

**PubMedID:** 34185833

Available at Age and ageing - from Unpaywall

**Abstract:**OBJECTIVEto explore physiotherapists' perceptions of mechanisms to explain observed variation in early postoperative practice after hip fracture surgery demonstrated in a national audit.METHODSa qualitative semi-structured interview study of 21 physiotherapists working on orthopaedic wards at seven hospitals with different durations of physiotherapy during a recent audit. Thematic analysis of interviews drawing on Normalisation Process Theory to aid interpretation of findings.RESULTSfour themes were identified: achieving protocolised and personalised care; patient and carer engagement; multidisciplinary team engagement across the care continuum and strategies for service improvement. Most expressed variation from protocol was legitimate when driven by what is deemed clinically appropriate for a given patient. This tailored approach was deemed essential to optimise patient and carer engagement. Participants reported inconsistent degrees of engagement from the multidisciplinary team attributing this to competing workload priorities, interpreting 'postoperative physiotherapy' as a single professional activity rather than a care delivery approach, plus lack of integration between hospital and community care. All participants recognised changes needed at both structural and process levels to improve their services.CONCLUSIONphysiotherapists highlighted an inherent conflict between their intention to deliver protocolised care and allowing for an individual patient-tailored approach. This conflict has implications for how audit results should be interpreted, how future clinical guidelines are written and how physiotherapists are trained.

Physiotherapists also described additional factors explaining variation in practice, which may be addressed through increased engagement of the multidisciplinary team and resources for additional staffing and advanced clinical roles.

**Database:** Medline

**Recovery, rehabilitation and follow-up services following critical illness: an updated UK national cross-sectional survey and progress report.**

**Author(s):** Connolly, Bronwen; Milton-Cole, Rhian; Adams, Claire; Battle, Ceri; McPeake, Joanne; Quasim, Tara; Silversides, Jon; Slack, Andrew; Waldmann, Carl; Wilson, Elizabeth; Meyer, Joel; Faculty of Intensive Care Medicine Life After Critical Illness Working Group

**Source:** BMJ open; Oct 2021; vol. 11 (no. 10); p. e052214

**Publication Date:** Oct 2021

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

**PubMedID:** 34607869

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

**Abstract:**OBJECTIVETo comprehensively update and survey the current provision of recovery, rehabilitation and follow-up services for adult critical care patients across the UK.DESIGNCross-sectional, self-administered, predominantly closed-question, electronic, online survey.SETTINGInstitutions providing adult critical care services identified from national databases.PARTICIPANTSMultiprofessional critical care clinicians delivering services at each site.RESULTSResponses from 176 UK hospital sites were included (176/242, 72.7%). Inpatient recovery and follow-up services were present at 127/176 (72.2%) sites, adopting multiple formats of delivery and primarily delivered by nurses (n=115/127, 90.6%). Outpatient services ran at 130 sites (73.9%), predominantly as outpatient clinics. Most services (n=108/130, 83.1%) were co-delivered by two or more healthcare professionals, typically nurse/intensive care unit (ICU) physician (n=29/130, 22.3%) or nurse/ICU physician/physiotherapist (n=19/130, 14.6%) teams. Clinical psychology was most frequently lacking from inpatient or outpatient services. Lack of funding was consistently the primary barrier to service provision, with other barriers including logistical and service prioritisation factors indicating that infrastructure and profile for services remain inadequate. Posthospital discharge physical rehabilitation programmes were relatively few (n=31/176, 17.6%), but peer support services were available in nearly half of responding institutions (n=85/176, 48.3%). The effects of the COVID-19 pandemic resulted in either increasing, decreasing or reformatting service provision. Future plans for long-term service transformation focus on expansion of current, and establishment of new, outpatient services.CONCLUSIONOverall, these data demonstrate a proliferation of recovery, follow-up and rehabilitation services for critically ill adults in the past decade across the UK, although service gaps remain suggesting further work is required for guideline implementation. Findings can be used to enhance survivorship for critically ill adults, inform policymakers and commissioners, and provide comparative data and experiential insights for clinicians designing models of care in international healthcare jurisdictions.

**Database:** Medline

**An exploration of specialist clinicians' experiences and beliefs about inpatient amputee rehabilitation as a pathway option for adult primary amputees.**

**Author(s):** Spyrou, Jodie Marie; Minns Lowe, Catherine

**Source:** Disability and rehabilitation; Aug 2021 ; p. 1-12

**Publication Date:** Aug 2021

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

**PubMedID:** 34465267

**Abstract:**PURPOSETo explore specialist amputee physiotherapists' experiences and subsequent views about specialist inpatient rehabilitation (IPR) as a National Health Service (NHS) pathway option for adult primary amputees and their perceptions and beliefs about the effects of inpatient amputee rehabilitation.MATERIALS AND METHODSA qualitative study using a phenomenological approach. Semi-structured interviews were completed with seven physiotherapists experienced in working in both specialist amputee inpatient and outpatient rehabilitation settings. Interviews were audio-recorded and fully transcribed. Data were analysed using thematic analyses; inductive coding was completed; emerging themes are shown and a conceptual framework was developed. To promote rigour, this study was peer reviewed and coding was done by two people.RESULTSClinicians believed inpatient amputee rehabilitation to be the preferred model of rehabilitation for the majority of adult primary amputees. A central theme of healthcare inequality within primary amputee rehabilitation provision emerged with four sub-themes: IPR, outpatient rehabilitation, barriers, the ideal world. Geographical variation was described in: type of rehabilitation provided, timescales of prosthetic rehabilitation provision, fitting a prosthesis with wounds, and the availability of community rehabilitation services.CONCLUSIONSHealthcare inequality is a central concern identified by clinicians who work within amputee rehabilitation in the UK. Clinicians interviewed believe NHS specialist amputee inpatient rehabilitation should be a more accessible pathway.Implications for rehabilitationClinicians believe healthcare inequality exists within primary amputee rehabilitation provision in the UK National Health Service (NHS).Geographical variation in type of care provision, fitting a prosthesis with wounds, timescales in prosthetic rehabilitation provision and community rehabilitation services were described.Clinicians believe inpatient amputee rehabilitation to be the preferred model of care for the majority of adult primary amputees and should be a more accessible pathway within the NHS.Inpatient rehabilitation facilities may be a way of compensating for amputee rehabilitation inequalities.

**Database:** Medline

**Rehabilitation Following Surgically Treated Distal Radius Fractures: Do Immobilization and Physiotherapy Affect the Outcome?**

**Author(s):** Bhan, Kavyansh; Hasan, Kamrul; Pawar, Anjali S; Patel, Ronak

**Source:** Cureus; Jul 2021; vol. 13 (no. 7); p. e16230

**Publication Date:** Jul 2021

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

**PubMedID:** 34367829

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:**Distal radius fractures (DRF) are one of the most common fractures treated by orthopaedic surgeons around the globe. It has been estimated that the National Health Services (NHS) spends an average of £1375.34 per patient for surgical fixation of DRF with a volar locking plate as a day case. This figure climbs to £1983.39 if the same patient stays at the hospital overnight. Inpatient physiotherapy costs the NHS a staggering £82.03 per day, while each outpatient session with physiotherapy is £40.70 for the NHS. This means that a substantial amount is spent by the NHS on rehabilitation and physiotherapy for each DRF, whether fixed surgically or non-surgically. Post-operative rehabilitation involving initial immobilization followed by physiotherapy/hand therapy is an indispensable part of the total management concept of DRF. Most of the conservative management protocols also advocate a five-week immobilization followed by physiotherapy/hand therapy. Due to the fact that more than 50% of the patients with DRF are still employed, the impairment caused by a restriction of range of motion, duration of the sick leave and the effects of DRF on quality of life play a very important socio-economical role in the broadest sense. Patients are routinely referred to physiotherapists/hand therapists following DRF to improve the range of motion (ROM), manage pain, strengthen the wrist and develop full functionality to pre-injury levels. However, the real impact of supervised exercises and active physiotherapy in restoring mobility and strength to the fractured wrist is still not well

understood. This article aims to review the existing literature and evidence base regarding the efficacy of immobilization and physiotherapy in improving the functional outcome of surgically treated DRFs.

