

Rehabilitation

Current Awareness Bulletin

April 2025

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Book a session today at <https://forms.office.com/e/HyiSXfDaYV> (these sessions will be held on a monthly basis)

1. SLTs on the tight rope: Learning from the experiences of disabled SLTs in the workplace

Author: Royal College of Speech and Language Therapists

Publication Date: 2025

[Keen to explore the experiences of disabled SLTs within the workplace, the RCSLT Disability Group conducted a survey to gather information. The analysis carefully considers the perspectives of disabled SLTs and SLT students, as well as non-disabled colleagues. It presents, in their own words, what 254 SLTs with a range of disabilities told researchers about their experiences.]

2. Environmental physiotherapy: knowledge, attitudes, and practices among physiotherapists in Iceland

Authors: Olafsdottir, Steinunn A.; Petursdottir, Lilja Salom

Publication date: 2025

Journal: Frontiers in Public Health

Abstract

Introduction: With growing concerns about climate change and the healthcare sector's carbon footprint, integrating sustainable practices into physiotherapy could not only reduce this impact but also enhance patient outcomes. This study explores the knowledge, attitudes, and

practices of physiotherapists in Iceland regarding climate change and their role in promoting sustainability.

Methods: A cross-sectional survey was distributed to active members of the Icelandic Physiotherapy Association. A total of 114 physiotherapists participated (17.1% response rate). The survey, consisting of 21 questions across four themes-knowledge, attitudes, behavior, and obstacles-captured insights on respondents' understanding of climate change, their environmental practices, and the challenges they encounter.

Results: The results revealed a strong awareness of the relevance of climate change to health, though many respondents acknowledged limited knowledge on the topic. A majority expressed a sense of responsibility to mitigate climate change and reported taking actions such as reducing waste and promoting energy conservation. However, many identified a need for more guidance and training to integrate sustainable practices effectively. The primary obstacle was insufficient knowledge on implementing environmental strategies, with respondents indicating that education and resources would help overcome this barrier.

Discussion: This study highlights the potential for physiotherapists to contribute significantly to the healthcare sector's sustainability goals. The respondents' desire to enhance their environmental practices suggests an opportunity for professional associations and educational institutions to provide targeted training and support. By fostering greater environmental literacy, physiotherapists could not only contribute to reducing the healthcare sector's carbon footprint but also promote sustainable health behaviors in patients. Enhanced knowledge and support could help physiotherapists become key contributors to sustainability in healthcare.

3. BuRn-out Across physiotherapists working in critical care during the COVID-19 pandemic: a UK-wide observational study (BRAVE)

Authors: Battle, C.;Driscoll, T.;Pattison, N.;Highfield, J. and Connolly, B.

Publication Date: 2025

Journal: Physiotherapy

4. Rehabilitation and physiotherapists in the critical care medicine

Authors: Clini, E.;Costi, S. and Girardis, M.

Publication Date: 2025

Journal: Pulmonology

5. Piloting an Occupational Therapist-Led Disability-Inclusion Program for Business Professionals and Leaders

Authors: Cranna, Whitney McWherter and McKinnon, Sarah

Publication Date: 2025

Journal: The American Journal of Occupational Therapy: Official Publication of the American Occupational Therapy Association

