Rehabilitation

Current Awareness Bulletin

September 2016

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Title: Post-Stroke Depression: A Review.

Citation: American Journal of Psychiatry, 2016, vol./is. 173/3(221-231), 0002953X
Author(s): Robinson, Robert G., Jorge, Ricardo E.

Abstract: Poststroke depression (PSD) has been recognized by psychiatrists for more than 100 years, but controlled systematic studies did not begin until the 1970s. Meta-analyses addressing almost all major clinical issues in the field have emerged because of the relatively small number of patients included in some stroke studies. In order to build large databases, these meta-analyses have merged patients with rigorously assessed mood disorders with major depressive features with patients scoring above arbitrary cutoff points on depression rating scales, thus missing important findings such as cognitive impairment associated with major but not minor depression. Nevertheless, PSD occurs in a significant number of patients and constitutes an important complication of stroke, leading to greater disability as well as increased mortality. The most clinically important advances, however, have been in the treatment and prevention of PSD. Recent meta-analyses of randomized controlled trials for the treatment of PSD have demonstrated the efficacy of antidepressants. Similarly, randomized controlled trials for prevention of PSD have shown that antidepressants significantly decrease the incidence of PSD compared with placebo. Early antidepressant treatment of PSD appears to enhance both physical and cognitive recovery from stroke and might increase survival up to 10 years following stroke. There has also been progress in understanding the pathophysiology of PSD. Inflammatory processes might be associated with the onset of at least some depressive symptoms. In addition, genetic and epigenetic variations, white matter disease, cerebrovascular deregulation, altered neuroplasticity, and changes in glutamate neurotransmission might be relevant etiological factors. Further elucidation of the mechanism of PSD may ultimately lead to specific targeted treatments.

Title: Respiratory training improved ventilatory function and respiratory muscle strength in patients with multiple sclerosis and lateral amyotrophic sclerosis: systematic review and meta-analysis.

Citation: Physiotherapy, 2016, vol./is. 102/3(221-228), 00319406
Author(s): Ferreira, Gustavo D., Costa, Ana Cecília C., Plentz, Rodrigo D.M., Coronel, Christian C., Sbruzzi, Graciele

Title: Quantifying Change During Outpatient Stroke Rehabilitation: A Retrospective Regression Analysis.

Citation: Archives of Physical Medicine & Rehabilitation, 2016, vol./is. 97/9(1423-1423), 00039993
Author(s): Lohse, Keith, Bland, Marghurettta D., Lang, Catherine E.

Title: Correlation of Fractional Anisotropy With Motor Recovery in Patients With Stroke After Postacute Rehabilitation.

Citation: Archives of Physical Medicine & Rehabilitation, 2016, vol./is. 97/9(1487-1495), 00039993
Author(s): Wen, Hongei, Alshikho, Mohamad J., Wang, Yao, Luo, Xun, Zafonte, Ross, Herbert, Martha R., Wang, Qing Mei

Title: Effect of Exercise Training on Fitness in Multiple Sclerosis: A Meta-Analysis.

Citation: Archives of Physical Medicine & Rehabilitation, 2016, vol./is. 97/9(1564-1572), 00039993
Author(s): Platta, Matthew E., Ensari, Ipek, Motl, Robert W., Pilutti, Lara A.

Title: Electrical Stimulation for Hemiplegic Shoulder Function: A Systematic Review and Meta-Analysis of 15 Randomized Controlled Trials.
Title: What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis.

Citation: Clinical Rehabilitation, 2016, vol./is. 30/9(921-930), 02692155
Author(s): Plant, Sarah E., Tyson, Sarah F., Kirk, Susan, Parsons, John

Title: Resistance Training with Instability for Patients with Parkinson’s Disease.