**Database:** Medline

## NEUROLOGY

**Non-invasive vagus nerve stimulation for treatment of cluster headache: a retrospective review of prescribing in England.**

**Author(s):** Silver ; Bradley, Carl; Stuckey, Rebecca; Murphy, Madeleine; Greenwood, Fiona; Abdallah, Angela; Weatherby, Stuart; Lambru, Giorgio; Ahmed, Fayyaz; Liebler, Eric; Edey, Paul; Strickland, Iain; Goadsby, Peter

**Source:** British Journal of Healthcare Management; Nov 2021; vol. 27 (no. 11); p. 1-11

**Publication Date:** Nov 2021

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

**Abstract:**Background/Aims: Beginning in April 2019, non-invasive vagus nerve stimulation was included in the NHS Innovation and Technology Payment programme. The programme guaranteed reimbursement of at least a 3-month course of treatment using gammaCore, through a prescription refill card, authorised by a headache specialist for patients with cluster headache who reported a clinically meaningful benefit. This study evaluated prescribing and refill trends to assess the use of gammaCore in England since the beginning of this programme. Methods: Data regarding gammaCore prescriptions and refills from 1 April 2019 to 31 December 2020 were collected and tabulated. Patients were categorised into three groups: those who initiated gammaCore therapy under the programme (new starters), those who were prescribed ≥1 refill, and those who were prescribed ≥2 refills. One refill corresponds to 3 months of gammaCore therapy. Results: In total, 52 NHS sites submitted 2092 prescriptions for gammaCore devices, including 655 for new starters. Among new starters, 46.3% received ≥1 refill and 30.9% received ≥2 refills. Those who started using gammaCore after its inclusion in the Innovation and Technology Payment programme received up to seven refills during the data collection period, representing 21 months of therapy. Conclusions: This is one of the largest clinical audits of patients with cluster headache. Patients' continued use of gammaCore treatment through multiple 3-month refills in this audit suggests that non-invasive vagus nerve stimulation is efficacious, tolerable and practical for patients with cluster headache.

**Database:** CINAHL

**Exploring the benefits and barriers to Nordic walking in people with Parkinson's disease: a feasibility study.**

**Author(s):** McCracken ; Logan, Pip; Anthony, Kevin; Parr, John

**Source:** British Journal of Neuroscience Nursing; Oct 2021; vol. 17 (no. 5); p. 193-202

**Publication Date:** Oct 2021

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

**Abstract:**Background: Nordic walking (NW) has shown promising outcomes for people with Parkinson's disease (PwP). Aims: To explore the feasibility of the implementation of NW programmes for PwP in the NHS. Methods: A literature review and feasibility study were conducted. PwP joined an 8-week NW programme. Attendance and measures of mobility (Timed Up and Go (TUG), 10-metre walk test (10MWT) and quality of life (QoL) (PD non-motor questionnaire) were recorded pre- and post-intervention. Barriers, facilitators and cost were recorded. Findings: Eight studies indicated that NW is superior to walking and flexibility/relaxation exercise, with improvements in postural stability and gait. Nine of 10 participants completed the intervention with improvements in mobility (0.16 seconds faster (TUG), 1.27 seconds faster (10MWT) and QoL (better sleep, pain management, constipation, mood, exercising outside) after the intervention. Cost was recorded as £6.50 per participant per session, with no adverse events. Conclusions: NW programmes can be safely delivered in the NHS, in partnership with British Nordic walking.

**Database:** CINAHL

**Methodology of exercise resources development for professionals providing services for people with Parkinson's: a technical report.**

**Author(s):** Ramaswamy ; Jones, Julie; Baker, Katherine; Oliver, Beccy

**Source:** Physiotherapy; Sep 2021; vol. 112 ; p. 49-54

**Publication Date:** Sep 2021

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

**Abstract:**The complexity of motor and non-motor symptoms seen in Parkinson's, with their variability and progressive nature, have a significant and potentially detrimental effect on mobility and subsequent quality of life for those with the condition. A considerable body of evidence now exists advocating the positive value of physical activity and exercise on both the motor and non-motor symptoms of Parkinson's, whilst limiting the impact and effects of the secondary complications. The literature is signposting to early adoption of higher intensity exercise, with reported benefits at a neurophysiological level, and a potential to influence a diminution in the rate of progression of the condition. It lacks clarity about structure of activity throughout the course of Parkinson's, and occasionally raises conflicting information about the differences in physical activity and 'best' exercise. This report describes the method for development of two Parkinson's exercise resources for professionals co-ordinated through the charity Parkinson's UK. The process uses the six-step Analytic Hierarchy Process to understand how the growing number of questions asked by people with Parkinson's, and by professionals about physical activity and exercise has informed: a) An Exercise Framework resource, which provides an understanding of what style of exercise might be beneficial, and just as significantly, takes into account the individual's changing needs and abilities over the course of Parkinson's, and b) An adaptable teaching template (PowerPoint Presentation) containing the supporting evidence for use by the exercise prescribing community.

**Database:** CINAHL

**Systematic literature review of burden of illness in chronic inflammatory demyelinating polyneuropathy (CIDP).**

**Author(s):** Querol, Luis; Crabtree, M; Herepath, M; Priedane, E; Viejo Viejo, I; Agush, S; Sommerer, P

**Source:** Journal of neurology; Oct 2021; vol. 268 (no. 10); p. 3706-3716

**Publication Date:** Oct 2021

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

**PubMedID:** 32583051

Available at Journal of neurology - from Unpaywall

**Abstract:**BACKGROUNDChronic inflammatory demyelinating polyneuropathy (CIDP) is a rare neurological disorder characterised by muscle weakness and impaired sensory function. The present study provides a comprehensive literature review of the burden of illness of CIDP.METHODSSystematic literature search of PubMed, Embase, and key conferences in May 2019. Search terms identified studies on the epidemiology, humanistic burden, current treatment, and economic burden of CIDP published since 2009 in English.RESULTSForty-five full texts and nineteen conference proceedings were identified on the epidemiology (n = 9), humanistic burden (n = 7), current treatment (n = 40), and economic burden (n = 8) of CIDP. Epidemiological studies showed incidence and prevalence of 0.2-1.6 and 0.8-8.9 per 100,000, respectively, depending on geography and diagnostic criteria. Humanistic burden studies revealed that patients experienced physical and psychosocial burden, including impaired physical function, pain and depression. Publications on current treatments reported on six main types of therapy: intravenous immunoglobulins, subcutaneous immunoglobulins, corticosteroids, plasma exchange, immunosuppressants, and immunomodulators. Treatments may be burdensome, due to adverse events and reduced independence caused by treatment administration setting. In Germany, UK, France, and the US, CIDP economic burden was driven by direct costs of treatment and hospitalisation. CIDP was associated with indirect costs driven by impaired productivity.CONCLUSIONSThis first systematic review of CIDP burden of illness demonstrates the high physical and psychosocial burden of this rare disease. Future research is required to fully characterise the burden of CIDP, and to understand how appropriate treatment can mitigate burden for patients and healthcare systems.

