

# Rehabilitation

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July 2025

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### 1. Quick Guide of Manual Therapy Evidence for Rehabilitation Physicians

**Authors:** Alanazi, Murdi;Hassan, Nazmul;van Rotterdam, Joan;Kim, Sonya and Reed, William R.

**Publication Date:** 2025

**Journal:** Archives of Physical Medicine & Rehabilitation

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### 2. Benchmarking psychology provision in major trauma centres (MTCs) across England and Wales against ACP-UK standards and NICE guidelines for psychological rehabilitation following major trauma

**Authors:** Ashton, Amy;Johnson, Louise and Gilliland, Ami

**Publication Date:** 2025

**Journal:** Injury

**Abstract:** Competing Interests: Declaration of competing interest None.; Objectives: Whilst the availability of clinical psychology is one of the key requirements for Major Trauma Centres (MTCs) outlined by NHS England, a previous study identified significant gaps in psychology provision across MTCs [1,2]. The present study aimed to understand whether MTC psychology services in England and Wales are fulfilling the section of the NHS standard contract for MTCs

relating to psychology provision. It also sought to benchmark services against the relevant guidelines and standards published by the National Institute of Health and Care Excellence (NICE) and the Association of Clinical Psychologists UK (ACP-UK).; Methods: All MTCs in England and Wales were contacted. Four told us that they have no specialist MTC psychology service. The remaining centres completed a questionnaire about their psychology service and rated whether it met, partially met, or did not meet the NHS standard contract and each of the NICE guidelines and ACP-UK standards. 25 MTC psychology services completed the questionnaire.; Results: Variation was found across MTCs in the dedicated whole time equivalent (WTE) of psychology staffing, the banding of the most senior psychologist in each service, and the total percentage of MTC patients that are seen by psychology. Over half of services did not meet or only partially met the NHS standard contract. Many of the ACP-UK standards were either not met or only partially met by a majority of services.; Conclusions: The study indicates that significant variation in resource exists across MTC psychology services in England and Wales, leading to differences in the ability of services to meet standards and guidelines. Further work is indicated to address this variation and develop a minimum workforce model for MTC psychology services, to ensure equity of access to psychological support in MTCs across England and Wales. (Copyright © 2025 Elsevier Ltd. All rights reserved.)

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### **3. Physiotherapist-targeted strategies and tools for recognising patients with limited health literacy and adapting physiotherapeutic communication: A scoping review**

**Authors:** Bruin, Nicole;Wittink, Harriet;Oosterhaven, Janke;Hesselink, Arlette;Hobbelen, Hans and Lakke, Sandra

**Publication Date:** 2025

**Journal:** Patient Education & Counseling

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### **4. Cost-effectiveness of the My Therapy self-directed therapy program for rehabilitation patients: A stepped wedge cluster randomised trial**

**Authors:** Brusco, Natasha K.;Whittaker, Sara L.;Ekegren, Christina L.;Morris, Meg E.;Taylor, Nicholas F.;Lee, Annemarie L.;Somerville, Lisa;Lannin, Natasha A.;Abdelmotaleb, Rania;Callaway, Libby and Hill, Keith D.

**Publication Date:** 2025

**Journal:** Clinical Rehabilitation

**Abstract:** Objective: To determine if the My Therapy self-management program could be implemented without increasing the rehabilitation admission cost, from a health service perspective. Design: Economic evaluation, including a cost-effectiveness analysis. Setting: Australian rehabilitation wards (n = 9). Participants: Rehabilitation inpatients with any diagnosis. Intervention: My Therapy: a self-directed therapy program shown to increase daily inpatient rehabilitation participation dosage time by 38%. Main Measures: Outcomes included cost (rehabilitation admission and all-cause 30-day readmissions), and effect (minimal clinically important difference in functional independence (FIMTM), and quality-adjusted life