Citation: Medicine & Science in Sports & Exercise, 2016, vol./is. 48/9(1678-1687), 01959131
Author(s): SILVA-BATISTA, CARLA, CORCOS, DANIEL M., ROSCHEL, HAMILTON, KANEGUSUKU, HELCIO, BUCKEN GOBBI, LILIAN TERESA, PIMENTEL PIEMONTE, MARIA ELISA, TAVARES MATTOS, EUGENIA CASELLA, TULIO DE MELLO, MARCO, FORJAZ, CLAUDIA L. M., TRICOLI, VALMOR, UGRINOWITSCH, CARLOS

Title: Effects of Physical-Exercise-Based Rehabilitation Programs on the Quality of Life of Patients With Parkinson’s Disease: A Systematic Review of Randomized Controlled Trials.

Citation: Journal of Aging & Physical Activity, 2016, vol./is. 24/3(48-496), 10638652
Author(s): Cascaes da Silva, Franciele, da Rosa lop, Rodrigo, Domingos dos Santos, Patrícia, Aguiar Bezerra de Melo, Lidia Mara, Barbosa Gutierres Filho, Paulo José, da Silva, Rudney

Title: Predictors and signatures of recovery from neglect in acute stroke.

Citation: Annals of Neurology, 2016, vol./is. 79/4(673-686), 03645134
Author(s): Umarova, Roza M., Nitschke, Kai, Kaller, Christoph P., Klöppel, Stefan, Beume, Lena, Mader, Irina, Martin, Markus, Hennig, Jürgen, Weiller, Cornelius, Klöppel, Stefan, Hennig, Jürgen

Abstract: Objective: Spatial neglect can either spontaneously resolve or persist after stroke; the latter is associated with a poorer outcome. We aimed to investigate the neural correlates and predictors of favorable versus poor recovery from neglect in acute stroke. Methods: In addition to neuropsychological testing, we explored task-related functional magnetic resonance imaging activation and functional connectivity in 34 patients with neglect and/or extinction. Patients were examined at 2 to 3 days (acute phase I) and 8 to 10 days (acute phase II), and some of them at 4 to 6 months (chronic phase) poststroke. Results: Course of recovery was predicted by the strength of functional connectivity between the right parietal and left prefrontal and parietal regions, as early as acute phase I. During acute phase II, favorable recovery from neglect was associated with increased activation in the left prefrontal and right parietal regions, an effect not observed at any time point in patients with poor acute recovery. The extent of neglect amelioration correlated with activation gain in the right attention centers; stronger activation of their left functional homologues correlated with better spatial processing in the neglected hemispace during both of the acute examination phases. Interpretation: System excitability and early recruitment of contralateral functional homologues represented specific features of favorable recovery in acute stroke. In severe strokes leading to neglect, contralateral functional homologues support recovery by modulating the preserved ipsilesional network, and initial functional connectivity between them might predict recovery course and help to identify patients with potentially poor recovery requiring more intensive early rehabilitation.

Title: Six-Week Nordic Treadmill Training Compared with Treadmill Training on Balance, Gait, and Activities of Daily Living for Stroke Patients: A Randomized Controlled Trial.
Abstract: Background: Recently, stroke rehabilitation training programs have contained elements of sporting activities. Arm swing is a particularly important factor in gait; accordingly, the use of the Nordic walking exercise has been advocated in the literature. Objective: Our objective is to compare the effects of Nordic treadmill training (NTT) and treadmill training (TT) on balance, gait, and activities of daily living (ADL) in stroke patients.

Methods: Thirty stroke patients were randomly allocated to NTT and TT groups. NTT and TT were performed for 30 minutes each day, 5 times per week for 6 weeks. The Berg Balance Scale, the timed up and go test, and the teta-ataxiometric posturography tests were used to assess balance; the 10-meter walk test, 6-minute walk test, and modified Barthel Index were used to measure balance, gait, and ADL.

Results: After 6 weeks of training, balance, gait, and ADL improved significantly in both groups, but NTT was associated with greater improvements compared to TT for all 3 measures.

