Rehabilitation

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Jason Ovens
Head of Library & Knowledge Services
Title: Exploring the decision-making process in the delivery of physiotherapy in a stroke unit.

Citation: Disability & Rehabilitation, 01 July 2015, vol./is. 37/14(1277-1284), 09638288
Author(s): McGlinchey, Mark P., Davenport, Sally

Abstract: Purpose: The aim of this study was to explore the decision-making process in the delivery of physiotherapy in a stroke unit. Methods: A focused ethnographical approach involving semi-structured interviews and observations of clinical practice was used. A purposive sample of seven neurophysiotherapists and four patients participated in semi-structured interviews. From this group, three neurophysiotherapists and four patients were involved in observation of practice. Data from interviews and observations were analysed to generate themes. Results: Three themes were identified: planning the ideal physiotherapy delivery, the reality of physiotherapy delivery and involvement in the decision-making process. Physiotherapists used a variety of clinical reasoning strategies and considered many factors to influence their decision-making in the planning and delivery of physiotherapy post-stroke. These factors included the therapist's clinical experience, patient's presentation and response to therapy, prioritisation, organisational constraints and compliance with organisational practice. All physiotherapists highlighted the importance to involve patients in planning and delivering their physiotherapy. However, there were varying levels of patient involvement observed in this process. Conclusions: The study has generated insight into the reality of decision-making in the planning and delivery of physiotherapy post-stroke. Further research involving other stroke units is required to gain a greater understanding of this aspect of physiotherapy.

Title: Dysphagia in Dementia: Influence of Dementia Severity and Food Texture on the Prevalence of Aspiration and Latency to Swallow in Hospitalized Geriatric Patients.

Citation: Journal of the American Medical Directors Association, 01 August 2015, vol./is. 16/8(697-701), 15258610
Author(s): Rösler, Alexander, Pfeil, Silke, Lessmann, Hendrik, Höder, Jürgen, Befahr, Alina, von Renteln-Kruse, Wolfgang

Abstract: Objectives To evaluate influences of disease severity and food texture on prevalence and type of dysphagia in hospitalized geriatric patients. Design We screened for dysphagia in 161 geriatric inpatients with different forms of dementia and 30 control patients. Measurements Signs of aspiration were registered with 3 different food consistencies (water, apple puree, and slice of an apple) and the latency until the first swallow was documented. Setting Geriatric department of an academic teaching hospital in Hamburg, Germany. Results Compared with the controls, patients with dementia more often showed signs of aspiration. In the patients with dementia, signs of aspiration occurred more frequently with water (35.6%) than with a slice of an apple (15.1%) or apple puree (6.3%). We observed an inverse relationship between Mini-Mental State Examination score level and the suspected rate of aspiration, as well as with the length of latency until the first swallow of puree. Conclusions The prevalence of dysphagia is high in patients with dementia, especially in patients with moderate to severe cognitive impairment. The relationships observed in this study encourage screening for dysphagia and adapting meal consistencies to prevent aspiration in patients with dementia.

Title: SAFE Medication Management for Patients with Physical Impairments of Stroke, Part One.

Citation: Rehabilitation Nursing, 01 July 2015, vol./is. 40/4(260-266), 02784807
Author(s): Yetzer, Elizabeth, Blake, Karen, Goetsch, Nancy, Shook, Mary, St. Paul, Marilyn

Abstract: Purpose: This article focuses on the extensive impairments of stroke and their influence on medication management. The impairments of motor skills due to paralysis-loss of mobility and balance, lack of hand-to-mouth coordination, and difficulty swallowing-are discussed. A future article will discuss sensory impairments of vision, hearing, cognition, comprehension, communication, and emotional disorders and how these impairments influence medication management. Design: Each of the impairments are presented and discussed, and possible interventions are proposed. Every patient is an individual and requires variable care plans. Method: Intervention strategies that include tools for patient assessment, practice tips, and devices available to assist the patient and family in safe medication management are
presented. Findings: Patient outcomes and successes vary, but the strategies outlined will return the patient to as close to previous capabilities as possible. Conclusion and Clinical Relevance: Teaching SAFE (Systematic, Accurate, Functional, Effective) medication management to the patient, family, and caregivers will increase medication safety and decrease the number of adverse effects. The rehabilitation nurse is charged with evaluating the patients' needs and developing strategies to assist them to manage their medications.