years (EQ-5D-5L)), to estimate incremental cost-effectiveness ratios (ICERs). Results: There were 2363 participants, with a mean age of 77 (SD 13) years, 62% female, and 27% with cognitive impairment. My Therapy costs \$5 (SD \$2) per patient/day to implement, excluding opportunity costs. Estimated differences in effect were non-significant for the proportion of participants achieving a minimal clinically important difference in function (control 31%, intervention 36%; OR: 1.08, 95% CI: 0.77, 1.53), and quality-adjusted life years (mean difference -0.01, 95% CI: -0.04 to 0.02). Estimated differences in cost were also non-significant (OR: 1.06, 95% CI: 0.97, 1.16). ICERs were also non-significant. Post hoc, it was determined that the cost/minute of daily therapy participation was \$14/minute for control and \$11/minute for intervention conditions. Conclusions: The My Therapy self-management program was implemented without increasing rehabilitation admission and all-cause 30-day readmission costs. However, clinical differences were not detected. There may have been a small reduction in cost/minute for daily therapy participation.

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## **5. Comparison of occupational satisfaction, burnout, musculoskeletal pain and coping strategies of physiotherapists working in different fields: An observational study**

**Authors:** Çelik, Elif and Şevgin, Ömer

**Publication Date:** 2025

**Journal:** Work (Reading, Mass.)

**Abstract:** Competing Interests: Declaration of conflicting interestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.; Background: The scope of practice for physiotherapists encompasses a range of specialized areas, including orthopedics, neurology, pediatrics, general practice, and public health.; Objective: This study aims to elucidate the influence of occupational preferences among physiotherapists in diverse practice fields on the prevalence of professional satisfaction, burnout, and musculoskeletal pain.; Methods: The study was designed as an observational study conducted between September 2023 and January 2024. A total of 255 physiotherapists were included and divided into five groups based on their primary areas of practice: general, neurology, orthopedics, pediatrics, and public health. All participants were evaluated with the Expanded Nordic Musculoskeletal Questionnaire (NMQ), the Pain Coping Inventory (PCI), the Maslach Burnout Inventory (MBI), and the Job Satisfaction Scale (JSS).; Results: Physiotherapists in general and orthopedics had a higher prevalence of low back pain than those in pediatrics and public health. General, neurology, and pediatrics physiotherapists experience a higher prevalence of burnout than those in public health and orthopedics. Neurology and pediatrics physiotherapists have higher emotional exhaustion prevalence than public health physiotherapists, while neurology physiotherapists demonstrate higher depersonalization prevalence than pediatrics and public health physiotherapists. Orthopedics physiotherapists exhibit higher personal achievement prevalence than other physiotherapists. Orthopedic physiotherapists have a higher JSS prevalence compared to other specialties. In PCI, the majority of them utilize active strategies and distancing compared to pediatric physiotherapists.; Conclusions: Prevalence of job satisfaction, burnout risk, musculoskeletal pain, and coping strategies differ in physiotherapists in diverse fields of practice.