Abstract: Importance: Adults with disabilities remain vastly underrepresented in work roles, which contributes to additional financial, health, well-being, and social disparities. Innovative, disability justice-informed solutions are needed to bridge knowledge-to-practice gaps and improve the participation of adults with disabilities in meaningful employment.; Objective: To explore the impact of an evidence-based, occupational therapist-led professional development workshop to improve knowledge of, skills in, and attitudes toward implementing disability-inclusive workplace practices.; Design: Mixed-methods, pre-post quality improvement project.; Setting: A secure online video communication platform.; Participants: All employees of a global corporation were invited to participate. Ninety-seven participants were recruited via nonprobability convenience sampling.; Intervention: A live, open-group, 60-min virtual workshop session informed by disability justice and occupational therapy frameworks with synchronous learning activities and assessments.; Outcomes and Measures: An adapted version of the Theoretical Domains Framework survey, informal open-ended surveys to capture participants' understandings of disability, an informal survey of performance analysis skills, and a qualitative survey to obtain post-session feedback were administered.; Results: Considerable improvements were noted across self-reported knowledge, skills, positive emotions, and positive perceptions of disabled inclusive workplace strategy implementation. Major themes in responses to programming included increased empathy, gaining knowledge and skills, reporting engaging content, and finding a disability-inclusive community.; Conclusions and Relevance: Participation in disability justice and occupational therapy-informed programs may improve disabled and nondisabled business professionals' knowledge of, skills in, and attitudes toward disability-inclusive workplaces. Occupational therapy practitioners may serve as peers and leaders in large corporate environments. Plain-Language Summary: This study explored the impact of an evidence-based development workshop led by an occupational therapist to improve knowledge of, skills in, and attitudes toward implementing disability-inclusive workplace practices. Employees of a global corporation were invited to participate in a 60-min virtual workshop. On the basis of employee responses, the study found considerable improvements across self-reported knowledge, skills, positive emotions, and positive perceptions of implementing programs designed with occupational therapy and disability justice principles. Major themes from the employee responses included increased empathy, gaining knowledge and skills, reporting engaging content, and finding a disability-inclusive community. These findings suggest that programs designed with occupational therapy and disability justice principles may help bridge knowledge-to-practice gaps. Such solutions may offer business professionals and leaders the tools and perspectives needed to better support disability-inclusive workplaces.

These more inclusive work environments may secondarily support more equitable disability work participation. This study also highlights the value of occupational therapy practitioners in

interprofessional settings beyond health care, including large corporate environments.
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6. NG211 NICE rehabilitation after traumatic injury - audit of outpatient physiotherapy services at St Georges University Hospital

Authors: Davies, H. and Jeffrey, J.

Publication Date: 2025

Journal: Physiotherapy

7. Symptomatic joint hypermobility is not a barrier to attendance, graduation, or satisfaction for adults participating in a multidisciplinary pain rehabilitation program

Authors: Flegge, Lindsay G.;Estrella, Emma;Harris, Elizabeth K.;Hirsh, Adam T. and Bushey, Michael A.

Publication Date: 2025

Journal: Frontiers in Pain Research

8. UK physiotherapists' perceptions on providing face-to-face and virtual rehabilitation for patients with Greater Trochanteric Pain Syndrome (GTPS): a cross-sectional survey

Authors: Foxcroft, B.;Comer, C. and Redmond, T.

Publication Date: 2025

Journal: Physiotherapy

9. Physical activity in professional training of physiotherapists

Authors: Frömel, Karel;Dygrýn, Jan;Vorlíček, Michal;Jakubec, Lukáš;Groffik, Dorota;Smékal, David and Mitáš, Josef

Publication Date: 2025

Journal: Annals of Medicine

Abstract: Background: The current negative trend in the physical behavior and lifestyle of the population therefore requires adequate changes in the professional training of physiotherapists.; Objectives: This study aimed to determine the structure and differences in the weekly physical activity (PA) of Czech physiotherapy students, the use of wearables in physiotherapy professional training, and the attitude of physiotherapy students toward PA and the use of wearables in physiotherapy practice.; Methods: Between 2013 and 2022, 412 physiotherapy students participated in a PA-monitoring study using questionnaires International Physical Activity Questionnaire-long form, Motives for Physical Activity Measure-Revise, pedometers, Garmin Vívofit and Axivity AX3 accelerometers.; Results: A retrospective analysis of physiotherapy students PA drew attention to insufficient weekly PA and insufficient achievement of the PA recommendation of at least 60 min five times a week (55% of men and 41% of women). Instrumental PA monitoring allowed analyzing individual daily PA and structure of weekly PA. Highest PA indicated men (14,102 steps/day) and women (12,724 steps/day) of the 1st study year on Tuesday. The lowest PA (9,488 steps/day for men and 8,815 steps/day for women), were observed in the 4th study year on Sundays. The recommended target of 11,000 steps per day was achieved by 40% of the men and 46% of the women. Wearables enhanced participants PA motivation (51%).; Conclusions: The inclusion of weekly PA monitoring in the professional training of physiotherapists ensured a deeper insight into the possibilities of PA monitoring in physiotherapy practice . Students are prepared to use wearables more widely to improve physical therapy practice.