**Database:** Medline

## BALANCE / STABILITY / MOBILITY

**Physiotherapists' perceptions of how patient adherence and non-adherence to recommended exercise for musculoskeletal conditions affects their practice: a qualitative study.**

**Author(s):** Room ; Boulton, Mary; Dawes, Helen; Archer, Kirsty; Barker, Karen

**Source:** Physiotherapy; Dec 2021; vol. 113 ; p. 107-115

**Publication Date:** Dec 2021

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

**Abstract:**The aim of this study was to explore physiotherapists' perceptions of how patients' adherence and non-adherence to recommended exercise affects their practice. A qualitative study with a focus group and semi-structured interviews. The focus group and interviews were audio recorded and transcribed verbatim. Transcripts were analysed using thematic analysis. MSK physiotherapy services in the United Kingdom. Focus group: 8 UK registered physiotherapists (age range = 24–48; seven female, one male). Semi-structured interviews: 10 UK registered physiotherapists (age range = 28–52; eight female, two male). Participants described how exercise adherence could be a challenging aspect of clinical practice and how they tried to improve it. Four main themes were identified: 1) A challenge but worth it; 2) It's frustrating but you can't win them all; 3) Striving to see the individual; and 4) Striving to help the patient. The importance of establishing a good working relationship with patients was emphasised. This included working collaboratively with the patient, avoiding blaming them for non-adherence and thinking about the language they used in discussing exercises. Patient non-adherence to recommended exercise is a challenging aspect of clinical practice. Physiotherapists can acknowledge this difficulty, and the frustrations it may potentially bring, yet remain resilient in the face of it. Clinicians should consider potential approaches and strategies to optimise the potential for behaviour change, and to improve exercise adherence. Robust interventions to help clinicians facilitate better exercise adherence are also needed.

**Database:** CINAHL

**Health technologies for the prevention and detection of falls in adult hospital inpatients: a scoping review.**

**Author(s):** Cooper ; Pavlova, Anastasia; Greig, Leon; Swinton, Paul; Kirkpatrick, Pamela; Mitchelhill, Fiona; Simpson, Susan; Stephen, Audrey; Alexander, Lyndsay

**Source:** JBI Evidence Synthesis; Oct 2021; vol. 19 (no. 10); p. 2478-2658

**Publication Date:** Oct 2021

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

**Abstract:**Objective: The objective of this scoping review was to examine and map the evidence relating to the reporting and evaluation of technologies for the prevention and detection of falls in adult hospital inpatients. Introduction: Falls are a common cause of accidental injury, leading to significant safety issues in hospitals globally, and resulting in substantial human and economic costs. Previous research has focused on community settings with less emphasis on hospital settings. Inclusion criteria: Participants included adult inpatients, aged 18 years and over; the concept included the use of fall-prevention or fall-detection technologies; the context included any hospital ward setting. Methods: This scoping review was conducted according to JBI methodology for scoping reviews, guided by an a priori protocol. A wide selection of databases including MEDLINE, CINAHL, AMED, Embase, PEDro, Epistimonikos, and Science Direct were searched for records from inception to October 2019. Other sources included gray literature, trial registers, government health department websites, and websites of professional bodies. Only studies in the English language were included. A three-step search strategy was employed, with all records exported for subsequent title and abstract screening prior to full-text screening. Screening was performed by two independent reviewers and data extraction by one reviewer following agreement checks. Data are presented in narrative and tabular form. Results: Over 13,000 records were identified with 404 included in the scoping review: 336 reported on fallprevention technologies, 51 targeted detection, and 17 concerned both. The largest contributions of studies came from the USA (n=185), Australia (n=65), the UK (n=36), and Canada (n=18). There was

a variety of study designs including 77 prospective cohort studies, 33 before-after studies, and 35 systematic reviews; however, relatively few randomized controlled trials were conducted (n=25). The majority of records reported on multifactorial and multicomponent technologies (n=178), followed by fall detection devices (n=86). Few studies reported on the following interventions in isolation: fall risk assessment (n=6), environment design (n=8), sitters (n=5), rounding (n=3), exercise (n=3), medical/pharmaceutical (n=2), physiotherapy (n=1), and nutritional (n=1). The majority (57%) of studies reported clinical effectiveness outcomes, with smaller numbers (14%) reporting feasibility and/or acceptability outcomes, or cost-effectiveness outcomes (5%). Conclusions: This review has mapped the literature on fall-prevention and fall-detection technology and outcomes for adults in the hospital setting. Despite the volume of available literature, there remains a need for further highquality research on fall-prevention and fall-detection technologies.

**Database:** CINAHL

**Management of atraumatic shoulder instability in physiotherapy (MASIP): a survey of physiotherapy practice.**

**Author(s):** Coulthard ; Cairns, Mindy C; Williams, Deborah; Hughes, Ben; Jaggi, Anju

**Source:** BMC Musculoskeletal Disorders; Sep 2021; vol. 22 (no. 1); p. 1-14

**Publication Date:** Sep 2021

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

**PubMedID:** NLM34592969

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)

**Abstract:**Background: The impact of atraumatic shoulder instability (ASI) on patients can be extensive, its management complex, with a biopsychosocial approach recommended. Currently how physiotherapists manage ASI is unknown or the extent to which current clinical practice aligns with existing evidence. At the time of this study no national guidelines or consensus to direct practice existed.Methods: A cross-sectional electronic survey was distributed between July-September 2018, targeting UK-based physiotherapists managing shoulder pathology. Respondents were invited to describe their management of ASI, and rate their awareness and utilisation of various treatment techniques on a Likert-scale; median and interquartile ranges were calculated. Free text survey items were analysed using quantitative content analysis (QCA) to identify codes and categories. Means and percentages were calculated to summarise QCA and descriptive data.Results: Valid survey responses were analysed (n = 135). Respondents had between 2 and 39 years of physiotherapy experience (mean = 13.9 years); the majority (71.1 %) reported that ASI made up 90 % citing the Stanmore Classification. Physiotherapists adapted their management according to clinical presentation, responding to differing biopsychosocial needs of the patient scenario. Most respondents (> 80 %) did not use a protocol to guide their management. Exercise was the most utilised management approach for ASI, followed by education; novel treatment strategies, including cortical rehabilitation, were also reported.Conclusion: Findings indicate physiotherapists utilise a wide range of treatment strategies and respond to biopsychosocial cues when managing patients with ASI. The majority reported not being very confident in managing this condition, however only a minority use rehabilitation protocols to support their management. Some interventions that respondents reported using lacked evidence to support their use in ASI management and further research regarding effectiveness is required. Guidelines have been published since this survey; the impact of these will need evaluating to determine their effectiveness in the future.

**Database:** CINAHL

**Progressive exercise compared with best practice advice, with or without corticosteroid injection, for the treatment of patients with rotator cuff disorders (GRASP): a multicentre, pragmatic, 2 × 2 factorial, randomised controlled trial.**

**Author(s):** Hopewell ; Keene, David J; Marian, Ioana R; Dritsaki, Melina; Heine, Peter; Cureton, Lucy; Dutton, Susan J; Dakin, Helen; Carr, Andrew; Hamilton, Willie; Hansen, Zara; Jaggi, Anju; Littlewood, Chris; Barker, Karen L; Gray, Alastair; Lamb, Sarah E

**Source:** Lancet; Jul 2021; vol. 398 (no. 10298); p. 416-428

**Publication Date:** Jul 2021

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

**PubMedID:** NLM34265255

Available at Lancet (London, England) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at Lancet (London, England) - from ProQuest (Health Research Premium) - NHS Version