## 6. Effects of Feedback and Reflection on Communication Skills Training for Occupational Therapy Students

**Authors:** Chen, Tzu-Ting;Huang, Yi-Jing;Chen, Chyi-Rong;Hsu, Chih-Wei;Huang, Sheau-Ling and Hsieh, Ching-Lin

**Publication Date:** 2025

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

**Abstract:** Importance: Communication skills (CS) are essential for occupational therapists. Incorporating feedback intervention theory and reflective practice theory into training can enhance CS in occupational therapy students.; Objective: To investigate the effects of the Feedback and Reflection for Communication Skill Training program (FR-CT) on the CS of students.; Design: A pretest-posttest design was used.; Setting: Psychiatry department of a medical center in Taiwan.; Participants: Occupational therapists, students, and patients with mental disorders were recruited.; Outcomes and Measures: Students' CS were assessed before and after the intervention using the Gap-Kalamazoo Communication Skills Assessment Form.; Intervention: Students conducted three interview sessions with different patients and engaged in reflective practice. Clinical instructors provided timely feedback, and experts offered in-depth feedback.; Results: Experts noted significant improvements in students' overall CS and in four CS domains-Builds a Relationship, Gathers Information, Shares Information, and Provides Closure ( $p < .05$ )-with small to medium effect sizes ( $r_s = .29-.37$ ).; Conclusions and Relevance: FR-CT improves students' CS, particularly in key domains. Incorporating feedback and self-reflection has the potential to improve CS. Plain-Language Summary: Effective communication is crucial in occupational therapy. This study developed a training program that is designed to enhance occupational therapy students' communication skills with patients by combining feedback and reflection. Known as the Feedback and Reflection for Communication Skill Training program (FR-CT), the program included an initial skill development session for students. Instructors then provided students with timely feedback and conveyed in-depth feedback that was generated by experts based on real interviews with patients and guided students to reflect on their performance. We discovered that, after completing the FR-CT, students significantly improved their communication skills related to building relationships, gathering information, sharing information, and concluding conversations with patients. This study demonstrates that integrating feedback and reflection into training can significantly enhance students' communication skills. The study also provides a clinically feasible and effective approach to communication skills training for occupational therapy professionals. (Copyright © 2025 by the American Occupational Therapy Association, Inc.)

## **7. A qualitative study into the experiences of occupational therapists in addressing bed positioning needs across a range of clinical settings in an area of Wales**

**Authors:** Cope, Rachel and Reagon, Carly

**Publication Date:** 2025

**Journal:** British Journal of Occupational Therapy

**Abstract:** Introduction: There is a small and low-quality body of evidence to support bed positioning as an intervention. Difficulties in developing the evidence base through experimental studies have been recognised and further research has been recommended. Method: Using a qualitative descriptive design, 13 occupational therapists were recruited from a health board in Wales, UK. Two separate focus groups (n = 5 and n = 8) were held using a semi-structured interview schedule. The data were analysed using Braun and Clarke's six-stage approach to thematic analysis. Results: Five key themes were established. These relate to role ambiguity, variations across services, the need for training, recognising bed positioning as an individualised intervention, and effectiveness of the intervention. Conclusion: The following key findings and recommendations are outlined: (1) Bed positioning interventions are individualised. (2) The optimal timing of bed positioning assessments and interventions for inpatients is debated. (3) Multidisciplinary involvement is needed for effective implementation of bed positioning interventions. (4) Variations across services exist, causing inconsistencies in service provision. (5) More training and support in this area of practice are desired by occupational therapists. (6) More research into the clinical effectiveness of bed positioning interventions is welcomed to support clinical justification.

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## **8. Developing a dietetic advanced practice role within a neuro-rehabilitation service**

**Authors:** Ferguson, Louise

**Publication Date:** 2025

**Journal:** British Journal of Nursing

**Abstract:** Background: Although advanced practice has been well established in nursing, there is now a drive to develop such roles within other health professions, including dietetics. In 2016, dietitians were granted non-medical supplementary prescribing rights, which can support dietitians working in advanced practice roles. Effective teamwork is vital in neuro-rehabilitation as rehabilitation services work to improve their service delivery model to improve the efficiency and effectiveness of patient care. Aims: To establish a dietetic advanced practice role in one neuro-rehabilitation service. Methods: Review of the literature relating to advanced practice and dietetic advanced practice. Using gap analysis to establish the need for a dietetic advanced practice role within a neuro-rehabilitation setting, as part of a Master's degree-level qualification in advanced practice. To establish evidence of the impact of a dietetic advanced practice role via a patient case study. Findings: There are benefits to service delivery in rolling out advanced practice within the interdisciplinary team, with the potential for increased

capacity, capability, productivity and efficiency. As a result of a dietitian working in an advanced practice role in a neuro-rehabilitation service, there was improved access and continuity of care, leading to positive patient outcomes and clinician satisfaction. Conclusion: Patient care and service delivery can be enhanced by dietitians working in advanced practice roles and as non-medical prescribers for patients with long-term conditions. Further work is required to establish the benefit of dietetic advanced practice and non-medical prescribing in different patient groups and healthcare systems.