Title: Psychological Factors Determine Depressive Symptomatology After Stroke.

Citation: Archives of Physical Medicine & Rehabilitation, 01 June 2015, vol./is. 96/6(1064-1070), 00039993
Author(s): van Mierlo, Maria L., van Heugten, Caroline M., Post, Marcel W., de Kort, Paul L., Visser-Meily, Johanna M.

Abstract: Objective To identify psychological factors related to poststroke depressive symptoms. Design Cross-sectional study, with patients assessed at 2 months poststroke. Setting Patients with stroke from 6 general hospitals. Participants Stroke patients (N=344; mean age ± SD, 66.9±12.3y). Interventions Not applicable. Main Outcome Measures The presence of clinical depressive symptoms was determined with the depression subscale of the Hospital Anxiety and Depression Scale 2 months poststroke. Psychological factors assessed were extraversion, neuroticism, optimism, pessimism, self-efficacy, helplessness, acceptance, perceiving benefits, proactive coping, and passive coping. Results Bivariate correlations and multivariate backward logistic regression were used to analyze associations between psychological factors and poststroke depressive symptoms, accounting for demographic and stroke-related factors. More neuroticism, pessimism, passive coping, and helplessness, and less extraversion, optimism, self-efficacy, acceptance, perceived benefits, and proactive coping were bivariately associated with the presence of depressive symptoms. Multivariate logistic regression analysis showed that more helplessness (odds ratio [OR]=1.17) and passive coping (OR=1.19) and less acceptance (OR=.89) and perceived benefits (OR=.89) were independently significantly associated with the presence of poststroke depressive symptoms (Nagelkerke R 2 =.49). Conclusions We found a relationship between psychological variables and the presence of depressive symptoms 2 months poststroke. It is important to take these factors into account during poststroke rehabilitation.

Title: Traumatic brain injury and adverse life events: Group differences in young adults injured as children.

Citation: Brain Injury, 01 June 2015, vol./is. 29/6(709-714), 02699052
Author(s): Taylor, Olivia, Barrett, Robert D., McLellan, Tracey, McKinlay, Audrey

Abstract: Objectives: To investigate whether individuals with a history of traumatic brain injury (TBI) experience a greater number of adverse life events (ALE) compared to controls, to identify significant predictors of experiencing ALE and whether the severity of childhood TBI negatively influences adult life outcomes. Design: A total of 167 individuals, injured prior to age 18, 5 or more years post-injury and 18 or more years of age, were recruited in the Canterbury region of New Zealand, with 124 having sustained childhood TBI (62 mild, 62 moderate/severe) and 43 orthopaedic injury controls. Participants were asked about ALE they had experienced and other adult life outcomes. Results: Individuals with a history of TBI experienced more ALE compared to controls. The number of ALE experienced by an individual was associated with more visits to the doctor, lower education level and lower satisfaction with material standard of living. Conclusions: Childhood TBI is associated with an increased number of ALE and adult negative life outcomes. Understanding factors that contribute to negative outcomes following childhood TBI will provide an avenue for rehabilitation and support to reduce any problems in adulthood.

Title: Actual reality: Using the Internet to assess everyday functioning after traumatic brain injury.

Citation: Brain Injury, 01 June 2015, vol./is. 29/6(715-721), 02699052
Author(s): Goverover, Yael, DeLuca, John
Abstract: Objectives: The aim of this pilot study was to examine and compare the performance of everyday life activities in persons with traumatic brain injury (TBI) and healthy controls (HC) using a new assessment tool called 'actual reality' (AR). Method: A between-subjects design was utilized to compare 10 individuals with TBI and 10 healthy controls (HC) performing an AR task. Participants were asked to access the Internet to purchase a decorative arrangement of cookies and were administered a battery of neuropsychological tests and questionnaires to assess quality-of-life, functional status, affect symptomatology and prior Internet experience. Results: Participants with TBI had significantly more difficulties than HC participants in accurately and independently completing the AR task—primarily due to cognitive impairment. In addition, self-reports of quality-of-life and everyday functional abilities were not correlated with AR performance. Conclusions: The results provide initial evidence supporting the use of the AR approach in assessing persons with TBI performing everyday life activities. The utilization and interpretation of the AR approach is a significant step forward in increasing the sensitivity, accessibility and relevancy of functional assessments in people with cognitive impairments. Actual reality will be discussed in terms of accessibility and directions for assessment and treatment.