Available at Lancet (London, England) - from Unpaywall

**Abstract:**Background: Corticosteroid injections and physiotherapy exercise programmes are commonly used to treat rotator cuff disorders but the treatments' effectiveness is uncertain. We aimed to compare the clinical effectiveness and cost-effectiveness of a progressive exercise programme with a single session of best practice physiotherapy advice, with or without corticosteroid injection, in adults with a rotator cuff disorder.Methods: In this pragmatic, multicentre, superiority, randomised controlled trial (2 × 2 factorial), we recruited patients from 20 UK National Health Service trusts. We included patients aged 18 years or older with a rotator cuff disorder (new episode within the past 6 months). Patients were excluded if they had a history of significant shoulder trauma (eg, dislocation, fracture, or full-thickness tear requiring surgery), neurological disease affecting the shoulder, other shoulder conditions (eg, inflammatory arthritis, frozen shoulder, or glenohumeral joint instability), received corticosteroid injection or physiotherapy for shoulder pain in the past 6 months, or were being considered for surgery. Patients were randomly assigned (centralised computer-generated system, 1:1:1:1) to progressive exercise (≤6 sessions), best practice advice (one session), corticosteroid injection then progressive exercise, or corticosteroid injection then best practice advice. The primary outcome was the Shoulder Pain and Disability Index (SPADI) score over 12 months, analysed on an intention-to-treat basis (statistical significance set at 1%). The trial was registered with the International Standard Randomised Controlled Trial Register, ISRCTN16539266, and EuDRACT, 2016-002991-28.Findings: Between March 10, 2017, and May 2, 2019, we screened 2287 patients. 708 patients were randomly assigned to progressive exercise (n=174), best practice advice (n=174), corticosteroid injection then progressive exercise (n=182), or corticosteroid injection then best practice advice (n=178). Over 12 months, SPADI data were available for 166 (95%) patients in the progressive exercise group, 164 (94%) in the best practice advice group, 177 (97%) in the corticosteroid injection then progressive exercise group, and 175 (98%) in the corticosteroid injection then best practice advice group. We found no evidence of a difference in SPADI score between progressive exercise and best practice advice when analysed over 12 months (adjusted mean difference -0·66 [99% CI -4·52 to 3·20]). We also found no evidence of a difference between corticosteroid injection compared with no injection when analysed over 12 months (-1·11 [-4·47 to 2·26]). No serious adverse events were reported.Interpretation: Progressive exercise was not superior to a best practice advice session with a physiotherapist in improving shoulder pain and function. Subacromial corticosteroid injection provided no long-term benefit in patients with rotator cuff disorders.Funding: UK National Institute for Health Research Technology Assessment Programme.

**Database:** CINAHL

**Muscle energy technique versus active release technique on motor functions in patients with carpal tunnel syndrome.**

**Author(s):** Elhak ; Battesha, Hanan Hosny M.; Samir, Sara Mohamed

**Source:** International Journal of Therapy & Rehabilitation; Jul 2021; vol. 28 (no. 7); p. 1-11

**Publication Date:** Jul 2021

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

**Abstract:**Introduction Carpal tunnel syndrome is the most common median nerve neuropathy, accounting for 90% of all neuropathies, with prevalence in the general UK adult population ranging from 7--16% and bilateral symptoms reported in more than 50% of all cases. The pathophysiological mechanisms involved in the median nerve

compression and traction are thought to be complex. This study compared the effectiveness of muscle energy technique and active release technique in patients with carpal tunnel syndrome. Methods This study involved a total of 30 male and female patients with carpal tunnel syndrome, aged between 30 and 50 years. The patients were randomly assigned to two equal groups, group A and group B. Group A received muscle energy technique, and group B received active release technique. Results Independent one-tailed t-tests revealed that the intragroup comparisons showed statistically significant increases in pinch grip strength and motor nerve conduction velocity of the median nerve post-treatment in group A (P=0.001 and 0.0001 respectively), while in group B, there were statistically significant increases in pinch grip strength and motor nerve conduction velocity post-treatment (P=0.037 and 0.043 respectively). The intergroup comparisons showed statistically significant differences in favour of group A. Conclusions Because there was little significant difference between the two groups, this study concluded that both treatment techniques were effective in increasing median motor nerve conduction and hand grip strength. However, muscle energy technique increased motor nerve conduction velocity and pinch grip muscle strength more than active release technique.

**Database:** CINAHL

**'Real world' effectiveness of the Falls Management Exercise (FaME) programme: an implementation study.**

**Author(s):** Orton ; Audsley, Sarah; Coupland, Carol; Gladman, John R F; Iliffe, Steve; Lafond, Natasher; Logan, Philippa; Masud, Tahir; Skelton, Dawn A; Timblin, Clare; Timmons, Stephen; Ward, Derek; Kendrick, Denise

**Source:** Age & Ageing; Jul 2021; vol. 50 (no. 4); p. 1290-1297

**Publication Date:** Jul 2021

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

**Abstract:**Background Falls incidence increases with age alongside declines in strength and balance. Clinical trials show that the Falls Management Exercise (FaME) programme improves strength and balance, which can reduce falls and improve physical functioning. Objective To determine if the clinical trial efficacy of FaME translates into effectiveness in non-research settings. Design and setting An implementation study of FaME in 10 local authorities across the East Midlands region of England. Subjects Adults aged 65 and over enrolled on a FaME programme. Method Anonymised outcome data collected by the FaME providers were compared at baseline, end of programme and 6 months follow-up using univariate and multivariate analyses. Results For 348 adults enrolled in programmes and analysed, the mean age was 76.8, 73% were female and 143 (41%) completed ≥75% of classes. Overall confidence in balance, fear of falling, functional reach and timed-up-and-go (all P < 0.001), and turn 180° (P = 0.008) improved significantly at programme completion versus baseline, but improvements were not maintained 6 months later. Falls risk (FRAT score) and total minutes of physical activity did not change significantly though minutes of strength and balance activity increased by 55% at programme completion and was maintained at 6 months. The falls incidence rate ratio (IRR) was non-significantly lower at programme completion (IRR 0.76, 95% Confidence Interval (CI) 0.48,1.21) and follow-up (IRR 0.82 95% CI 0.48,1.39) versus baseline. Conclusions There is modest translation of FaME efficacy into effectiveness, but not all effects persist after completion. Strategies to aid adherence and exercise maintenance are important to maximise benefits.

**Database:** CINAHL

**Development of an optimised physiotherapist-led treatment protocol for lateral elbow tendinopathy: a consensus study using an online nominal group technique.**

**Author(s):** Bateman, Marcus; Saunders, Benjamin; Littlewood, Chris; Hill, Jonathan C

**Source:** BMJ open; Dec 2021; vol. 11 (no. 12); p. e053841

**Publication Date:** Dec 2021

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

**PubMedID:** 34949626

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

**Abstract:**OBJECTIVESThere are a wide range of physiotherapy treatment options for people with lateral elbow tendinopathy (LET); however, previous studies have reported inconsistent approaches to treatment and a lack of evidence demonstrating clinical effectiveness. This study aimed to combine the best available research evidence with stakeholder perspectives to develop key components of an optimised physiotherapist-led treatment protocol for testing in a future randomised controlled trial (RCT).DESIGNOnline consensus groups using nominal group technique (NGT), a systematic approach to building consensus using structured multistage meetings.SETTINGUK National Health Service (NHS).PARTICIPANTS10 physiotherapists with special interest in LET, 2 physiotherapy service managers and 3 patients who had experienced LET.INTERVENTIONSTwo consensus groups were conducted; the first meeting focused on agreeing the types of interventions to be included in the optimised treatment protocol; the second meeting focused on specific details of intervention delivery. Participants were sent an evidence summary of available treatments for LET prior to the first meeting. All treatment options were discussed before anonymous voting and ranking of priority. Consensus for inclusion of each treatment option was set at ≥70% based on OMERACT guidelines. Options with 30%-69% agreement were discussed again, and a second vote was held, allowing for a change of opinion.RESULTSThe optimised physiotherapist-led treatment package included: advice and education, exercise therapy and orthotics. Specific components for each of these interventions were also agreed such as: condition-specific advice, health-promotion advice, exercise types, exercise into 'acceptable' levels of pain, exercise dosage and type of orthoses. Other treatment options including electrotherapy, acupuncture and manual therapy were excluded.CONCLUSIONAn optimised physiotherapist-led treatment protocol for people with LET was successfully developed using an online NGT consensus approach. This intervention is now ready for testing in a future pilot/feasibility RCT to contribute much needed evidence about the treatment of LET.TRIAL REGISTRATION NUMBERThis is the pre-cursor to the OPTimisE Pilot and Feasibility Randomised Controlled Trial. Registration: https://www.isrctn.com/ISRCTN64444585.