Conclusion: This study is the first to assess the effects of NTT on balance, gait, and ADL in stroke patients. The data indicate that NTT represents an effective adjunctive treatment to TT in this population.

Title: Poststroke Physical Activity Levels No Higher in Rehabilitation than in the Acute Hospital.

Abstract: Background: Returning to physical activity is a common goal for stroke survivors undergoing rehabilitation, and higher levels of activity have been linked to better gait and greater independence in activities of daily living. Our aim was to determine if inpatient rehabilitation settings promoted higher levels of physical activity in stroke survivors than an acute stroke unit setting.

Methods: Stroke survivors were recruited from the inpatient rehabilitation wards of 4 different hospitals in southern Sweden and from the acute stroke unit at Karolinska University Hospital in Stockholm. Participants were observed for 1 minute every 10 minutes from 8:00 a.m. to 5:00 p.m. At each observation, the person's highest level of physical activity, location, and other people present were recorded.

Results: We collected data from 190 stroke survivors (104 rehabilitation, 86 acute). Contrary to our hypothesis, there was no significant difference between the groups in the amount of time spent in moderate-to-high physical activity (rehabilitation median 24%, acute median 23%; adjusted P = .74). Compared to those in the acute setting, participants in the rehabilitation setting spent less time lying in bed, more time sitting supported out of bed, less time in their bedroom, and more time with a therapist (all adjusted P < .001).

Conclusion: In the context of stroke, the inpatient rehabilitation environment does not appear to promote higher levels of physical activity than the acute hospital environment.
Title: Speech-language pathologists' perspectives on cognitive communication assessment during post-traumatic amnesia.

Citation: Brain Injury, 2016, vol./is. 30/9(1131-1142), 02699052
Author(s): Steel, Joanne, Ferguson, Alison, Spencer, Elizabeth, Togher, Leanne

Title: Examination of an intervention to enhance relationship satisfaction after brain injury: A feasibility study.

Citation: Brain Injury, 2016, vol./is. 30/8(975-985), 02699052
Author(s): Backhaus, Samantha, Neumann, Dawn, Parrot, Devan, Hammond, Flora M., Brownson, Claire, Malec, James

Title: Prospection and its relationship to instrumental activities of daily living in patients with mild traumatic brain injury with cognitive impairment.

Citation: Brain Injury, 2016, vol./is. 30/8(986-992), 02699052
Author(s): Zakzanis, Konstantine K., Grimes, Kyrsten M., Uzzaman, Sarah, Schmuckler, Mark A.

Title: An observational study of implicit motor imagery using laterality recognition of the hand after stroke.

Citation: Brain Injury, 2016, vol./is. 30/8(999-1004), 02699052
Author(s): Amesz, Sarah, Tessari, Alessia, Ottoboni, Giovanni, Marsden, Jon

Title: Recovery of consciousness after 7 years in vegetative state of non-traumatic origin: A single case study.

Citation: Brain Injury, 2016, vol./is. 30/8(1029-1034), 02699052
Author(s): De Tanti, Antonio, Saviola, Donatella, Basagni, Benedetta, Cavatorta, Sabina, Chiari, Margherita, Casalino, Stefano, De Bernardi, Daniele, Galvani, Romina

Title: Using Radiological Data to Estimate Ischemic Stroke Severity.

Citation: Journal of Stroke & Cerebrovascular Diseases, 2016, vol./is. 25/4(792-798), 10523057
Author(s): Sico, Jason J., Phipps, Michael S., Concato, John, Brandt, Cynthia, Wells, Carolyn K., Lo, Albert C., Nadeau, Stephen E., Williams, Linda S., Gorman, Mark, Boice, John L., Bravata, Dawn M.

