Rehabilitation

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Jason Ovens
Head of Library & Knowledge Services
Title: Pilot Randomized Controlled Trial of Self-Regulation in Promoting Function in Acute Poststroke Patients.

Citation: Archives of Physical Medicine & Rehabilitation, 01 July 2014, vol./is. 95/7(1262-1267), 00039993
Author(s): Liu, Karen P.Y., Chan, Chetwyn C.H.

Abstract: Objective: To test the efficacy of self-regulation (SR) for promoting task performance and motor and cognitive functions. Design: Pilot randomized controlled trial. Setting: Rehabilitation unit. Participants: Inpatients with acute poststroke (N=44) after a cerebral infarction aged ≥60 years.
Interventions: Patients were randomly assigned to the SR (n=24) or functional rehabilitation (control; n=20) intervention. The SR intervention consisted of 1 week of therapist-supervised practices of daily tasks using SR of one’s own performance (five 1-h sessions). Patients in the control intervention practiced the same daily tasks with a therapist’s demonstration and guidance. Main Outcome Measures: Performance of tasks, including household and monetary transaction tasks; FIM; Fugl-Meyer Assessment (FMA); and Color Trails Test (CTT). Results: The SR group showed significant improvement in all tasks (median difference, 1–2; effect size [r]=.74–.89) versus none (median difference, 0–0.5) in the control group. Results of the FIM (P<.001, r=.87 in the motor subscale; P<.001, r=.49 in the cognitive subscale), FMA (P<.001, r=.84 for upper extremity motor function and r=.63 for lower extremity motor function), and CTT (P=.002, r=.72) of the SR group improved. The SR group outperformed their control counterparts in 4 of the 5 tasks (median difference, 1; r=.30–.52) and in the FIM motor subscale (P=.002, r=.47), but not in the cognitive subscale and motor and cognitive functions. Conclusions: SR appears useful for improving task performance that demands both motor and cognitive abilities by promoting information processing and active learning.

Title: Delivery of Constraint-Induced Movement Therapy Through a Video Game for Individuals with Hemiparesis Post-Stroke.

Citation: Journal of Alternative & Complementary Medicine, 01 May 2014, vol./is. 20/5(0-), 10755535
Author(s): Lowes, Linda, Borstad, Alexandra, Worthen-Chaudhari, Lise, Crawfis, Roger, Maung, David, Siles, Amelia, Gauthier, Lynne

Title: Using Mirror Therapy in the Home Environment: A Case Report.

Citation: American Journal of Occupational Therapy, 01 May 2014, vol./is. 68/3(0-), 02729490
Author(s): Nilsen, Dawn M., DiRusso, Theresa

Abstract: OBJECTIVE. Mirror therapy (MT) is a potential intervention to improve function after stroke. How to apply this intervention in practice is not clear. This case report illustrates the feasibility and effectiveness of a selfadministered home-based MT program. METHOD. A home-based MT program was practiced over 5 wk. The participant was encouraged to use MT for 30 min 5x/wk. Therapist contact occurred 1x/wk to monitor performance. An independent evaluator administered three outcome measures pre- and postintervention: Upper Extremity Sensory and Pain sections of the Fugl-Meyer Assessment; Jebsen-Taylor Test of Hand Function, and the Manual Ability Measure-20. RESULTS. The participant engaged in a mean of 39.23 (±7.44) min of MT per day and used a variety of the recommended activities. Change scores indicated improvement on all of the included outcome measures. CONCLUSION. This case report suggests that a predominantly self-administered home-based MT program is feasible and effective at improving function after stroke.

Full Text: Available from Ovid in American Journal of Occupational Therapy
Available from ProQuest in American Journal of Occupational Therapy, The
Title: Evaluating the impact of audits and feedback as methods for implementation of evidence in stroke rehabilitation.