**Database:** Medline

**Immediate Effects of two Isometric Calf Muscle Exercises on Mid-portion Achilles Tendon Pain.**

**Author(s):** Bradford, Ben; Rio, Ebonie; Murphy, Myles; Wells, Jacob; Khondoker, Mizanur; Clarke, Celia; Chan, York; Chester, Rachel

**Source:** International journal of sports medicine; Nov 2021; vol. 42 (no. 12); p. 1122-1127

**Publication Date:** Nov 2021

**Publication Type(s):** Journal Article Randomized Controlled Trial

**PubMedID:** 33782936

**Abstract:**The objectives of this randomized, cross-over pilot study were to determine whether isometric plantarflexion exercises resulted in an immediate change in Achilles tendon pain during a loading task, and whether this differed in knee extension or flexion. Eleven participants with mid-portion Achilles tendinopathy were recruited from NHS community physiotherapy services and local running clubs. Participants were then randomized to complete an isometric calf muscle exercise with the knee fully extended or flexed to 80°. Participants switched to the alternate exercise after a minimum seven-day period. Achilles tendon pain during a specific, functional load test was measured on a 11-point numeric pain rating scale (NPRS) pre- and post-intervention. There was a small, immediate, mean reduction in pain following isometric plantar flexion performed in both knee extension (1.6, 95%CI 0.83 to 2.45, p=0.001) and knee flexion (1.3, 95%CI 0.31 to 2.19, p=0.015). There were no significant differences between the two positions. A non-significant, potentially clinically relevant finding was a 20% larger reduction in symptoms in knee extension versus flexion (p=0.110). In conclusion, isometric plantarflexion holds gave an approximately 50% immediate reduction in Achilles tendon pain with a functional load test. There were no significant differences between the two positions and both were well tolerated.

**Database:** Medline

**A feasibility study to assess the design of a multicentre randomized controlled trial of the clinical and cost-effectiveness of a caregiving intervention for people following hip fracture surgery.**

**Author(s):** Smith, Toby; Clark, Lucy; Khoury, Reema; Man, Mei-See; Hanson, Sarah; Welsh, Allie; Clark, Allan; Hopewell, Sally; Pfeiffer, Klaus; Logan, Pip; Crotty, Maria; Costa, Matthew; Lamb, Sarah E

**Source:** Bone & joint open; Nov 2021; vol. 2 (no. 11); p. 909-920

**Publication Date:** Nov 2021

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

**PubMedID:** 34753296

**Abstract:**AIMSThis study aims to assess the feasibility of conducting a pragmatic, multicentre randomized controlled trial (RCT) to test the clinical and cost-effectiveness of an informal caregiver training programme to support the recovery of people following hip fracture surgery.METHODSThis will be a mixed-methods feasibility RCT, recruiting 60 patients following hip fracture surgery and their informal caregivers. Patients will be randomized to usual NHS care, versus usual NHS care plus a caregiver-patient dyad training programme (HIP HELPER). This programme will comprise of three, one-hour, one-to-one training sessions for the patient and caregiver, delivered by a nurse, physiotherapist, or occupational therapist. Training will be delivered in the hospital setting pre-patient discharge. It will include practical skills for rehabilitation such as: transfers and walking; recovery goal setting and expectations; pacing and stress management techniques; and introduction to the HIP HELPER Caregiver Workbook, which provides information on recovery, exercises, worksheets, and goal-setting plans to facilitate a 'good' recovery. After discharge, patients and caregivers will be supported in delivering rehabilitation through three telephone coaching sessions. Data, collected at baseline and four months post-randomization, will include: screening logs, intervention logs, fidelity checklists, quality assurance monitoring visit data, and clinical outcomes assessing quality of life, physical, emotional, adverse events, and resource use outcomes. The acceptability of the study intervention and RCT design will be explored through qualitative methods with 20 participants (patients and informal caregivers) and 12 health professionals.DISCUSSIONA multicentre recruitment approach will provide greater external validity across population characteristics in England. The mixed-methods approach will permit in-depth examination of the intervention and trial design parameters. The findings will inform whether and how a definitive trial may be undertaken to test the effectiveness of this caregiver intervention for patients after hip fracture surgery. Cite this article: Bone Jt Open 2021;2(11):909-920.

**Database:** Medline

**Predicting pain and function outcomes in people consulting with shoulder pain: the PANDA-S clinical cohort and qualitative study protocol.**

**Author(s):** Wynne-Jones, Gwenllian; Myers, Helen; Hall, Alison; Littlewood, Chris; Hennings, S; Saunders, Benjamin; Bucknall, Milica; Jowett, Sue; Riley, Richard; Wathall, Simon; Heneghan, Carl; Cook, Johanna; Pincus, Tamar; Mallen, Christian; Roddy, Edward; Foster, Nadine; Beard, David; Lewis, Jeremy; Rees, J L; Higginbottom, Adele; van der Windt, Danielle

**Source:** BMJ open; Sep 2021; vol. 11 (no. 9); p. e052758

**Publication Date:** Sep 2021

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

**PubMedID:** 34535486

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

**Abstract:**INTRODUCTIONPeople presenting with shoulder pain considered to be of musculoskeletal origin is common in primary care but diagnosing the cause of the pain is contentious, leading to uncertainty in management. To inform optimal primary care for patients with shoulder pain, the study aims to (1) to investigate the short-term and long-term outcomes (overall prognosis) of shoulder pain, (2) estimate costs of care, (3) develop a prognostic model for predicting individuals' level and risk of pain and disability at 6 months and (4) investigate experiences and opinions of patients and healthcare professionals regarding diagnosis, prognosis and management of shoulder pain.METHODS AND ANALYSISThe Prognostic And Diagnostic Assessment of the Shoulder (PANDA-S) study is a longitudinal clinical cohort with linked qualitative study. At least 400 people presenting to general practice and physiotherapy services in the UK will be recruited. Participants will complete questionnaires at baseline, 3, 6, 12, 24 and 36 months. Short-term data will be collected weekly between baseline and 12 weeks via Short Message Serevice (SMS) text or software application. Participants will be offered clinical (physiotherapist) and ultrasound (sonographer) assessments at baseline. Qualitative interviews with ≈15 dyads of patients and their healthcare professional (general practitioner or physiotherapist).Short-term and long-term trajectories of Shoulder Pain and Disability Index (using SPADI) will be described, using latent class growth analysis. Health economic analysis will estimate direct costs of care and indirect costs related to work absence and productivity losses. Multivariable regression analysis will be used to develop a prognostic model predicting future levels of pain and disability at 6 months using penalisation methods to adjust for overfitting. The added predictive value of prespecified physical examination tests and ultrasound findings will be examined. For the qualitative interviews an inductive, exploratory framework will be adopted using thematic analysis to investigate decision making, perspectives of patients and clinicians on the importance of diagnostic and prognostic information when negotiating treatment and referral options.ETHICS AND DISSEMINATIONThe PANDA-S study has ethical approval from Yorkshire and The Humber-Sheffield Research Ethics Committee, UK (18/YH/0346, IRAS Number: 242750). Results will be disseminated through peer-reviewed publications, social and mainstream media, professional conferences, and the patient and public involvement and engagement group supporting this study, and through newsletters, leaflets and posters in participating sites.TRIAL REGISTRATION NUMBERISRCTN46948079.