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## **9. Career planning and development for occupational therapists working in mental health: A scoping review**

**Authors:** Fitzpatrick, Pamela;Bye, Rosalind;Eriksson, Clyde;Liu, Karen P. Y. and Lim, David

**Publication Date:** 2025

**Journal:** British Journal of Occupational Therapy

**Abstract:** Introduction: The recent UK Royal College of Occupational Therapists survey found a significant proportion of respondents expressed an intention to leave the profession despite the majority agreeing that occupational therapy is a rewarding career. This scoping review aimed to synthesize the literature on enablers and barriers to career planning and development for occupational therapists working in mental health. Methods: We searched Embase, CINAHL, Medline, Scopus, Web of Science, TROVE, Research Direct and websites of relevant professional organizations. Results: Twenty-six papers were included. Most of the articles were set exclusively in Australia and can be categorized into: career planning and development, workforce planning, onboarding, recruitment and retention. Resource shortages, gender, age, unmet expectations, organizational demands and the lack of a career pathway framework were identified as barriers. Enablers of career success include undergraduate mental health practice placements, early career programmes, personal motivation, greater flexibility, professional resilience, leadership training and research opportunities. Conclusion: A better understanding of the factors that influence career development can facilitate focused recruitment and help retention.

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## **10. Enhancing physiotherapy department design to prevent work-related musculoskeletal disorders: Vision of future research**

**Authors:** Kakaraparthi, Venkata Nagaraj;Gannamaneni, Vamsi Krishna;Reddy, Ravi Shankar;Alahmari, Khalid A.;Tedla, Jaya Shanker and Alshahrani, Mastour Saeed

**Publication Date:** 2025

**Journal:** Work

**Abstract:** Background: The increasing prevalence of work-related musculoskeletal disorders (WRMSDs) necessitates a reevaluation of physiotherapy department design. Optimizing these spaces is crucial as they serve as primary settings for preventing and managing WRMSDs, highlighting the need for a forward-thinking approach.; Objective: This study aims to outline a vision for future research by identifying key strategies to prevent WRMSDs and enhance

operational efficiency in physiotherapy departments.; Methods: Ergonomics, workplace safety, and physiotherapy practices formed the basis for this paper in identifying the current challenges and opportunities in departmental design. Expert insights and feedback from healthcare practitioners aiding in the formulation of innovative solutions and recommendations for future research endeavors.; Results: Integration of ergonomic principles, advanced technologies, interdisciplinary collaboration, and proactive safety measures into physiotherapy department design improve working environments for physiotherapists.; Conclusion: Envisioning the future of physiotherapy department design offers promising avenues for improving patient care outcomes and supporting therapist well-being.

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## **11. Occupational Therapy Telehealth Interventions Across Populations From 2019 to 2022: A Systematic Review**