Abstract: Background: Risk-adjusted poststroke mortality has been proposed for use as a measure of stroke care quality. Although valid measures of stroke severity (e.g., the National Institutes of Health Stroke Scale [NIHSS]) are not typically available in administrative datasets, radiology reports are often available within electronic health records. We sought to examine whether admission head computed tomography data could be used to estimate stroke severity. Materials and Methods: Using chart review data from a cohort of acute ischemic stroke patients (1998-2003), we developed a radiographic measure ([BIS]) of stroke severity in a two-third development set and assessed in a one-third validation set. The retrospective NIHSS was dichotomized as mild/moderate (<10) and severe (≥10). We compared the association of this radiographic score with NIHSS and in-hospital mortality at the patient level. Results: Among 1348 stroke patients, 86.5% had abnormal findings on initial head computed tomography. The c-statistic for the BIS for modeling severe stroke (development, .581; validation, .579) and in-hospital mortality (development, .623; .
validation, .678) were generated. Conclusions: Although the c-statistics were only moderate, the BIS provided significant risk stratification information with a 2-variable score. Until administrative data routinely includes a valid measure of stroke severity, radiographic data may provide information for use in risk adjustment.

Title: Patterns and Predictors of Blood Pressure Treatment, Control, and Outcomes among Stroke Survivors in the United States.

Citation: Journal of Stroke & Cerebrovascular Diseases, 2016, vol./is. 25/4(857-865), 10523057
Author(s): Razmara, Ali, Ovbiagele, Bruce, Markovic, Daniela, Towfighi, Amytis

Abstract: Background: Expert consensus guidelines recommend antihypertensive treatment to lower secondary stroke risk, but patterns and predictors of blood pressure (BP) treatment and control among stroke survivors in the United States remain unknown. Understanding predictors of poor control can facilitate development of targeted strategies. Methods: We reviewed the prevalence and control of hypertension among adults 40 years or older with self-reported stroke who participated in the National Health and Nutrition Examination Surveys 1999-2004 with mortality follow-up through 2006. Predictors of poorly controlled BP (>140/90 mm Hg) and nontreatment were determined via logistic regression. Independent association between antihypertensive use and mortality was determined using Cox models. Results: Among 9145 participants, 490 reported previous stroke; 72% had known hypertension, 8% had undiagnosed hypertension, and 47% had poorly controlled BP. In multivariable analyses, age (odds ratio [OR] per year 1.06, 95% confidence interval [CI] 1.03-1.09), female sex (OR 1.70, 95% CI 1.12-2.57), non-Mexican Hispanic ethnicity (OR 4.54, 95% CI 1.76-11.70), black race (OR 3.15, 95% CI 1.59-6.25), hypercholesterolemia (OR 2.46, 95% CI 1.44-4.21), and diabetes (OR 1.96, 95% CI 1.16-3.33) were associated with poorly controlled BP. Obesity was associated with lower odds of poorly controlled BP (OR .51, 95% CI .26-.99). Non-Mexican Hispanic ethnicity (OR 7.37, 95% CI 2.25-24.10) and black race (OR 3.13, 95% CI 1.05-9.34) were predictors of nontreatment, whereas diabetes was linked to treatment (OR 3.57, 95% CI 1.21-10.43). There was no association between antihypertensive treatment and mortality after adjustment for demographics and comorbidities. Conclusions: One in 2 stroke survivors in the United States has poorly controlled BP; the most vulnerable groups include women, non-Mexican Hispanics, blacks, diabetics, and older individuals. Understanding causes of this evidence-practice gap may assist in developing effective targeted interventions.

Title: Effects of Pilates-Based Core Stability Training in Ambulant People With Multiple Sclerosis: Multicenter, Assessor-Blinded, Randomized Controlled Trial.

Citation: Physical Therapy, 2016, vol./is. 96/8(1170-1178), 00319023
Author(s): Fox, Esther E., Hough, Alan D., Creanor, Siobhan, Gear, Margaret, Freeman, Jennifer A.