**Database:** Medline

**Progressive exercise compared with best-practice advice, with or without corticosteroid injection, for rotator cuff disorders: the GRASP factorial RCT.**

**Author(s):** Hopewell, Sally; Keene, David J; Heine, Peter; Marian, Ioana R; Dritsaki, Melina; Cureton, Lucy; Dutton, Susan J; Dakin, Helen; Carr, Andrew; Hamilton, Willie; Hansen, Zara; Jaggi, Anju; Littlewood, Chris; Barker, Karen; Gray, Alastair; Lamb, Sarah E

**Source:** Health technology assessment (Winchester, England); Aug 2021; vol. 25 (no. 48); p. 1-158

**Publication Date:** Aug 2021

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

**PubMedID:** 34382931

**Abstract:**BACKGROUNDRotator cuff-related shoulder pain is very common, but there is uncertainty regarding which modes of exercise delivery are optimal and the long-term benefits of corticosteroid injections.OBJECTIVESTo assess the clinical effectiveness and cost-effectiveness of progressive exercise compared with best-practice physiotherapy advice, with or without corticosteroid injection, in adults with a rotator cuff disorder.DESIGNThis was a pragmatic multicentre superiority randomised controlled trial (with a 2 × 2 factorial design).SETTINGTwenty NHS primary care-based musculoskeletal and related physiotherapy services.PARTICIPANTSAdults aged ≥ 18 years with a new episode of rotator cuff-related shoulder pain in the previous 6 months.INTERVENTIONSA total of 708 participants were randomised (March 2017-May 2019) by a centralised computer-generated 1 : 1 : 1 : 1 allocation ratio to one of four interventions: (1) progressive exercise (n = 174) (six or fewer physiotherapy sessions), (2) best-practice advice (n = 174) (one physiotherapy session), (3) corticosteroid injection then progressive exercise (n = 182) (six or fewer physiotherapy sessions) or (4) corticosteroid injection then best-practice advice (n = 178) (one physiotherapy session).MAIN OUTCOME MEASURESThe primary outcome was Shoulder Pain and Disability Index (SPADI) score over 12 months. Secondary outcomes included SPADI subdomains, the EuroQol 5 Dimensions, five-level version, sleep disturbance, fear avoidance, pain self-efficacy, return to activity, Global Impression of Treatment and health

resource use. Outcomes were collected by postal questionnaires at 8 weeks and at 6 and 12 months. A within-trial economic evaluation was also conducted. The primary analysis was intention to treat.RESULTSParticipants had a mean age of 55.5 (standard deviation 13.1) years and 49.3% were female. The mean baseline SPADI score was 54.1 (standard deviation 18.5). Follow-up rates were 91% at 8 weeks and 87% at 6 and 12 months. There was an overall improvement in SPADI score from baseline in each group over time. Over 12 months, there was no evidence of a difference in the SPADI scores between the progressive exercise intervention and the best-practice advice intervention in shoulder pain and function (adjusted mean difference between groups over 12 months -0.66, 99% confidence interval -4.52 to 3.20). There was also no difference in SPADI scores between the progressive exercise intervention and best-practice advice intervention when analysed at the 8-week and 6- and 12-month time points. Injection resulted in improvement in shoulder pain and function at 8 weeks compared with no injection (adjusted mean difference -5.64, 99% confidence interval -9.93 to -1.35), but not when analysed over 12 months (adjusted mean difference -1.11, 99% confidence interval -4.47 to 2.26), or at 6 and 12 months. There were no serious adverse events. In the base-case analysis, adding injection to best-practice advice gained 0.021 quality-adjusted life-years (p = 0.184) and increased the cost by £10 per participant (p = 0.747). Progressive exercise alone was £52 (p = 0.247) more expensive per participant than best-practice advice, and gained 0.019 QALYs (p = 0.220). At a ceiling ratio of £20,000 per quality-adjusted life-year, injection plus best-practice advice had a 54.93% probability of being the most cost-effective treatment.LIMITATIONSParticipants and physiotherapists were not blinded to group allocation. Twelve-month follow-up may be insufficient for identifying all safety concerns.CONCLUSIONSProgressive exercise was not superior to a best-practice advice session with a physiotherapist. Subacromial corticosteroid injection improved shoulder pain and function, but provided only modest short-term benefit. Best-practice advice in combination with corticosteroid injection was expected to be most cost-effective, although there was substantial uncertainty.FUTURE WORKLonger-term follow-up, including any serious adverse effects of corticosteroid injection.TRIAL REGISTRATIONCurrent Controlled Trials ISRCTN16539266 and EudraCT 2016-002991-28.FUNDINGThis project was funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 25, No. 48. See the NIHR Journals Library website for further project information.

**Database:** Medline

## OTHER

**Impact of patient motivation on compliance and outcomes for incontinence.**

**Author(s):** Reed ; Osborne, L.A.; Whittall, C.M.; Emery, S.

**Source:** Physiotherapy; Dec 2021; vol. 113 ; p. 100-106

**Publication Date:** Dec 2021

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

**Abstract:**Physiotherapeutic treatment of pelvic floor dysfunction in women has variable outcomes, and identification of the predictors of outcomes is important in developing service provision and treatment planning. This study explored whether patient motivation affects treatment compliance and outcomes of physiotherapeutic treatment in a cohort of patients with pelvic floor dysfunction. A prospective observational study of 141 adult female patients referred consecutively to the physiotherapy clinic of an urogynaecological outpatients unit at a UK hospital. A 6-month (one group session per month) pelvic floor muscle training programme, which included a home exercise programme. Modified Oxford Grading System and Queensland Pelvic Floor Questionnaire ratings of pelvic floor function were taken pre- and post-intervention, and the University of Rhode Island Change Assessment Scale assessed patient motivation to change pre-intervention. Motivation to change predicted attendance at the intervention sessions and patient-rated improvements in function. Patients with higher baseline motivation to change also reported greater improvements in pelvic symptoms, given the same pelvic floor muscle strength improvement. Patient motivation affects physiotherapeutic treatment adherence and outcomes, and should be considered as part of future assessment/screening procedures. NCT02549157.

**Database:** CINAHL

**Evaluation of the First Contact Physiotherapy (FCP) model of primary care: patient characteristics and outcomes.**

**Author(s):** Stynes ; Jordan, K.P.; Hill, J.C.; Wynne-Jones, G.; Cottrell, E.; Foster, N.E.; Goodwin, R.; Bishop, A.

**Source:** Physiotherapy; Dec 2021; vol. 113 ; p. 199-208

**Publication Date:** Dec 2021

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

**Abstract:**First Contact Physiotherapy (FCP) is a primary care model where expert musculoskeletal (MSK) physiotherapists undertake the first patient consultation, to enhance MSK-patient care and free-up GP capacity. The authors report the quantitative findings from the FCP National Evaluation (Phase 3) which evaluated the FCP model against success criteria. A mixed-methods 24-month service evaluation involving 40 FCP sites and 240 FCPs across England. An online platform collected patient-reported experience and outcomes following the FCP consultation and at 1, 2 and 3-months follow-up. These included the Keele STarT MSK Tool, pain intensity (0–10 NRS scale), Musculoskeletal Health Questionnaire (MSK-HQ, range 0–56), and Friends-and-Family Test. Over 13 months, 2825 patients were invited by email and 24% (n = 680) completed their initial questionnaire. Their mean age was 56.2 (SD 14.9), 61% were female, ethnicity was 97% white, mean pain intensity was 6.1 (SD 2.13) and mean MSK-HQ score was 33.8 (SD 9.5). At 3-months follow-up (n = 370) there was a 2.8 (CI 2.5 to 3.1) mean pain intensity reduction from baseline, a mean 7.1 (6.0 to 8.2) score improvement in MSK-HQ and 64% reporting overall improvement (much better/better) since seeing the FCP. One of the six success criteria was not met; 29% of those in employment reported receiving specific work advice from the FCP (target ≥75%). Ahead of the planned scale-up of the FCP primary care model across the UK, this evaluation provides useful data on patients who access this service, their short-term clinical outcomes and whether key success criteria are being met.