Citation: British Journal of Occupational Therapy, 01 May 2014, vol./is. 77/5(251-259), 03080226
Author(s): Kristensen, Hanne, Hounsgaard, Lise

Abstract: Introduction: This paper evaluates audits and feedback as methods to increase implementation of evidence in stroke rehabilitation. Method: The study used an action research approach and theories of knowledge translation. A sample of 22 occupational therapists participated from two Danish hospitals that admitted stroke patients. Data collection methods included audits of occupational therapy medical records, documentations of daily practice, and collaborative discussions. Active feedback and discussions of the findings took place, at a group level in four local clinical audits. Data analysis of daily self-reported recordings and audits was descriptive. Audit data were analysed using descriptive statistics. A phenomenological hermeneutical interpretive methodology was used for analysing qualitative data. Findings: Audits and feedback were based on clear standards and contextual developing action plans. Daily practice in both settings adapted to the clinical guidelines. Implementations of the standardized assessment tools seemed to be the most successful. Conclusion: The effects of audit and feedback profited from the active participation of the therapists, as well as local gatekeepers having formal responsibilities for implementing change. The process was strengthened by providing the audits and feedback more than once. The effect of audits and feedback was positively influenced by being in line with current conceptual frameworks, local policies, and values.

Title: Occupational therapy for care home residents with stroke: what is routine national practice?

Citation: British Journal of Occupational Therapy, 01 May 2014, vol./is. 77/5(265-273), 03080226
Author(s): Fletcher-Smith, Joanna, Drummond, Avril, Sackley, Catherine, Moody, Amy, Walker, Marion

Abstract: Introduction: Information is currently lacking on the provision of occupational therapy for care home residents with stroke. The aim of this study was to identify current routine occupational therapy practice for this stroke population. Method: A questionnaire targeting qualified occupational therapists with work experience in a care home setting was designed, piloted, and transferred to an online survey. An invitation to participate was distributed via three of the College of Occupational Therapists Specialist Sections, social networking sites, and flyers at conferences. Findings: Responses were analysed from 114 respondents representing the United Kingdom, the majority (72%) of whom were employed by the National Health Service. Ninety-two respondents (81%) had delivered occupational therapy to a care home resident with stroke in the last year but only 16% were 'stroke specialists'. The most common aims of intervention were to: maintain participation in activities of daily living, improve posture and positioning, and provide training. Non-standardized assessment was the most common form of assessment used. The functional approach was most frequently adopted. The most frequently provided intervention was 'seating and positioning'. Conclusion: Occupational therapy is available to some stroke survivors in care homes; however, interventions are not commonly evidence based and are not routinely delivered by stroke specialists.

Title: Rehabilitative therapy in patients with Parkinson’s disease

Citation: Basal Ganglia, June 2014, vol./is. 4/1(19-23), 2210-5336 (June 2014)
Author(s): Ebersbach G.

Abstract: Long-term complications of Parkinson's disease (PD) include impairments of speech, swallowing, limb function, gait, balance, and activities of daily living. Even with optimal medical management (pharmacological, surgical) these deficits cannot be controlled satisfactorily in the vast majority of patients and have a negative impact on quality of life [1,2]. Rehabilitative therapy including physiotherapy, speech training, and occupational therapy is often administered on empirical grounds to counteract the progressive pharmaco-resistant motor disturbances. Studies meeting high methodological standards have been published on this field in recent years, moving rehabilitative therapy toward a more evidence-based approach. In addition, basic science research in animal models of PD has documented the
value of exercise for improving motor performance and potentially slowing progression of motor symptoms and neural degeneration [3]. Collectively, these findings have accentuated the important role of exercise and rehabilitation in the management of PD. 2014 Elsevier GmbH.

Title: Efficacy of occupational therapy for patients with Parkinson's disease: A randomised controlled trial

Citation: The Lancet Neurology, June 2014, vol./is. 13/6(557-566), 1474-4422;1474-4465 (June 2014)