Abstract: Pilates exercise is often undertaken by people with multiple sclerosis (MS) who have balance and mobility difficulties. The primary aim of the study was to compare the effects of 12 weeks of Pilates exercises with relaxation on balance and mobility. Secondary aims were: (1) to compare standardized exercises with relaxation and (2) to compare Pilates exercises with standardized exercises. A multicenter, assessor-blinded, randomized controlled trial was conducted. Participants with Expanded Disability Status Scale scores of 4.0 to 6.5 were randomly allocated to groups receiving 12 weeks of Pilates exercises, standardized exercises, or relaxation. Assessments were undertaken at baseline and weeks 12 and 16 (primary outcome measure: 10-Meter Timed Walk Test [10MTW]). One hundred participants (mean age=54 years, 74% female) were randomized to study groups. Six participants relapsed (withdrew from the study), leaving 94 participants for intention-to-treat analysis. There was no significant difference in mean 10MTW measurements between the Pilates and relaxation groups. At 12 weeks, there was a mean reduction of 4.2 seconds for the standardized exercise group compared with the relaxation group (95% confidence interval [relaxation group minus standardized exercise group measurements]=0.0, 8.4) and a mean reduction of 3.7 seconds for the Pilates group compared with the standardized exercise group (95% confidence interval [Pilates group minus standardized exercise group measurements]=-0.4 to 7.8). At 16 weeks, mean 10MTW times for the standardized exercise group remained quicker than those for the Pilates and relaxation groups, although the differences were nonsignificant. There were no significant differences between the
Pilates and relaxation groups for any secondary outcome measure. In this study, therapists were limited to a standardized basket of exercises that may have affected the study outcomes. Furthermore, choosing measures such as posturography to assess balance, accelerometry to assess walking, or a specific trunk assessment scale might have been more responsive in detecting changes in outcome. Participants did not improve significantly, either in the short term or at the 4-week follow-up, on the 10MTW after 12 weeks of Pilates exercises compared with 12 weeks of relaxation. © 2016 American Physical Therapy Association.

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Available from EBSCOhost in Physical Therapy
Available from Highwire Press in Physical Therapy
Available from ProQuest in Physical Therapy

Title: Systematic review of physiotherapy interventions to improve gross motor capacity and performance in children and adolescents with an acquired brain injury.

Citation: Brain Injury, 2016, vol./is. 30/8(948-959), 02699052
Author(s): Baque, Emmah, Sakzewski, Leanne, Barber, Lee, Boyd, Roslyn N.

Title: Vocational outcome 6–15 years after a traumatic brain injury.

Citation: Brain Injury, 2016, vol./is. 30/8(969-974), 02699052
Author(s): Lexell, J., Wihlney, A.-K., Jacobsson, L. J.

Title: Prospection and its relationship to instrumental activities of daily living in patients with mild traumatic brain injury with cognitive impairment.

Citation: Brain Injury, 2016, vol./is. 30/8(986-992), 02699052
Author(s): Zakzanis, Konstantine K., Grimes, Kyrsten M., Uzzaman, Sarah, Schmuckler, Mark A.

Title: Constraint-Induced Movement Therapy for Hemiparesis Following Stroke.

Citation: American Journal of Nursing, 2016, vol./is. 116/8(63-63), 0002936X
Author(s): Whitehead, Lisa

Title: Treadmill training combined with water and land-based exercise programs: Effects on Parkinson’s disease patients.

Citation: NeuroRehabilitation, 2016, vol./is. 39/2(295-299), 10538135
Author(s): Ayan, Carlos, Varela, Silvia, Vila, M. Helena, Seijo-Martinez, Manuel, Cancela, Jose M.

Title: Task-Oriented Rehabilitation Program for Stroke.

Citation: JAMA: Journal of the American Medical Association, 2016, vol./is. 316/1(102-), 00987484
Author(s): Winstein, Carolee, Wolf, Steven, Dromerick, Alexander W.

Title: Vocational Rehabilitation Services and Outcomes for Transition-Age Youth With Traumatic Brain Injuries.