10. Cost Utility of Specialist Physiotherapy for Functional Motor Disorder (Physio4FMD): Economic Analysis of a Pragmatic Randomized Controlled Trial

Authors: Hunter, Rachael Maree;Nielsen, Glenn;Le Novere, Marie;Marston, Louise;Lee, Teresa C.;Stone, Jon;Goldstein, Laura H.;Carson, Alan;Holt, Kate;Marsden, Jonathan;Nazareth, Irwin;Noble, Hayley;Reuber, Markus;Strudwick, Ann-Marie;Santana Suarez, Beatriz and Edwards, Mark J.

Publication Date: 2025

Journal: Neurology.Clinical Practice

Abstract: Competing Interests: G. Nielsen receives research funding from the NIHR, is a founding member of the Functional Neurological Disorder Society (FNDS), and is on the advisory board for FND patient charities FND Hope UK and FND Action. R.M. Hunter receives research funding from the NIHR, and was co-Chair of the European Union funding board for Transforming Health and Care Systems. L. Marston receives research funding from the NIHR.

M.J. Edwards does medical expert reporting in personal injury and clinical negligence cases, including in cases of FND; has shares in Brain & Mind, which provides neuropsychiatric and neurologic rehabilitation in the independent medical sector, including in people with FND, has received financial support for lectures from the International Parkinson's and Movement Disorders Society and the FNDS, receives royalties from Oxford University Press for his book *The Oxford Specialist Handbook of Parkinson's Disease and Other Movement Disorder*, has received honoraria for medical advice to Teva Pharmaceuticals, receives grant funding, including for studies related to FND, from the NIHR and the Medical Research Council, is an associate editor of the *European Journal of Neurology*, is a member of the international executive committee of the International Parkinson's and Movement Disorders Society and a board member of the FNDS, and is on the medical advisory boards of the charities FND Hope UK and Dystonia UK. J. Stone reports honoraria from UptoDate, personal fees from Expert Witness Work and grants from National Research Scotland; runs a free self-help website, neurosymptoms.org, for patients with FND, and is secretary of FNDS and on the medical advisory boards of the charities FND Hope UK and FND Action. I. Nazareth has received research funding from NIHR, UK Research and Innovation, and the Wellcome Trust, and was a member of a data safety and monitoring board for a RCT of herbal medication for long COVID. M. Reuber has received research funding from Epilepsy Research UK, the NIHR, receives a salary from Elsevier as editor-in-chief of *Seizure-European Journal of Epilepsy*, has received honoraria for talks on unrelated subjects from Angelini Pharma and UCB Pharma, sits on a Lennox Gastaut Syndrome advisory board for UCB Pharma, and received payment from Precisis for chairing a data safety monitoring board of an unrelated commercial study. A. Carson receives research funding from the NIHR, the Medical Research Council, Chief Scientist Office Scotland, and European Union (Etude Program), has received an honorarium from Forum for Indian Neurologic Education, has received personal fees from expert testimony in medicolegal cases relating to FND, is the president of the FNDS, and is a paid associate editor of the *Journal of Neurology, Neurosurgery and Psychiatry*. All other authors report no disclosures relevant to the manuscript. Full disclosure form information provided by the authors is available with the full text of this article at Neurology.org/cp.