Abstract: Background: There is insufficient evidence to support use of occupational therapy interventions for patients with Parkinson's disease. We aimed to assess the efficacy of occupational therapy in improving daily activities of patients with Parkinson's disease. Methods: We did a multicentre, assessor-masked, randomised controlled clinical trial in ten hospitals in nine Dutch regional networks of specialised healthcare professionals (ParkinsonNet), with assessment at 3 months and 6 months. Patients with Parkinson's disease with self-reported difficulties in daily activities were included, along with their primary caregivers. Patients were randomly assigned (2:1) to the intervention or control group by a computer-generated minimisation algorithm. The intervention consisted of 10 weeks of home-based occupational therapy according to national practice guidelines; control individuals received usual care with no occupational therapy. The primary outcome was self-perceived performance in daily activities at 3 months, assessed with the Canadian Occupational Performance Measure (score 1-10). Data were analysed using linear mixed models for repeated measures (intention-to-treat principle). Assessors monitored safety by asking patients about any unusual health events during the preceding 3 months. This trial is registered with ClinicalTrials.gov, NCT01336127. Findings: Between April 14, 2011, and Nov 2, 2012, 191 patients were randomly assigned to the intervention group (n=124) or the control group (n=67). 117 (94%) of 124 patients in the intervention group and 63 (94%) of 67 in the control group had a participating caregiver. At baseline, the median score on the Canadian Occupational Performance Measure was 43 (IQR 35-50) in the intervention group and 44 (38-50) in the control group. At 3 months, these scores were 58 (50-64) and 46 (46-66), respectively. The adjusted mean difference in score between groups at 3 months was in favour of the intervention group (12; 95% CI 08-16; p<00001). There were no adverse events associated with the study. Interpretation: Home-based, individualised occupational therapy led to an improvement in self-perceived performance in daily activities in patients with Parkinson's disease. Further work should identify which factors related to the patient, environmental context, or therapist might predict which patients are most likely to benefit from occupational therapy. Funding: Prinses Beatrix Spierfonds and Parkinson Vereniging. 2014 Elsevier Ltd.

Title: Individual and group treatment for patients with acquired brain injury in comprehensive rehabilitation

Citation: Brain Injury, 01 July 2014, vol./is. 28/8(1102-1108), 02699052

Author(s): Vestri, Alec, Peruch, Francesca, Marchi, Silvia, Frare, Mara, Guerra, Paola, Pizzighello, Silvia, Meneghetti, Silvia, Nutbrown, Alison, Martinuzzi, Andrea

Abstract: Primary objective: The aim of this study was to investigate the hypothesis that group rehabilitation is more effective than individual treatments and provides an improvement in clinical outcomes similar to that achieved by individual treatments alone. Research design: Two groups of patients were placed in different rehabilitation settings treated using the same rehabilitation approach. One received only individual treatments and the second group received a combination of both individual and group treatments. The independent variables were measured both pre- and post-treatment and compared between the two groups. Methods and procedures: Seventy-four patients treated with a comprehensive rehabilitation approach were divided into two groups: (a) individual treatment only and, (b) combined treatments (both individual and group). The outcome scales were LCF (Rancho Los Amigos Level of Cognitive Functioning), DRS (Disability Rating Scale) and FIM™ (Functional Independence Measure). Results: The whole sample had obtained statistically significant improvements in all of the outcome scales: LCF (χ^2 =
45.26; p < 0.001), DRS (z = -3.92; p < 0.001) and FIM (z = -4.9; p < 0.001). The comparison between groups did not reveal any pre-treatment difference. Analysis of post-treatment, however, showed a greater improvement in the FIM scale for those in combined individual and group treatment (z = -0.2544, p = 0.01). Conclusions: Group rehabilitation integrated with individual treatments is more effective than individual treatments alone in improving independence measured by the FIM™ scale. Both groups had obtained statistically significant clinical improvements, the improvement in the FIM™ scale was significantly better in the combined treatment group.

Title: Assessment of occupational performance problems due to cognitive deficits in stroke rehabilitation: A survey... including commentary by Morgan MFG.