Citation: Journal of Head Trauma Rehabilitation, 2016, vol./is. 31/4(288-295), 08859701
Author(s): Rumrill, Phillip, Wehman, Paul, Cimera, Robert, Kaya, Cahit, Dillard, Chad, Fong Chan
Title: Effectiveness of Animal Assisted Therapy after brain injury: A bridge to improved outcomes in CRT.

Citation: NeuroRehabilitation, 2016, vol./is. 39/1(135-140), 10538135
Author(s): Stapleton, Mary

Title: Home-based hand rehabilitation after chronic stroke: Randomized, controlled single-blind trial comparing the MusicGlove with a conventional exercise program.

Citation: Journal of Rehabilitation Research & Development, 2016, vol./is. 53/4(457-471), 07487711
Author(s): Zondervan, Daniel K., Friedman, Nizan, Chang, Enoch, Xing Zhao, Augsburger, Renee, Reinkensmeyer, David J., Cramer, Steven C.

Abstract: Individuals with chronic stroke have limited options for hand rehabilitation at home. Here, we sought to determine the feasibility and efficacy of home-based MusicGlove therapy. Seventeen participants with moderate hand impairment in the chronic phase of stroke were randomized to 3 wk of home-based exercise with either the MusicGlove or conventional tabletop exercises. The primary outcome measure was the change in the Box and Blocks test score from baseline to 1 mo posttreatment. Both groups significantly improved their Box and Blocks test score, but no significant difference was found between groups. The MusicGlove group did exhibit significantly greater improvements than the conventional exercise group in motor activity log quality of movement and amount of use scores 1 mo posttherapy (p = 0.007 and p = 0.04, respectively). Participants significantly increased their use of MusicGlove over time, completing 466 gripping movements per day on average at study end. MusicGlove therapy was not superior to conventional tabletop exercises for the primary end point but was nevertheless feasible and led to a significantly greater increase in self-reported functional use and quality of movement of the impaired hand than conventional home exercises. ClinicalTrials.gov; "Influence of Timing on Motor Learning"; NCT01769326; https://clinicaltrials.gov/ct2/show/NCT01769326.

Full Text: Available from EBSCOhost in Journal of Rehabilitation Research & Development
Available from ProQuest in Journal of Rehabilitation Research and Development

Title: Effect of Underwater Exercise on Lower-Extremity Function and Quality of Life in Post-Stroke Patients: A Pilot Controlled Clinical Trial.

Citation: Journal of Alternative & Complementary Medicine, 2016, vol./is. 22/8(635-641), 10755535
Author(s): Matsumoto, Shuji, Uema, Tomohiro, Ikeda, Keiko, Miyara, Kodai, Nishi, Tomofumi, Noma, Tomokazu, Shimodozono, Megumi

Title: Methodological Quality of Motor Intervention Randomized Controlled Trials in Stroke Rehabilitation.

Citation: Journal of Stroke & Cerebrovascular Diseases, 2016, vol./is. 25/2(248-253), 10523057
Author(s): McIntyre, Amanda, Campbell, Nerissa, Vermeer, Julianne, Mays, Rachel, Janzen, Shannon, Teasell, Robert

Abstract: Purpose: The objective of the study was to evaluate the methodological quality of motor intervention randomized controlled trials (RCTs) published in the stroke rehabilitation literature and to examine trends in quality over time.Methods: A systematic literature search was conducted for all English articles (published up to December 2013) examining rehabilitation for motor recovery poststroke. All RCTs with a human sample, of which at least 50% had a stroke, were included in the analysis. A Physiotherapy Evidence Database (PEDro) score was assigned to assess methodological quality. A one-way analysis of variance was conducted to examine adherence to quality items overall and over time, with post hoc t-tests performed where appropriate.Results: Six hundred seventy-six RCTs met inclusion criteria, of which 32.0%
had excellent, 42.0% good, 23.1% fair, and 3.0% poor methodological qualities. The overall mean PEDro score was 6.6 ± 1.6; with scores improving significantly between 1979-1983 and 2009-2013 (5.0 ± 1.4 versus 7.0 ± 1.5; P = .0003); however, no significant improvements in individual items were found (P > .05). Conclusions: This study showed improvements in the total methodological quality of motor intervention RCTs in stroke rehabilitation over time. However, no relationship was found between individual quality items and improvement over time.