**Database:** CINAHL

**Evaluation of the First Contact Physiotherapy (FCP) model of primary care: a qualitative insight.**

**Author(s):** Goodwin ; Moffatt, F.; Hendrick, P.; Stynes, S.; Bishop, A.; Logan, P.

**Source:** Physiotherapy; Dec 2021; vol. 113 ; p. 209-216

**Publication Date:** Dec 2021

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

**Abstract:**First Contact Physiotherapy (FCP) is a primary care model where expert musculoskeletal (MSK) physiotherapists undertake the first patient consultation, to enhance MSK-patient care and free-up GP capacity. The authors report the qualitative findings from the FCP National Evaluation (Phase 3) which evaluated the FCP model against pre-agreed success criteria. A mixed-methods 24-month service evaluation involving FCP sites across England. Data were collected at 2 time points, year 1 and year 2. Data were collected using individual interviews and focus groups, transcribed verbatim and analysed using a hybrid inductive and deductive thematic analysis. Participants were recruited from all stakeholder groups; patients, physiotherapists, general practitioners and administration staff. A total of 6 sites were recruited over both rounds of data collection demonstrating a wide range of service models. Thirty-nine participants were recruited including fourteen patients. All six qualitative success criteria were met. GPs' discourse reflected confidence in the FCP service and competence of the FCPs. Patient discourse reflected self-efficacy and confidence in self-management techniques and reported FCP as a positive experience. FCPs saw providing advice about work related issues as integral to their role and patient discourse reflected perceived benefit from the advice offered. Staff discourse reflected a positive experience of working with, and in, the FCP services. Ahead of the planned scale-up of the FCP primary care model across the UK, this evaluation provides useful insights and recommendations to facilitate successful FCP implementation in terms of patient outcome and experience, and staff experience.

**Database:** CINAHL

**Supporting older people experiencing anxiety through non-pharmacological interventions.**

**Author(s):** Brown Wilson

**Source:** Nursing Older People; Nov 2021 ; p. 35-42

**Publication Date:** Nov 2021

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

**Abstract:**Why you should read this article: • To enhance your knowledge of the possible causes of anxiety in older people • To familiarise yourself with non-pharmacological interventions that can be used to alleviate anxiety in older people • To count towards revalidation as part of your 35 hours of CPD, or you may wish to write a reflective account (UK readers) • To contribute towards your professional development and local registration renewal requirements (non-UK readers) Anxiety is a debilitating condition that adversely affects people's quality of life. It is challenging to differentiate anxiety from other physical and mental health conditions in older people, particularly those with co-morbid dementia or depression. The coronavirus 2019 pandemic has compounded social isolation and loneliness in older people, causing increased levels of anxiety. Nurses need to be able to detect and assess anxiety in older people and offer short, low-intensity interventions to support older people's mental health or refer them to specialist assessment and treatment. While research on anxiety in older people is lacking, cognitive behavioural therapy, mindfulness, yoga, music therapy and pleasant activities have shown potential as non-pharmacological interventions for alleviating anxiety in older people. This article explores the role of nurses in identifying when an older person may be experiencing anxiety and then choosing the optimal non-pharmacological intervention to support them.

**Database:** CINAHL

**"Chiropractic is manual therapy, not talk therapy": a qualitative analysis exploring perceived barriers to remote consultations by chiropractors.**

**Author(s):** Derbyshire ; Field, Jonathan; Vennik, Jane; Sanders, Marc; Newell, Dave

**Source:** Chiropractic & Manual Therapies; Nov 2021; vol. 29 (no. 1); p. 1-8

**Publication Date:** Nov 2021

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

Available at Chiropractic & manual therapies - from BioMed Central

Available at Chiropractic & manual therapies - from Europe PubMed Central - Open Access

Available at Chiropractic & manual therapies - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**Background: Remote consultations (RCs) enable clinicians to continue to support patients when face-to-face appointments are not possible. Restrictions to face-to-face care during the COVID-19 pandemic has accelerated a pre-existing trend for their adoption. This is true for many health professionals including some chiropractors. Whilst most chiropractors in the UK have used RCs in some form during the pandemic, others have not. This study seeks to understand the views of chiropractors not using RCs and to explore perceived potential barriers. Methods: A national online survey was completed by 534 registered practicing UK chiropractors on the use of RCs. Respondents had the opportunity of providing open-ended responses concerning lack of engagement in RCs during the COVID-19 pandemic. Textual responses obtained from 137 respondents were coded and analysed using thematic analysis. Results: The use of RCs provided an opportunity for chiropractors to deliver ongoing care during the COVID-19 pandemic. However, many chiropractors expressed concern that RCs misaligned with their strong professional identity of providing 'hands-on' care. Some chiropractors also perceived that patients expected physical interventions during chiropractic care and thus considered a lack of demand when direct contact is not possible. In the absence of a physical examination, some chiropractors had concerns about potential misdiagnosis, and perceived lack of diagnostic information with which to guide treatment. Clinic closures and change in working environment led to practical difficulties of providing remote care for a few chiropractors. Conclusions: The COVID-19 pandemic may have accelerated changes in the way healthcare is provided with RCs becoming more commonplace in primary healthcare provision. This paper highlights perceived barriers which may lead to reduced utilisation of RCs by chiropractors, some of which appear fundamental to their perceived identity, whilst others are likely amenable to change with training and experience.

**Database:** CINAHL

**Motivational interviewing to increase physical activity in women with gestational diabetes.**

**Author(s):** Smith ; Ridout, Ashley; Livingstone, Angus; Wango, Nicola; Kenworthy, Yvonne; Barlett, Katy; Coburn, Hazel; Reid, Hamish; Jones, Natasha; Mackillop, Lucy

**Source:** British Journal of Midwifery; Oct 2021; vol. 29 (no. 10); p. 550-556

**Publication Date:** Oct 2021

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

Available at British Journal of Midwifery - from EBSCO (CINAHL with Full Text)

**Abstract:**Regular physical activity improves glycaemic control in pregnant women with gestational diabetes. Motivational interviewing is an effective technique for increasing activity levels. This report evaluates a clinical pathway developed to integrate physical activity motivational interviewing into routine gestational diabetes care. Women attending a single-centre NHS clinic were invited to engage in a physical activity-focused motivational interview. The aerobic physical activity levels of 62 women were evaluated at baseline and at a 2-week telephone follow up, coded into three categories by minutes of moderate intensity physical activity per week: red (<30 minutes), amber (30–149 minutes) and green (≥150 minutes). At baseline, 30.6% of participants were coded red, 41.9% amber and 27.4% green. At follow up, 4.8% women coded red, 38.7% amber and 56.5% green, demonstrating a significant association for increased activity levels after motivational interviewing (P<0.001). This clinical pathway provides encouraging results that physical activity increased significantly in the short term.