Citation: International Journal of Therapy & Rehabilitation, 01 June 2014, vol./is. 21/6(280-288), 17411645
Author(s): Pilegaard, Marc, Pilegaard, Britt, Birn, Ida, Kristensen, Hanne

Abstract: Aim: This study aimed to survey the choices occupational therapists (OTs) make when selecting assessment tools and methods for assessing patients’ occupational performance problems due to cognitive deficits during the immediate post-acute phase of stroke (approximately 1–7 days after). This study also aimed to examine the extent to which OTs use standardised, occupation-based assessments and whether factors such as education level, the time needed to use assessment tools, and the impact of local departmental guidelines, affect the selection of standardised, occupation-based assessments. Methods: A cross-sectional survey, completed via post with responses from 150 Danish occupational therapists was conducted. Results: The survey participants used 13 different assessment tools and methods to assess patients with stroke for occupational performance problems due to cognitive deficits. Only 9% of the OTs were using standardised, occupation-based assessments. Educational level, the time needed to use the assessment tools and the impact of local departmental guidelines were not significantly associated with selection of standardised, occupation-based assessments. Conclusion: The majority of the OTs in this study did not use standardised, occupation-based assessments. These findings indicate a need for further investigation into the changes necessary to the practitioners’ knowledge, skills, or priorities in the use of standardised, occupation-based assessments in clinical practice.

Title: Pilot Randomized Controlled Trial of Self-Regulation in Promoting Function in Acute Poststroke Patients.

Citation: Archives of Physical Medicine & Rehabilitation, 01 July 2014, vol./is. 95/7(1262-1267), 00039993
Author(s): Liu, Karen P.Y., Chan, Chetwyn C.H.

Abstract: Objective: To test the efficacy of self-regulation (SR) for promoting task performance and motor and cognitive functions. Design: Pilot randomized controlled trial. Setting: Rehabilitation unit. Participants: Inpatients with acute poststroke (N=44) after a cerebral infarction aged ≥60 years. Interventions: Patients were randomly assigned to the SR (n=24) or functional rehabilitation (control; n=20) intervention. The SR intervention consisted of 1 week of therapist-supervised practices of daily tasks using SR of one's own performance (five 1-h sessions). Patients in the control intervention practiced the same daily tasks with a therapist's demonstration and guidance. Main Outcome Measures: Performance of tasks, including household and monetary transaction tasks; FIM; Fugl-Meyer Assessment (FMA); and Color Trails Test (CTT). Results: The SR group showed significant improvement in all tasks (median difference, 1–2; effect size [r]=.74–.89) versus none (median difference, 0–0.5) in the control group. Results of the FIM (P<.001, r=.87 in the motor subscale; P<.001, r=.49 in the cognitive subscale), FMA (P<.001, r=.84 for upper extremity motor function and r=.63 for lower extremity motor function), and CTT (P=.002, r=.72) of the SR group improved. The SR group outperformed their control counterparts in 4 of the 5 tasks (median difference, 1; r=.30–.52) and in the FIM motor subscale (P=.002, r=.47), but not in the cognitive subscale and motor and cognitive functions. Conclusions: SR appears useful for improving task performance that demands both motor and cognitive abilities by promoting information processing and active learning.
Title: Feasibility of High-Repetition, Task-Specific Training for Individuals With Upper-Extremity Paresis.

Citation: American Journal of Occupational Therapy, 01 July 2014, vol./is. 68/4(444-453), 02729490
Author(s): Waddell, Kimberly J., Birkenmeier, Rebecca L., Moore, Jennifer L., Hornby, T. George, Lang, Catherine E.

Abstract: OBJECTIVE: We investigated the feasibility of delivering an individualized, progressive, high-repetition upper-extremity (UE) task-specific training protocol for people with stroke in the inpatient rehabilitation setting. METHOD. Fifteen patients with UE paresis participated in this study. Task-specific UE training was scheduled for 60 min/day, 4 days/wk, during occupational therapy for the duration of a participant's inpatient stay. During each session, participants were challenged to complete ≥300 repetitions of various tasks. RESULTS. Participants averaged 289 repetitions/session, spending 47 of 60 min in active training. Participants improved on impairment and activity level outcome measures. CONCLUSION. People with stroke in an inpatient setting can achieve hundreds of repetitions of task-specific training in 1-hr sessions. As expected, all participants improved on functional outcome measures. Future studies are needed to determine whether this high-repetition training program results in better outcomes than current UE interventions.