Title: Evaluating the Siebens Model in Geriatric-Stroke Inpatient Rehabilitation to Reduce Institutionalization and Acute-Care Readmissions.

Citation: Journal of Stroke & Cerebrovascular Diseases, 2016, vol./is. 25/2(317-326), 10523057
Author(s): Kushner, David S., Peters, Kenneth M., Johnson-Greene, Doug

Abstract: Background: The objective of the study is to evaluate the use of Siebens Domain Management Model (SDMM) in geriatric-stroke patients during inpatient rehabilitation (IR) to increase functional independence, and to reduce institutionalization and acute-care readmissions, which are quality indicators under the U.S. Affordable Care Act. Methods: In 2010 (preintervention), 66 stroke patients aged more than 75 years were admitted to an IR facility, on average, 8.8 days postacute care. In 2012 (postintervention), 58 patients aged more than 75 years were admitted to the same IR facility, on average, 5.0 days postacute care. SDMM intervention involved weekly adjustments of clinical care focused on potential barriers to discharge home. Functional Independence Measure (FIM) efficiency, length of stay (LOS), and disposition rates to community or home, acute care, and long-term care were compared pre- and postintervention within facility, and facility data were compared to national case-mix-group-adjusted data from the Uniform Data System for Medical Rehabilitation for both years (2010/2012). Results: Pre- and postintervention demographics and prestroke living support/setting were similar, but preintervention had on average 4 more days LOS in IR and 3.8 more days to IR onset. There were significantly more discharges to community in postintervention (79.3%) compared to preintervention (56.9%) (chi-square = 6.02, P < .013). The preintervention group did not significantly differ from 2010 national data whereas the postintervention/2012 group significantly differed from 2012 national data for higher FIM efficiency (t = -3.1, P < .002) and more discharges to community (chi-square = 19.7; P < .0001). From 2010 to 2012, there were 3.8 times more discharges to community (chi-square = 8535; P < .0001) and 6 times fewer acute-care dispositions postintervention than nationally (chi-square = 58.7; P < .0001).

Title: The correlation between occupational performance and well-being in stroke patients.

Citation: Journal of Physical Therapy Science, 2016, vol./is. 28/6(1712-1715), 09155287
Author(s): GANG-SEOK CHAE, MOONYOUNG CHANG

Abstract: [Purpose] This study was performed to evaluate the occupational performance of stroke patients and their environment by occupational self-assessment and to investigate the relationship between occupational performance and well-being. [Subjects and Methods] This study enrolled ninety-two stroke patients who were receiving occupational therapy at a general hospital, a rehabilitation hospital, or a community welfare center in the cities of Busan and Gimhae, Republic of Korea. Occupational performance and well-being were investigated with Occupational Self-Assessment Version 2.2 and the Personal Well-being Index-Adult. [Results] Analysis of the correlation between occupational performance as assessed by the "Myself" and "My Environment" sections of Occupational Self-Assessment Version 2.2 and well-being revealed moderate positive correlation for both sections. [Conclusion] The relationship between occupational performance and well-being was identified. Further studies are needed to reveal whether improvement of occupational performance could affect well-being in various dimensions.

Title: Inpatient Rehabilitation Outcomes in Patients With Stroke Aged 85 Years or Older.