TAKE-HOME POINTS→ This article reports the results of the first economic evaluation alongside a powered randomized controlled trial of physical rehabilitation for functional motor disorder (FMD).→ FMD is associated with significant health and social resource use, a negative impact on health-related quality of life, and poor employment outcomes and requires significant input from carers.→ Specialist physiotherapy costs the health care system marginally more than treatment as usual but is associated with significant improvements in health-related quality of life at 6 months and potential cost savings beyond health and social care. As a result, there is a high probability that specialist physiotherapy is cost-effective for FMD.; **Background and Objectives:** Functional motor disorder (FMD), a motor-dominant variant of functional neurologic disorder, is a disabling condition associated with high health and social care resource use and poor employment outcomes. Specialist physiotherapy presents a possible treatment option, but there is limited evidence for clinical effectiveness and cost-effectiveness. Physio4FMD is a multicenter randomized controlled trial of specialist physiotherapy for FMD compared with treatment as usual (TAU). The aim of the analysis was to conduct a randomized trial based on economic evaluation of specialist physiotherapy compared with TAU.; **Methods:** Eleven centers in England and Scotland randomized participants 1:1 to specialist physiotherapy or TAU (referral to community neurologic physiotherapy). Participants completed the EuroQoL EQ-5D-5L, Client Service Receipt Inventory, and Work Productivity and Activity Impairment Questionnaire at baseline, 6 months, and 12 months. The mean incremental cost per quality-adjusted life year (QALY) for specialist physiotherapy compared with TAU over 12 months was

calculated from a health and social care and wider societal perspective. The probability of cost-effectiveness and 95% CIs were calculated using bootstrapping.; Results: The analysis included 247 participants (n = 141 for specialist physiotherapy, n = 106 for TAU). The mean cost per participant for specialist physiotherapy was £646 (SD 72) compared with £272 (SD 374) for TAU. Including the costs of treatment, the adjusted mean health and social care cost per participant at 12 months for specialist physiotherapy was £3,814 (95% CI £3,194-£4,433) compared with £3,670 (95% CI £2,931-£4,410) for TAU, with a mean incremental cost of £143 (95% CI £-825 to £1,112). There was no significant difference in QALYs over the 12-month duration of the trial (0.030, 95% CI -0.007 to 0.067). The mean incremental cost per QALY was £4,133 with an 86% probability of being cost-effective at a £20,000 threshold. When broader societal costs such as loss of productivity were taken into consideration, specialist physiotherapy was dominant (incremental cost: £-5,169, 95% CI £-15,394 to £5,056).; Discussion: FMD was associated with high health and social care costs. There is a high probability that specialist physiotherapy is cost-effective compared with TAU particularly when wider societal costs are taken into account.; Trial Registration Information: International Standard Randomised Controlled Trial registry, ISRCTN56136713. (Copyright © 2025 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American Academy of Neurology.)

11. Occupational Therapy Practice in Adult Rehabilitation of Persistent Postconcussion Symptoms: A Scoping Review

Authors: Licciardi, Lisa;Lalor, Aislinn;Olver, John and Callaway, Libby

Publication Date: 2025

Journal: The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association

Abstract: Importance: The role of occupational therapy in the rehabilitation of adults with persistent postconcussion symptoms (PPCS) following mild traumatic brain injury is an emerging practice area. Research that contributes to growing knowledge and understanding of the profession's role may increase the recognition and visibility of occupational therapy in concussion rehabilitation programs.; Objective: To identify and categorize (using World Health Organization International Classification of Functioning, Disability and Health WHO ICF) One-Level Classification domains) existing literature that describes occupational therapy practice (including assessments and interventions) in the rehabilitation of adults with PPCS.; Data Sources: Five scientific databases (MEDLINE, Embase, Emcare, PsycINFO, and CINAHL Complete) and gray literature were searched.; Study Selection and Data Collection: Eligibility criteria included publications between 2013 and 2023, written in English, and within the peer-reviewed literature or on specified web domains (.gov, .edu, or .org).; Findings: Nineteen publications from 16 sources met eligibility criteria, consisting of quantitative studies (n = 6); case studies, series, or reports (n = 3); qualitative studies (n = 2); systematic or scoping literature reviews (n = 2); and gray literature sources (n = 3). The United States was the origin for many sources (n = 10). Assessments and interventions reported were heterogenous, mapping across 27 of the 30 WHO ICF One-Level Classifications.; Conclusions and Relevance: Evidence to inform occupational therapy practice in adult PPCS rehabilitation is