Full Text: Available from Ovid in American Journal of Occupational Therapy Available from ProQuest in American Journal of Occupational Therapy, The

Title: Effects of Repetitive Peripheral Magnetic Stimulation on Upper-Limb Spasticity and Impairment in Patients With Spastic Hemiparesis: A Randomized, Double-Blind, Sham-Controlled Study.

Citation: Archives of Physical Medicine & Rehabilitation, 01 June 2014, vol./is. 95/6(1039-1047), 00039993
Author(s): Krewer, Carmen, Hartl, Sandra, Müller, Friedemann, Koenig, Eberhard

Abstract: Objective: To investigate short-term and long-term effects of repetitive peripheral magnetic stimulation (rpMS) on spasticity and motor function. Design: Monocentric, randomized, double-blind, sham-controlled trial. Setting: Neurologic rehabilitation hospital. Participants: Patients (N=66) with severe hemiparesis and mild to moderate spasticity resulting from a stroke or a traumatic brain injury. The average time ± SD since injury for the intervention groups was 26±71 weeks or 37±82 weeks. Interventions: rpMS for 20 minutes or sham stimulation with subsequent occupational therapy for 20 minutes, 2 times a day, over a 2-week period. Main Outcome Measures: Modified Tardieu Scale and Fugl-Meyer Assessment (arm score), assessed before therapy, at the end of the 2-week treatment period, and 2 weeks after study treatment. Additionally, the Tardieu Scale was assessed after the first and before the third therapy session to determine any short-term effects. Results: Spasticity (Tardieu >0) was present in 83% of wrist flexors, 62% of elbow flexors, 44% of elbow extensors, and 10% of wrist extensors. Compared with the sham stimulation group, the rpMS group showed short-term effects on spasticity for wrist flexors (P=.048), and long-term effects for elbow extensors (P<.045). Arm motor function (rpMS group: median 5 [4–27]; sham group: median 4 [4–9]) did not significantly change over the study period in either group, whereas rpMS had a positive effect on sensory function. Conclusions: Therapy with rpMS increases sensory function in patients with severe limb paresis. The magnetic stimulation, however, has limited effect on spasticity and no effect on motor function.

Title: Implementation of an advanced occupational therapy assistant-led groups programme in aged care rehabilitation.

Citation: Australian Occupational Therapy Journal, 01 June 2014, vol./is. 61/3(187-193), 00450766
Author(s): Cox, Ruth J., Mills, Vickie J., Fleming, Jennifer, Nalder, Emily

Abstract: Background/aim The use of support workers such as occupational therapy assistants is emerging as a strategy to enhance the health workforce, but there has been little evaluation of the feasibility of expanding support worker roles and responsibilities. This study aimed to implement an advanced occupational therapy assistant-led groups programme in a subacute aged care rehabilitation
setting and to evaluate the impact on the clinical outcomes of group participants. Method A prospective quasi-experimental cohort study was conducted comparing outcomes of 30 patients receiving a groups programme led by an advanced occupational therapy assistant with a historical control group of 40 patients receiving the groups programme led by an occupational therapist. The groups programme comprised up to six groups per week and included meal preparation groups and domestic training groups. Outcomes were Functional Independence Measure scores, Australian Therapy Outcome Measures, discharge destination, length of stay and patient satisfaction. Results Discharge outcomes of patients participating in the assistant-led groups programme were not significantly different to patients who participated in the therapist-led groups programme. Patient satisfaction levels were not significantly different between groups. Conclusion The introduction of an advanced occupational therapy assistant to replace an occupational therapist in facilitating a groups programme in aged care rehabilitation did not result in a decline in patient outcomes. However, the results should be interpreted tentatively given the study limitations and the advanced skills of the assistant involved. Further more rigorous longer term research with a larger sample is required.

Title: Physiodirect telephone assessment and treatment services: Results of a randomized controlled trial

Citation: Rheumatology (United Kingdom), April 2014, vol./is. 53/(i24-i25), 1462-0324 (April 2014)

Author(s): Salisbury C.