**Authors:** Lucas Molitor, Whitney;Feldhacker, Diana R.;Li, Zhaoying;Kuhl, Nicole and Jewell, Vanessa D.

**Publication Date:** 2025

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

**Abstract:** Importance: The utilization of telehealth to deliver occupational therapy services and research focusing on the effectiveness of these interventions has increased since 2020.; Objective: To update systematic review findings since 2019 on the effectiveness of occupational therapy telehealth interventions for clients of all ages.; Data Sources: Data were gathered from PubMed, CINAHL, PsycINFO, and the Cochrane Database of Systematic Reviews and hand searching relevant literature.; Study Selection and Data Collection: This systematic review followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses guidelines. Articles selected included telehealth-delivered occupational therapy, peer-reviewed publications in English between 2019 and 2022, and Levels 1b, 2b, or 3b evidence.; Findings: Forty-three studies were included. Strong strength of evidence supports telehealth interventions for lifestyle interventions to address chronic conditions. Moderate strength of evidence supports telehealth interventions for various outcomes to address chronic conditions, developmental disorders, neurological conditions, and people affected by COVID-19 isolation. Low strength of evidence supports telehealth interventions for various outcomes across identified subthemes.; Conclusions and Relevance: Telehealth use is rapidly increasing. Evidence supports occupational therapy-delivered telehealth for clients experiencing a chronic or musculoskeletal condition and may support interventions for other populations. Plain-Language Summary: This study provides a summary of 43 articles on the effectiveness of occupational therapy telehealth interventions for all ages and populations from 2019 to 2022. Telehealth occupational therapy interventions can effectively support clients with chronic conditions and shows promise for promoting outcomes to address developmental disorders, neurological conditions, musculoskeletal conditions, and those who were affected by isolation during the coronavirus disease 2019 (COVID-19) pandemic. (Copyright © 2025 by the American Occupational Therapy Association, Inc.)



## 12. Functional goals and outcomes of rehabilitation within palliative care: a multicentre prospective cohort study

**Authors:** Maddocks, Matthew;Fettes, Lucy;Takemura, Naomi;Bayly, Joanne;Talbot-Rice, Helena;Turner, Karen;Tiberini, Rebecca;Harding, Richard;E.M. Murtagh, Fliss;Siegert, Richard J.;Higginson, Irene J.;Ashford, Stephen A. and Turner-Stokes, Lynne

**Publication Date:** 2025

**Journal:** BMC Palliative Care

**Abstract:** Background: Rehabilitation is an integral component of palliative care. An understanding of functional goals can help tailor interventions and support the evaluation of services. This study examined the nature and timescale of functional goals in palliative care, attainment of goals following personalised rehabilitation, responsiveness relative to health-related quality of life across, and factors associated with goal achievement. Methods: Prospective, observational cohort study of adults with advanced progressive illness from 10 UK hospices referred for rehabilitation assessment. Urgency of care needs and functional status were assessed using the palliative Phase of Illness (stable, unstable, deteriorating) and Australia-modified Karnofsky Performance Status (AKPS,  $\geq 60$ ,  $60 - 50$ ,  $\leq 40$ ) respectively. Health-related quality of life was assessed using EuroQoL 5-Dimension 5-Level (EQ-5D-5 L) utility score. Functional goals were set collaboratively with patients using SMART goal statements, mapped onto the WHO International Classification of Functioning, Disability and Health (ICF). Goal Attainment Scaling (GAS) was used to evaluate achievement against an anticipated outcome using a T-score. Ordinal logistic regression was used to identify factors associated with goal achievement. Results: 364 patients (54% female, mean (SD) age 68 (14) years, 71% cancer, 71% stable Phase, median AKPS 60) took part. They set a median (range) of 2 (1–4) goals; 645 in total. Goals had a median (range) timeframe of 28 (1-196) days and spanned 13/30 ICF domains; most frequently mobility, general tasks and demands, mental functions, community, social and civic life, and self-care. The majority focused on activity (51%) and participation (20%). Following personalised rehabilitation, GAS T-scores improved overall (mean (SD) change 8.9 (13.4)) and for each subgroup by Phase and AKPS (all  $p < 0.01$ ). EQ-5D scores improved overall, but not for those with a deteriorating Phase or AKPS  $\leq 40$ . Living alone or receiving multiple interventions increased the likelihood of goal achievement, whereas being wheelchair or bedbound, receiving a generic exercise intervention, or having goals rated as very difficult reduced it. Conclusions: Functional goals in palliative care typically focus on optimising activity and participation in the short term. Progress towards personalised goals can be achieved through personalised rehabilitation, including among people with deteriorating health or largely confined to bed. Goal Attainment Scaling can help direct and evaluate rehabilitation interventions in this setting.