limited; however, some useful information about the assessments and interventions used by occupational therapists was found. At a time when considerable advancements in concussion rehabilitation are occurring, further research on evidence-informed occupational therapy practice is required. Plain-Language Summary: This study reviewed existing evidence about the role of occupational therapy in the rehabilitation of adults with persistent postconcussion symptoms (PPCS). It identifies and methodically documents a range of occupational therapy assessments and interventions described in the literature that may be used by occupational therapists within concussion rehabilitation programs or research. The study also categorizes these by using an internationally recognized taxonomy, the World Health Organization's International Classification of Functioning, Disability and Health. The review offers a novel synthesis of published evidence to guide occupational therapy practice and inform resource allocation in concussion rehabilitation. It also highlights the need for further research about the role of occupational therapy-including both high-quality evidence of current approaches and identification of future practice opportunities-in the rehabilitation of adults experiencing PPCS following brain injury. (Copyright © 2025 by the American Occupational Therapy Association, Inc.)

12. Views and experiences of non-medical prescribing: a national survey of prescribing physiotherapists

Authors: Parkinson, D. I. and Hartley, S. E.

Publication Date: 2025

Journal: Physiotherapy

13. Best practice recommendations for physiotherapists providing telerehabilitation to First Nations people: a modified Delphi study

Authors: Petry Moecke, Débora;Holyk, Travis;Campbell, Kristin L.;Ho, Kendall and Camp, Pat G.

Publication Date: 2025

Journal: Physiotherapy

Abstract: This study aimed to develop best practice recommendations for physiotherapists providing telerehabilitation to First Nations people. Modified Delphi study. Eighteen experts from four groups were selected: (a) physiotherapists who provide telerehabilitation to First Nations people, (b) Carrier Sekani Family Services leaders (CSFS, First Nations-led health organization/research partners), (c) telehealth experts from British Columbia (BC), Canada, and (d) First Nations individuals (end users) with experience in telerehabilitation. Panelists rated recommendations on telehealth best practices in two rounds using an online questionnaire. Recommendations were synthesized from a scoping review and two qualitative studies. Each statement was rated on a four-point Likert scale indicating whether it was essential, useful, not useful, or unnecessary for inclusion in the best practices. Statements

endorsed by $\geq 80\%$ of panel members were considered for inclusion in the final document. Following the Delphi process, 77 recommendations covering foundational components, information technology utilization, professional expertise, therapeutic relationships, cultural safety, and the telehealth visit were validated for inclusion in the policy document. Participants also validated the methodology. The recommendations offer a valuable resource for continuing education and professional development, empowering physiotherapists to enhance their skills and competencies in delivering culturally competent telerehabilitation to the First Nations population. The adoption of these best practices ensures that First Nations people are getting the best standard of care, potentially enhancing uptake and experiences with telehealth. It also enables healthcare organizations and policymakers to monitor adherence to established standards and identify areas for improvement. • This paper provides best practice recommendations for physiotherapists delivering telerehabilitation to First Nations people, addressing unique cultural aspects and virtual relationship building. • The study offers physiotherapists expert guidance to enhance the quality and cultural appropriateness of telerehabilitation services for First Nations populations. • The recommendations serve as a valuable resource for continuing education and professional development, enabling physiotherapists to deliver culturally competent and effective care. • These best practices facilitate accountability and quality assurance, helping healthcare organizations and policymakers monitor adherence to standards and identify areas for improvement.