Abstract: Background: Aim: For patients with musculoskeletal problems in primary care, to investigate whether PhysioDirect services based on initial telephone assessment and advice from a physiotherapist are equally clinically effective and more cost-effective than usual services based on referring patients for face to face physiotherapy. Methods: Design: Pragmatic randomized controlled trial to assess equivalence, incorporating economic evaluation and nested qualitative research. Patients were randomized to PhysioDirect or usual care. Cost-effectiveness analysis was carried out from the perspective of the NHS. Interviews were conducted with patients, physiotherapists and their managers. Setting: Four community physiotherapy services in England. Participants: Adults referred by general practitioners or self-referred for physiotherapy for a musculoskeletal problem. Interventions: Patients allocated to PhysioDirect were invited to telephone a senior physiotherapist for initial assessment and advice using a computerized template, followed by face-to-face care when necessary. Patients allocated to usual care were put onto a waiting list for face-to-face care. Main outcome measures: Primary outcome was the SF36v2 Physical Component Score (PCS) at 6 months after randomization. Secondary outcomes included other measures of health outcome (MYMOP, EQ5D, global improvement, response to treatment), wait for treatment, time lost from work and usual activities, patient satisfaction. Outcome data were collected at baseline, and 6 weeks and 6 months after randomization. Results: 1506 patients were allocated to PhysioDirect and 743 to usual care. Patients allocated to PhysioDirect had a shorter wait for treatment than those allocated to usual care (median 7 days vs 34 days) and had fewer non-attended face-to-face appointments (incidence rate ratio 0.55). The primary outcome at 6 months follow-up was equivalent between PhysioDirect and usual care [mean PCS 43.50 vs 44.18, adjusted difference in means -0.01 (-0.80 to 0.79)]. The secondary measures of health outcome all demonstrated equivalence at 6 months, with slightly greater improvement in the PhysioDirect arm at 6 weeks follow-up. Patients were equally satisfied with access to care but slightly less satisfied overall with PhysioDirect compared with usual care. NHS costs per patient were similar in the two arms [PhysioDirect 198.98 versus usual care 179.68, difference in means 19.30 (-37.60 to 76.19)] while QALYs gained were also similar [difference in means 0.007 (-0.003 to 0.016)]. The incremental cost per QALY gained was 2889. The probability that PhysioDirect was cost-effective at a 20 000 willingness-to-pay threshold was 88%. These conclusions about cost-effectiveness were robust to sensitivity analyses. No adverse events were detected in the trial. Conclusion: Providing physiotherapy via PhysioDirect is equally clinically effective compared with usual waiting-list based care, provides faster access to treatment, appears to be safe, and is broadly acceptable to patients. PhysioDirect is probably cost-effective compared with usual care.
Title: Understanding the experience of inpatient rehabilitation: insights into patient-centred care from patients and family members.

Citation: Scandinavian Journal of Caring Sciences, 01 June 2014, vol./is. 28/2(264-272), 02839318

Author(s): Gill, Stephen D., Dunning, Trisha, McKinnon, Fiona, Cook, Desma, Bourke, Jo

Abstract: The aim of the study was to describe the experiences, needs and preferences of recent inpatients of a rehabilitation centre, and the needs of their families. Data were collected in four focus groups, two with patients (n = 13) who had recently completed inpatient rehabilitation following an illness, injury or elective surgery, and two with family members (n = 11). During the focus groups, two researchers facilitated discussion on any topic that participants considered important to the experience of inpatient rehabilitation; participants were encouraged to describe their care, needs and preferences. The focus group discussions were audio-taped and transcribed verbatim. Field notes were hand recorded. Data were analysed and collated into themes. Six key themes emerged. Participants wanted: interactions with friendly, empathetic staff; regular contact with senior staff and all staff to introduce themselves by name and profession; timely communication of accurate information; and rehabilitation services seven days a week. The physical environment had both positive and negative effects on patient well-being. Patients with complex or atypical circumstances required special attention to ensure their needs were met. In conclusion, patients and families identified six important issues that need to be considered during inpatient rehabilitation.

Title: Group memory rehabilitation for people with multiple sclerosis: A feasibility randomized controlled trial.