Title: 'The biggest thing is trying to live for two people': Spousal experiences of supporting decision-making participation for partners with TBI.

Citation: Brain Injury, 01 June 2015, vol./is. 29/6(745-757), 02699052
Author(s): Knox, Lucy, Douglas, Jacinta M., Bigby, Christine

Abstract: Primary objective: To understand how the spouses of individuals with severe TBI experience the process of supporting their partners with decision-making. Design: This study adopted a constructivist grounded theory approach, with data consisting of in-depth interviews conducted with spouses over a 12-month period. Data were analysed through an iterative process of open and focused coding, identification of emergent categories and exploration of relationships between categories. Participants: Participants were four spouses of individuals with severe TBI (with moderate-severe disability). Spouses had shared committed relationships (marriage or domestic partnerships) for at least 4 years at initial interview. Three spouses were in relationships that had commenced following injury. Main outcome and results: Two main themes emerged from the data. The first identified the saliency of the relational space in which decision-making took place. The second revealed the complex nature of decision-making within the spousal relationship. Conclusions: Spouses experience decision-making as a complex multi-stage process underpinned by a number of relational factors. Increased understanding of this process can guide health professionals in their provision of support for couples in exploring decision-making participation after injury.

Title: Secondary Health Conditions in Individuals With Multiple Sclerosis: A Cross-Sectional Web-Based Survey Analysis.

Citation: Journal of Neuroscience Nursing, 01 June 2015, vol./is. 47/3(124-130), 08880395
Author(s): Newland, Pamela, Jensen, Mark P., Budhathoki, Chakra, Lorenz, Rebecca

Title: Comparison of the Responsiveness of the Long-Form and Simplified Stroke Rehabilitation Assessment of Movement: Group- and Individual-Level Analysis.

Citation: Physical Therapy, 01 August 2015, vol./is. 95/8(1172-1183), 00319023
Author(s): Yi-Jing Huang, Kuan-Lin Chen, Yeh-Tai Chou, I.-Ping Hsueh, Chieh-Yi Hou, Ching-Lin Hsieh

Full Text: Available from EBSCOhost in Physical Therapy
Available from ProQuest in Physical Therapy

Title: Brief Overview and Assessment of the Role and Benefits of Cognitive Rehabilitation.

Citation: Archives of Physical Medicine & Rehabilitation, 01 June 2015, vol./is. 96/6(977-980), 00039993
Author(s): Basford, Jeffrey R., Malec, James F.

Abstract: Cognition is one of our most important attributes. Arresting its decline, whether in association with normal aging or a diagnosis of mild cognitive impairment, acquired brain injury, or dementia, concerns everyone, regardless of whether their role is that of spouse, child, or clinician. This article provides a brief, and by necessity, somewhat superficial appraisal of the status of our knowledge of the benefits of cognitive rehabilitation in these conditions and the authors’ assessment of its strengths and weaknesses. In summary, there is support for the belief that participation in exercise as well as socially and cognitively stimulating activities (whether or not rehabilitative in nature) is beneficial for all but perhaps those with the most severe dementia. Focused efforts at cognitive training/rehabilitation also appear potentially helpful but are best established for those with acquired brain injury. There are, however, caveats to this assessment. For example, cognitive retraining is resource and time intensive while, even for those most likely to benefit, its impact on their daily activities and quality of life remains unclear. In addition, responses to training may vary from person to person and are likely to be influenced by factors such as an individual's acceptance of the need for assistance. Future research may benefit from continued efforts to treat the patient holistically, fit the treatment to those most likely to benefit, and encouraging the translation of training effects to functioning in the real world.