14. Volunteers' experiences in an innovative palliative care rehabilitation model: The Living Well at Home Team at St Christopher's Hospice

Authors: Preston, G.;Norman, K.;Pearce, L.;Stell, L. and Cane, F.

Publication Date: 2025

Journal: Physiotherapy

15. Metastatic spinal cord compression (MSCC) is everyone's business; 50% of the population have cancer: what do I need to know?

Authors: Richards, L. and Greenhalgh, S.

Publication Date: 2025

Journal: Physiotherapy

16. Effect of involving physiotherapists in the management of low back pain at emergency departments: a systematic review

Authors: Rolving, N.;Kræmmer, J.;Rafaelsen, C.;Jørgensen, C. K.;Andersen, E. D.;Sauer, A. T. and Riis, A.

Publication Date: 2025

Journal: Physiotherapy

Abstract: To conduct a systematic review investigating the effects of physiotherapy in emergency departments (EDs) on health care use and patient-reported outcomes for patients referred to EDs due to low back pain (LBP), compared with usual care. A search was conducted in PubMed, Cinahl and Embase in April 2023, and rerun in September 2024. Randomised and quasi-randomised trials and observational studies including adult patients referred to an ED due to LBP were eligible. Study quality was assessed using ROBINS-I and PEDro, and the strength of the evidence was assessed using GRADE. Included studies were three retrospective cohorts, two prospective cohorts and two randomised controlled trials, totalling 4,057 patients. Four of six studies were rated as serious risk of bias, primarily due to limitations in the study design, two studies were rated as moderate risk, and one as low risk. Overall, the studies indicated a positive effect of ED physiotherapy in comparison with usual care in relation to length of stay, imaging and patient satisfaction. For the remaining outcomes on health-care use and patient-reported outcomes, findings were inconclusive. For all outcomes, the certainty of the evidence was considered very low or low. The present review indicates that there may be beneficial effects of involving PTs in the management of patients with LBP in EDs. However, given the very low certainty of evidence the findings should be interpreted with great caution. Future high level evidence studies in the field should therefore be a priority. CRD42023420107. • With this study a thorough description and overview is given of the seven existing studies on physiotherapy management of low back pain in an emergency setting. • Although studies indicate a potentially beneficial effect on patient satisfaction and health care use, the systematic review reveals that existing studies are generally of poor quality, with a low to very low certainty of the evidence. • Very poor descriptions of required level of training of physiotherapists as well as organisation of care pathways are provided in the existing literature. • High quality trials with detailed intervention descriptions are needed if we are to make robust conclusions on the contributions of physiotherapy management of patients with low back pain in emergency settings.

17. Homeward Stroke Recovery: Results of a Home Rehabilitation Program

Authors: Rushanan, Scott G.;Giordano, Nicholas A. and Keim, Susan K.

Publication Date: 2025

Journal: Home Health Care Management & Practice

Abstract: Evaluate the feasibility of a homeward stroke recovery (HSR) program by measuring functional outcomes, intervention fidelity, and Profit & Loss. A retrospective observational analysis of 23 stroke survivors discharged to a home healthcare (HHC) program offering early and intensive rehabilitative therapy within 24 hours of index hospitalization. Functional outcomes include timed up-and-go, transfer functional independent measures, and Barthel Index. Clinical outcomes are mortality, all-cause 30-day hospital readmission, and fall rates. Process measures consist of time-to-first HHC visit, number of physical therapy (PT) and occupational therapy (OT) visits from initial evaluation, and total number of visits by clinician type. Financial outcomes include average daily gross HSR revenue compared with an inpatient rehabilitation facility (IRF) stay and average daily net HSR profit. Functional outcomes significantly improved across all measures ($p < .001$) without reported falls, deaths, and only one unrelated readmission. On average, HSR began within 1.6 days from hospital discharge including 4.2 PT and 3.7 OT visits within 5 days of respective initial evaluation. Patients received an average of 9.4 nursing, 9.2 PT, 6.4 OT, and 2.2 speech therapy visits. Exploratory analyses demonstrated similar functional recovery despite longer hospitalization ($r_s = 0.43$; $p = .039$). Revenue per day was lower for HSR than IRF services but costs exceeded the reimbursement rates for this program. The HSR program is feasible given that patients realized significant functional improvement with negligible consequences. Reimbursement reform is necessary to sustain and scale the program. Further studies with larger sample sizes are warranted.