Citation: Clinical Rehabilitation, June 2014, vol./is. 28/6(552-561), 0269-2155;1477-0873 (Jun 2014)

Author(s): Carr, Sara E, das Nair, Roshan, Schwartz, Annette F, Lincoln, Nadina B

Abstract: Objective: To assess the feasibility and effectiveness of a group memory rehabilitation programme combining compensation and restitution strategies. Design: Randomized controlled trial. Setting: Community. Participants: People with multiple sclerosis who reported memory difficulties were recruited. Interventions: A group memory rehabilitation programme, comprising ten 1.5-hour sessions, was compared with a waiting list control. Main measures: The primary outcome was the Everyday Memory Questionnaire. Secondary outcomes included the General Health Questionnaire 28 and MS Impact Scale administered four and eight months after randomization. In addition, those in the intervention group gave feedback about the intervention. Results: Forty-eight participants were recruited. They were aged 34-72 years (mean 54.3, SD 11.0) and 33 (69%) were women. There were no significant differences between the two groups on the Everyday Memory Questionnaire or MS Impact Scale (P > 0.05) at four or eight months after randomization. However, the intervention group reported significantly better mood than controls on the GHQ-28 at eight months (P = 0.04). Participants showed minimal benefit from the memory rehabilitation programme on quantitative measures but the intervention was well received, as indicated by positive feedback at the end of the intervention. Conclusions: There was no significant effect of the intervention on memory but there was a significant effect on mood. The results suggest a larger scale study is justified. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Full Text: Available from ProQuest in Clinical Rehabilitation

Title: Exercise Guidelines for Patients With Parkinson’s Disease: An Overview for the Home Health Care Professional.

Citation: Home Health Care Management & Practice, 01 August 2014, vol./is. 26/3(167-174), 10848223

Author(s): McGraw, Samantha M., Hoover, Donald L., Shirey, Matthew P.
Title: Evaluating the Nintendo Wii for Assessing Return to Activity Readiness in Youth with Mild Traumatic Brain Injury.

Citation: Physical & Occupational Therapy in Pediatrics, 01 August 2014, vol./is. 34/4(229-244), 01942638

Author(s): DeMatteo, Carol, Greenspoon, Dayna, Levac, Danielle, Harper, Jessica A., Rubinoff, Mandy

Abstract: Adolescents with mild traumatic brain injuries (MTBI) are at substantial risk for repeat injury if they return to activity too soon. Post-concussion symptoms and impaired balance are two factors that limit return to activity. Post-injury assessments that challenge activity tolerance and balance skills are needed to ensure readiness to return to activity. This cross-sectional study evaluated the Nintendo Wii as a measure of exertion (heart rate [HR], respiration rate [RR], and caloric expenditure) and balance testing for youth with MTBI in a clinical setting. Twenty-four youth with MTBI, ages 9-18, played six Wii games. The Bruininks-Oseretsky Test of Motor Proficiency 2nd edition (BOT-2) and the Community Balance and Mobility Scale (CBM) were used as balance indicators. The Wii Fit Running game demonstrated the highest caloric expenditure and HR (p = .010). Frequency counts of balance loss during Wii game play did not correlate with performance on the BOT-2 or the CBM. Type, number, and time since injury were predictive of balance performance on the CBM (p = .008). Findings provide preliminary evidence for the use of the Wii as an exertion challenge to evaluate tolerance for exercise post-concussion. Frequency count of balance loss during Wii game play, however, was not a valid measure of balance impairment post-MTBI.


Citation: American Journal of Occupational Therapy, 01 July 2014, vol./is. 68/4(412-421), 02729490

Author(s): Speicher, Sarah M., Walter, Kristen H., Chard, Kathleen M.