Title: Falls and Use of Assistive Devices in Stroke Patients with Hemiparesis: Association with Balance Ability and Fall Efficacy.

Citation: Rehabilitation Nursing, 01 July 2015, vol./is. 40/4(267-274), 02784807
Author(s): Kim, Oksoo, Kim, Jung-Hee

Abstract: Purpose This study investigates balance ability and the fall efficacy with regard to the experiences of stroke patients with hemiparesis. Methods The experience of falling, the use of assistive devices, and each disease-related characteristic were assessed using face-to-face interviews and a self-reported questionnaire. The Berg Balance Scale and Fall Efficacy Scale were used to measure balance ability and confidence. Results The fall efficacy was significantly lower in participants who had experienced falls than those who had not. The participants who used assistive devices exhibited low balance ability and fall efficacy compared to those who did not use assistive devices. Conclusions Stroke patients with fall experience and walking aids might be considered at increased risk of falling. Clinical Relevance Preventive measures for individuals using walking aids may be beneficial in reducing the fall rate of community-dwelling stroke patients.

Title: Preliminary Investigation of Gait Initiation and Falls in Multiple Sclerosis.

Citation: Archives of Physical Medicine & Rehabilitation, 01 June 2015, vol./is. 96/6(1098-1102), 0003993
Author(s): Wajda, Douglas A., Moon, Yaejin, Motl, Robert W., Sosnoff, Jacob J.

Abstract: Objective To examine the relationship between gait initiation, fall history, and physiological fall risk in individuals with multiple sclerosis (MS) during both cognitive distracting and nondistracting conditions. Design Single time point cross-sectional analysis. Setting University research laboratory. Participants Ambulatory individuals (N=20) with MS ranging in age from 28 to 76 years. Intervention Not applicable. Main Outcome Measures Gait initiation time was quantified as the time to toe-off of the first step after an auditory cue. Gait initiation was performed with and without a concurrent cognitive challenge of reciting alternating letters of the alphabet. Additionally, participants underwent a test of fall risk using the Physiological Profile Assessment (PPA) and provided a self-report of the number of falls in the previous 3 months. Results Gait initiation times ranged from .67 to 1.12 seconds during the single-task condition and .73 to 1.84 seconds during the cognitive challenge condition. PPA scores ranged from −.80 to 3.87. Participants reported a median of 0.0 falls (interquartile range, 0.0–2.75) in the previous 3 months. There was a significant correlation between PPA score and gait initiation times only in the cognitive distraction condition (p=.50). There was also a correlation between cognitive distraction gait initiation times and fall history (p=.60). Conclusions The observations provide preliminary evidence that gait initiation during cognitive challenge may represent a target for fall prevention strategies in MS.
Title: The first step in using a robot in brain injury rehabilitation: patients’ and health-care professionals’ perspective.

Citation: Disability & Rehabilitation: Assistive Technology, 01 September 2015, vol./is. 10/5(365-370), 17483107

Author(s): Boman, Inga-Lill, Bartfai, Aniko

Abstract: Purpose: To evaluate the usability of a mobile telepresence robot (MTR) in a hospital training apartment (HTA). The MTR was manoeuvred remotely and was used for communication when assessing independent living skills, and for security monitoring of cognitively impaired patients. Method: Occupational therapists (OTs) and nurses received training in how to use the MTR. The nurses completed a questionnaire regarding their expectations of using the MTR. OTs and patients staying in the HTA were interviewed about their experiences of the MTR. Interviews and questionnaires were analysed qualitatively. Results: The HTA patients were very satisfied with the MTR. The OTs and nurses reported generally positive experiences. The OT’s found that assessment via the MTR was more neutral than being physically present. However, the use of the MTR implied considerable difficulties for health-care professionals. The main obstacle for the nurses was the need for fast and easy access in emergency situations while protecting the patients' integrity. Conclusions: The results indicate that the MTR could be a useful tool to support daily living skills and safety monitoring of HTA patients. However, when designing technology for multiple users, such as health-care professionals, the needs of all users, their routines and support services involved, should also be considered.

Sources Used:
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