18. Employing a coaching model of supervision during physiotherapy placements: charting the learner experience in England

Authors: Smith, Sarah;Godley, Simon;Anderson, Adele and Miller, Paul K.

Publication Date: 2025

Journal: Physiotherapy

Abstract: Competing Interests: Conflict of Interest There are no conflicts to report.; Objectives: The UK government has moved to increase pre-qualification training places across all Allied Health Professions by 50%, without any reduction in quality of education. Universities and healthcare teams are therefore being asked to change their ways of working and consider alternative practice supervision models during placements. This study explores the experiences of pre-qualifying physiotherapy learners involved in a trial of one such model, a coaching and peer-learning approach. The work described assesses its facility as an

augmentation to the traditional one-to-one clinical supervision model.; Design: A qualitative-thematic approach using semi-structured interviews was employed. Detailed, open-ended interviews were conducted in order to ascertain the nuanced experiences of participants involved in the trial.; Setting: An intervention in multiple sites (both hospital inpatient and community care) within a single NHS trust, administered by a single UK university.; Participants: Participants Seventeen pre-qualifying participants involved in the trial consented to be interviewed. Of these, 11 were final year undergraduate learners, and 6 were final year postgraduates, of which 12 identified as female and 5 identified as male..; Results: Analysis revealed four interconnected major themes: 1. Teamwork, Camaraderie and Hierarchical Tensions in Peer-Support; 2. Adapting to Leadership and Being Led; 3. Safety Nets versus Supervisors; 4. Fast Starts and Variable Endings in Learning and Experience.; Conclusion and Implications: The model was broadly well-received by participants, and ultimately gave rise to greater workplace confidence, with potential impact for capacity, though the nuanced outcomes of the research indicated contingencies around gradual assimilation and group dynamics that should be considered in future development. CONTRIBUTION OF THE PAPER. (Copyright © 2025 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

19. An additional rehabilitation program to improve postoperative outcomes in patients with rotator cuff tear and scapular dyskinesis: a propensity score-matched study

Authors: Sun, Jian-ning;Zheng, Qun-ya;Wang, Rui-song;Ma, Yun-ru and Chen, Peng

Publication Date: 2025

Journal: BMC Musculoskeletal Disorders

20. Overground robotic exoskeleton vs conventional therapy in inpatient stroke rehabilitation: results from a pragmatic, multicentre implementation programme

Authors: Tam, Pui Kit;Tang, Ning;Kamsani, Nur Shafawati Binte;Yap, Thian Yong;Coffey-Aladdin, Ita;Goh, Shi Min;Tan, Jean Pei Pei;Lui, Yook Cing;Lee, Rui Ling;Suresh, Ramaswamy and Chew, Effie

Publication Date: 2025

Journal: Journal of NeuroEngineering & Rehabilitation (JNER)

21. Outcomes of a consultant physiotherapy upper limb clinic: reducing the patient journey through early access to specialist care

Authors: Tunnicliffe, H.;Wood, R.;Armstrong, A. and Ullah, A.

Publication Date: 2025

Journal: Physiotherapy

22. Hand fracture clinic and the implementation of specialist physiotherapists

Authors: Tyler, C.;Sharpe, L. and Tunnicliffe, H.

Publication Date: 2025

Journal: Physiotherapy 126, pp. N.PAG

23. Screening for depression misses people with suicidal ideation in patients with persistent musculoskeletal pain attending private physiotherapy

Authors: Vancampfort, Davy;Van Damme, Tine;Dankaerts, Wim;Van Assche, Dieter;Stubbs, Brendon and McGrath, Ryan L.