Abstract: OBJECTIVE. This study examined outcomes of an 8-wk residential treatment program for veterans with posttraumatic stress disorder (PTSD) and a history of traumatic brain injury (TBI). METHOD. Twenty-six veterans completed the Canadian Occupational Performance Measure, Clinician-Administered PTSD Scale, Beck Depression Inventory–2nd Edition, and PTSD Checklist before and after treatment. RESULTS. Veterans demonstrated significant improvements in occupational performance and satisfaction with their performance, as well as in PTSD and depression symptom severity after residential PTSD/TBI treatment. Additionally, improvements in occupational performance and satisfaction were associated with decreases in depression symptom severity. CONCLUSION. Although preliminary, results suggest that veterans with PTSD and a history of TBI experienced significant decreases in PTSD and depression symptom severity and improvement in self-perception of performance and satisfaction in problematic occupational areas. Changes in occupational areas and depression symptom severity were related, highlighting the importance of interdisciplinary treatment.

Full Text: Available from Ovid in American Journal of Occupational Therapy Available from ProQuest in American Journal of Occupational Therapy, The

Title: Feasibility of High-Repetition, Task-Specific Training for Individuals With Upper-Extremity Paresis.

Citation: American Journal of Occupational Therapy, 01 July 2014, vol./is. 68/4(444-453), 02729490

Author(s): Waddell, Kimberly J., Birkenmeier, Rebecca L., Moore, Jennifer L., Hornby, T. George, Lang, Catherine E.

Abstract: OBJECTIVE. We investigated the feasibility of delivering an individualized, progressive, high-repetition upper-extremity (UE) task-specific training protocol for people with stroke in the inpatient rehabilitation setting. METHOD. Fifteen patients with UE paresis participated in this study. Task-specific UE training was scheduled for 60 min/day, 4 days/wk, during occupational therapy for the duration of a participant’s inpatient stay. During each session, participants were challenged to complete ≥300 repetitions
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Title: A Meta-Analysis of Acupuncture Use in the Treatment of Cognitive Impairment After Stroke.

Citation: Journal of Alternative & Complementary Medicine, 01 July 2014, vol./is. 20/7(535-544), 10755535
Author(s): Liu, Fang, Li, Zhuang-Miao, Jiang, Yi-Jing, Chen, Li-Dian

Abstract: Objective: This meta-analysis was conducted to evaluate the efficacy of acupuncture on cognitive impairment (function) after a stroke. Design: Randomized controlled trials (RCTs) comparing acupuncture with no acupuncture in addition to medicine or rehabilitation were identified from databases (PubMed, Cochrane Central Register of Controlled Trials, Chinese National Knowledge Infrastructure, VIP Chinese Periodical Database, Wangfang Chinese Periodical Database, Chinese Bio-medicine Database, Cochrane Library, and Chinese medical literature databases) and two relevant journals (Chinese Acupuncture and Moxibustion and the Journal of Shanghai Acupuncture and Moxibustion). Meta-analyses were conducted for the eligible RCTs. Results: Twenty-one trials with a total of 1421 patients met inclusion criteria. Pooled random-effects estimates of the change in the Mini-Mental State Examination were calculated for the comparison of acupuncture with no acupuncture in addition to medicine or rehabilitation. Following 4 weeks and 8 weeks of intervention with acupuncture, the merged mean difference was 3.14 (95% confidence interval [CI], 2.06-4.21; p<.00001) and 2.03 (95% CI, 0.26-3.80; p=0.02), respectively. For the comparison of 3-4 weeks of acupuncture with no acupuncture in addition to medicine or rehabilitation groups, the merged MD in Neurobehavioral Cognitive State Examination total scores was 5.63 (95% CI, 3.95-7.31; p<.00001). For the comparison of 8-12 weeks of acupuncture with no acupuncture in addition to medicine or rehabilitation groups, the P300 latency merged MD was −12.80 (95% CI, −21.08 to −4.51; p<.00001), while the P300 amplitude merged MD was 1.38 (95% CI, 0.93-1.82; p<.00001). Overall, the study quality was rated as moderate on the basis of the Cochrane Handbook for Systematic Reviews of Interventions (part 2: 8.5). Conclusions: This meta-analysis suggests that acupuncture had positive effects on cognitive function after stroke and supports the need for additional research on the potential benefits of this therapeutic approach.

Sources Used:
The following databases are used in the creation of this bulletin: Amed, Cinahl & Medline.

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