**Database:** CINAHL

**Experiences of training and delivery of Physical therapy informed by Acceptance and Commitment Therapy (PACT): a longitudinal qualitative study.**

**Author(s):** Galea Holmes ; Wileman, Vari; McCracken, Lance M.; Critchley, Duncan; March, Marie K.; Norton, Sam; Moss-Morris, Rona; Noonan, Sandra; Barcellona, Massimo; Godfrey, Emma

**Source:** Physiotherapy; Sep 2021; vol. 112 ; p. 41-48

**Publication Date:** Sep 2021

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

**Abstract:**Physiotherapy informed by Acceptance and Commitment Therapy (PACT) is a novel intervention that is related to improved disability and functioning in people with chronic lowback pain. This study explored physiotherapists experiences over time of the PACT training programme and intervention delivery. A longitudinal qualitative study using semi-structured, in-depth, individual interviews at three time points was conducted. A phenomenological approach underpinned the methods. Interviews followed topic-guides developed a priori. Transcribed interviews were coded inductively to generate themes. Data were member checked by participants and validated by two researchers. Eight clinical physiotherapists from three secondary care centres in the United Kingdom (n = 5 female; age, 24 to 44 years; duration of practice, 3 to 14 years) were included. Five themes emerged from the data. Experiential learning techniques were challenging but valued because they bridged theoretical principles and concepts with practice. Ongoing individual and group supervision was beneficial, but required tailoring and tapering. PACT delivery extended physiotherapy skills and practice, including techniques that acknowledged and addressed patient treatment expectations. With experience, participants desired greater flexibility and autonomy to tailor PACT delivery. PACT training and delivery were acceptable to physiotherapists. Existing skills were developed and additional, applicable approaches were provided that addressed psychosocial and behavioural aspects of chronic low back pain.

**Database:** CINAHL

**Augmented Reality in Physical Therapy: Systematic Review and Meta-analysis.**

**Author(s):** Vinolo Gil, Maria Jesus; Gonzalez-Medina, Gloria; Lucena-Anton, David; Perez-Cabezas, Veronica; Ruiz-Molinero, María Del Carmen; Martín-Valero, Rocío

**Source:** JMIR serious games; Dec 2021; vol. 9 (no. 4); p. e30985

**Publication Date:** Dec 2021

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

**PubMedID:** 34914611

Available at JMIR serious games - from Europe PubMed Central - Open Access

Available at JMIR serious games - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**BACKGROUNDAugmented reality (AR) is a rapidly expanding technology; it comprises the generation of new images from digital information in the real physical environment of a person, which simulates an environment where the artificial and real are mixed. The use of AR in physiotherapy has shown benefits in certain areas of patient health. However, these benefits have not been studied as a whole.OBJECTIVEThis study aims to ascertain the current scientific evidence on AR therapy as a complement to physiotherapy and to determine the areas in which it has been used the most and which variables and methods have been most effective.METHODSA systematic review registered in PROSPERO (International Prospective Register of Systematic Reviews) was conducted following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) recommendations. The search was conducted from July to August 2021 in the PubMed, PEDro, Web of Science, Scopus, and Cochrane Library scientific databases using the keywords augmented reality, physiotherapy, physical therapy, exercise therapy, rehabilitation, physical medicine, fitness, and occupational therapy. The methodological quality was evaluated using the PEDro scale and the Scottish Intercollegiate Guidelines Network scale to determine the degree of recommendation. The Cochrane Collaboration tool was used to evaluate the risk of bias.RESULTSIn total, 11 articles were included in the systematic review. Of the 11 articles, 4 (36%) contributed information to the meta-analysis. Overall, 64% (7/11) obtained a good level of evidence, and most had a B degree of recommendation of evidence. A total of 308 participants were analyzed. Favorable results were found for the Berg Balance Scale (standardized mean change 0.473, 95% CI -0.0877 to 1.0338; z=1.65; P=.10) and the Timed Up and Go test (standardized mean change -1.211, 95% CI -3.2005 to 0.7768; z=-1.194; P=.23).CONCLUSIONSAR, in combination with conventional therapy, has been used for the treatment of balance and fall prevention in geriatrics, lower and upper limb functionality in stroke, pain in phantom pain syndrome, and turning in place in patients with Parkinson disease with freezing of gait. AR is effective for the improvement of balance; however, given the small size of the samples and the high heterogeneity of the studies, the results were not conclusive. Future studies using larger sample sizes and with greater homogeneity in terms of the devices used and the frequency and intensity of the interventions are needed.TRIAL REGISTRATIONPROSPERO International Prospective Register of Systematic Reviews CRD42020180766; https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=180766.

**Database:** Medline

**Weight-bearing in Trauma Surgery (WiTS) Study: A national survey of UK Trauma & Orthopaedic multidisciplinary health professionals.**

**Author(s):** Raza, M; Walters, S; Richardson, C; Bretherton, C; Longhurst, K; Trompeter, A

**Source:** Injury; Dec 2021

**Publication Date:** Dec 2021

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

**PubMedID:** 34937671

**Abstract:**INTRODUCTIONWeight-bearing (WB) status following a fracture or surgical fixation is an important determinant of the mechanical environment for healing. In order for healthcare professionals to communicate and understand the extent of bearing weight through a limb, clear terminology must be used. There is widespread variation in the usage and definitions of WB terminology in the literature and clinical practice. This study sought to

define the understanding and extent of variation across the United Kingdom.METHODSA nationwide online survey of UK-based Trauma & Orthopaedic (T&O) multidisciplinary healthcare professionals was conducted. Participants answered seven questions assessing their usage and understanding of various WB terminology.RESULTSA total of 707 responses were received: 48% by doctors, 32% by physiotherapists, 13% by occupational therapists and 7% from other healthcare professionals. In terms of understanding of WB terminology with respect to percentage body weight (BW), 89% of respondents interpret 'full WB' as 100% BW, 97% interpret 'non WB' as 0% BW, 80% interpret 'partial WB' as 50% BW, and 89% interpret 'touch/toe-touch WB' as 10% or 20% BW. There were statistically significant differences between the responses of doctors and therapists for these four terms, with doctors tending to give higher %BW values. 'Protected WB' and 'WB as tolerated' had less consensus and more variability in responses. The majority (68%) of respondents do not usually quantify terminology such as 'partial WB' with a value, and 94% agreed that standardisation of WB terminology would improve communication amongst professionals.CONCLUSIONThis study provides evidence of the substantial variation in the understanding of WB terminology amongst healthcare professionals, which likely results in ambiguous rehabilitation advice. Existing literature has shown that patients struggle to comply with terms such as 'partial weight-bearing'. We recommend consensus within the T&O multidisciplinary community to standardise and define common weight-bearing terminology.

**Database:** Medline

**Supervision models in physiotherapy practice education: student and practice educator evaluations.**

**Author(s):** Barrett, Emer M; Belton, Anne; Alpine, Lucy M

**Source:** Physiotherapy theory and practice; Nov 2021; vol. 37 (no. 11); p. 1185-1198

**Publication Date:** Nov 2021

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

**PubMedID:** 31782324

**Abstract:**Objectives: To establish the supervision models used during physiotherapy practice placements and to determine student and practice educators' evaluations of the quality of these placements.Design: Cross-sectional study set in clinical sites providing placements for physiotherapy students in Ireland.Participants: Practice educators and students completing placements in 2015/16.Outcome Measure: Questionnaire which measured 18 indicators linked to quality assured placements. Eight additional indicators in the practice educator questionnaire addressed the overall feasibility of the supervision model. Two open-ended questions captured comments on the benefits and challenges of each model.Results: The overall response rate was 72% (112/155). The majority (75%, n = 84) of participants reported a 1:1 (one student: one educator) model of supervision. Fourteen percent (n = 16) reported a 1.2 (one student: two educators) model and 9% (n = 10) a 2.1 (two students: one educator) model. There was generally positive agreement with the questionnaire indicating that all placements, irrespective of supervision model were positively evaluated by participants. Students, however, indicated a more negative evaluation of the placement than practice educators in indictors related to communication, the provision of feedback, establishing an effective relationship with their educator and diversity of available learning opportunities. Indicators relating to productivity and the placement representing an efficient use of resources and personnel received more negative or equivocal ratings by educators.Conclusions: While the 1.1 model remains the most widely used supervision model in physiotherapy practice education, other models also score positively, offering choice to placement providers when determining the model that best suits their service.

**Database:** Medline