Publication Date: 2025

Journal: Physiotherapy Theory and Practice , pp. 1–9

Abstract: Background: Patients with persistent musculoskeletal pain face an increased risk of suicidal ideation, yet suicide risk is not routinely assessed in physiotherapy. Many primary care professionals use a two-stage screening approach, assessing depression first and only asking about suicide if depressive symptoms are present.; Objective: This study examines the appropriateness of this approach in private musculoskeletal physiotherapy practice in Belgium and whether physiotherapists' observations of patients' distress align with patient self-reports.; Methods: Four-hundred fifty patients completed the Patient Health Questionnaire-9 (PHQ-9), which includes the PHQ-2 and a suicide ideation item, while 84 physiotherapists completed an observer-report PHQ-2. Cross-tabulation and logistic regression compared observer ratings with patient-reported distress.; Results: Mean scores on the observer-report and self-report PHQ-2 were similar (1.6 ± 1.6 vs. 1.6 ± 1.5 , $p = .79$) and moderately correlated ($r = 0.50$, $p < .001$). Among patients reporting suicidal ideation (16.4%; $n = 74$), 41.9% ($n = 31$) scored below the PHQ-2 cutoff of 3, and 52.7% ($n = 31$) scored below on the observer-report version. A self-report PHQ-2 score of 3 or above was more strongly associated with suicidal ideation (odds ratio [OR] = 6.76; 95%CI = 3.96-11.53) than an observer-report PHQ-2 score of 3 or above (OR = 3.72; 95%CI = 2.21-6.28), though the latter had higher classification accuracy (83.6% vs. 76.2%). Physiotherapists were more likely to recommend professional support for patients with suicidal ideation (50.0% vs. 34.6%, $p = .012$), but coping advice did not differ by

suicide risk.; Conclusion: Many patients with suicidal ideation did not meet the PHQ-2 depression threshold, highlighting the limitations of a two-stage screening approach in physiotherapy. Based on these findings, this approach is not recommended.

24. The Role of Health Psychology in Surgical Prehabilitation: Insights From REST, a Preoperative Sleep Intervention for Total Knee Replacement Patients

Authors: Whale, Katie;Johnson, Emma and Gooberman-Hill, Rachael

Publication Date: 2025

Journal: Musculoskeletal Care

Abstract: Background: Approximately 10%-34% of people experience chronic pain after total knee replacement (TKR) surgery. Prehabilitation approaches that address pre-operative risk factors for chronic post-surgical pain are a key area for research. To be effective, prehabilitation requires substantial engagement and behaviour change by patients, which can be challenging in the pre-operative period. Health psychology theory plays a valuable role in understanding how best to support behaviour change to achieve maximum patient benefit. This study provides insights from REST, a pre-operative sleep intervention for TKR patients.; Methods: In-depth semi-structured interviews were conducted with eight TKR patients who took part in the REST feasibility trial. An abductive analysis approach was used to identify the applicability of existing health psychology theories, and to explore new insights into the relationships between stages of behaviour change.; Results: Three thematic areas related to intervention engagement and enactment were identified: (i) health beliefs and readiness to change; (ii) from contemplation to enactment: the role of behaviour change techniques; (iii) and behavioural maintenance.; Conclusion: Findings highlighted three key stages of behaviour change that participants need to be supported in to benefit fully from prehabilitation intervention. Complex behaviour change interventions that include aspects of tailoring should consider the boundaries of acceptable adaption while maintaining core causal mechanisms, and include methods to explore real-world implementation and usability during the development process. These findings are important for surgeons and multidisciplinary teams to consider when developing new prehabilitation care pathways or when implementing evidence-based prehabilitation practices. (© 2025 The Author(s). Musculoskeletal Care published by John Wiley & Sons Ltd.)

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