Citation: Physical Therapy, 2016, vol./is. 96/9(1381-1388), 00319023
Author(s): O’Brien, Suzanne R., Ying Xue

Abstract: In the United States, people 85 years of age or older have a growing number of strokes each year, and this age group is most at risk for disability. Inpatient rehabilitation facilities (IRFs) adhere closest to post-acute stroke rehabilitation guidelines and have the most desirable outcomes compared with skilled nursing facilities. As stroke is one of the leading causes of disability, knowledge of postrehabilitation outcomes is needed for this age group, although at present such information is limited. The purpose of this study was to describe functional and discharge outcomes after IRF rehabilitation in people with stroke aged 85 years or older. A serial, cross-sectional design was used. Inpatient Rehabilitation Facility-Patient Assessment Instrument data were analyzed beginning in 2002 for the first 5.5 years after implementation of the prospective payment system and included 71,652 cases. Discharge function, measured using the Functional Independence Measure (FIM), and community discharge were the discharge outcome measures. Sample description used frequencies and means. Generalized estimating equations (GEEs) with post hoc testing were used to analyze the annual trends for discharge FIM and community discharge by age group (85-89, 90-94, 95-99, and ≥100 years). Risk-adjusted linear and logistic GEE models, with control for cluster, were used to analyze the association between both outcome measures and age group. Over 5.5 years, mean discharge FIM scores decreased by 3.6 points, and mean achievement of community discharge decreased 5.5%. Approximately 54% of the sample achieved community discharge. Continuous and logistic GEEs revealed factors associated with discharge outcomes. Results obtained using an observational design should not be viewed as indicating causation. The lack of control for a caregiver may have altered results. The very elderly people admitted to IRF stroke rehabilitation made functional gains, and most were able to return to the community. © 2016 American Physical Therapy Association.

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Title: What Factors Predict Who Will Have a Strong Social Network Following a Stroke?

Citation: Journal of Speech, Language & Hearing Research, 2016, vol./is. 59/4(772-783), 10924388
Author(s): Northcott, Sarah, Marshall, Jane, Hilari, Katerina

Abstract: Measures of social networks assess the number and nature of a person's social contacts, and strongly predict health outcomes. We explored how social networks change following a stroke and analyzed concurrent and baseline predictors of social networks 6 months poststroke. We conducted a prospective longitudinal observational study. Participants were assessed 2 weeks (baseline), 3 months, and 6 months poststroke. Measures comprised the Stroke Social Network Scale (Northcott & Hilari, 2013), Medical Outcomes Study Social Support Survey (Sherbourne & Stewart, 1991), National Institutes of Health Stroke Scale (Brott et al., 1989), Frenchay Aphasia Screening Test (Enderby, Wood, Wade, & Langton Hewer, 1987), Frenchay Activities Index (Wade, Legh-Smith, & Langton Hewer, 1985), and Barthel Index (Mahoney, Wood, & Barthel, 1958). Analyses of variance and standard multiple regression were used to analyze change and identify predictors. Eighty-seven participants (37% with aphasia) were recruited; 71 (16% with aphasia) were followed up at 6 months. Social network scores declined poststroke (p = .001). Whereas the Children and Relatives factors remained stable, the Friends factor significantly weakened (p < .001). Concurrent predictors of social network at 6 months were perceived social support, ethnicity, aphasia, and extended activities of daily living (adjusted R2 = .42). There were 2 baseline predictors: premorbid social network and aphasia (adjusted R2 = .60). Social networks declined poststroke. Aphasia was the only stroke-related factor measured at the time of the stroke that predicted social network 6 months later.

Full Text:
Available from EBSCOhost in Journal of Speech, Language & Hearing Research
Title: The Challenge of Altered Sexual Function in Stroke Survivors Undergoing Rehabilitation.

Citation: Topics in Geriatric Rehabilitation, 2016, vol./is. 32/3(199-203), 08827524
Author(s): Brandstater, Murray, Kim, Mary

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Title: Sexual Function After Stroke.

Citation: Topics in Geriatric Rehabilitation, 2016, vol./is. 32/3(204-209), 08827524
Author(s): Thomas, Heather

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

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