### 13. Effective Physiotherapy Practice for Dementia

**Authors:** Quick, Stephen M. and Lawler, Katherine

**Publication Date:** 2025

**Journal:** Australian Journal of Dementia Care

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### 14. Synergistic effects of physiotherapy and diaphragmatic stretching in post-tuberculosis pleural effusion management: A case report

**Authors:** Rai, Richa Hirendra;Fiza, Minal;saher, Tabassum;Kalra, Sheetal and Jat, Prabhu Lal

**Publication Date:** 2025

**Journal:** Journal of Bodywork & Movement Therapies

**Abstract:** Post-tuberculosis pleural effusion represents a significant and often underappreciated complication that can arise following the treatment of pulmonary tuberculosis. This condition can lead to substantial respiratory impairment, severely affecting patients' quality of life and functional capacity. In this context, targeted physiotherapy strategies, particularly diaphragmatic stretching, emerge as vital interventions that may enhance respiratory function and overall recovery. Understanding the role of these therapeutic approaches is essential for optimizing patient outcomes in this challenging clinical scenario. This case report details the rehabilitation of a 29-year-old female with a history of pulmonary tuberculosis who developed post-tuberculosis pleural effusion. A structured physiotherapy protocol was implemented over four weeks, comprising diaphragmatic stretching, aerobic conditioning, and resistance training. Outcomes were measured through objective assessments of respiratory performance, including chest expansion and peak expiratory flow rate (PEFR). The patient exhibited marked improvements in respiratory parameters following the intervention, with a notable increase in chest expansion and PEFR. These enhancements suggest a positive impact of targeted physiotherapy on lung mechanics and overall respiratory efficiency. This case underscores the potential benefits of incorporating diaphragmatic stretching and complementary physiotherapy techniques into the management of post-tuberculosis pleural effusion. By addressing residual pulmonary deficits, these interventions can significantly improve respiratory function and patient outcomes. Future studies should explore the broader applicability and long-term effects of such rehabilitation strategies in larger cohorts.

### **15. Core Capabilities Physiotherapists Need to Provide High Quality Care to People Living with Dementia and Their Caregivers**

**Authors:** Taylor, Morag E. and Callisaya, Michele

**Publication Date:** 2025

**Journal:** Australian Journal of Dementia Care

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### **16. Readiness of Exercise Physiologists, Physiotherapists and Other Allied Health Professionals to Respond to Gender-Based Violence: A Mixed-Methods Study**

**Authors:** Wheatley, Lauren;Rosenbaum, Simon;Mastrogiovanni, Chiara;Pebole, Michelle;Wells, Ruth;Rees, Susan;Teasdale, Scott and McKeon, Grace

**Publication Date:** 2025

**Journal:** Violence Against Women

**Abstract:** Experiencing gender-based violence (GBV) is associated with health conditions that are common indications for referral to exercise physiologists, physiotherapists and other allied health professionals (AHPs). The readiness of AHPs to identify and respond to GBV is currently unknown. This study aimed to determine the readiness of AHPs to respond to a person who had experienced GBV. Participants completed the modified Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS) and/or an interview. The AHPs felt underprepared, had low perceived knowledge and lacked confidence to respond to and support people who have experienced GBV, despite recognition of the importance and agreement of the relevance to AHPs' practice.

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### **17. Respiratory physiotherapy in intensive care: A survey investigating respiratory physiotherapy interventions for mechanically ventilated patients in the intensive care unit**

**Authors:** Wood, Jackson;Chapman, Chantelle and Paton, Michelle

**Publication Date:** 2025

**Journal:** Australian Critical Care

**Abstract:** Physiotherapists play a key role in respiratory care for mechanically ventilated (MV) patients. Despite this, there is limited understanding of which interventions are commonly utilised to treat respiratory compromise in this cohort or what key barriers exist to their implementation. The aim of this study was to identify preferred respiratory physiotherapy treatments for MV patients across Australian intensive care units (ICUs) and comprehend key barriers to their application. A survey was sent to 145 of the 183 identified Australian ICUs listed in the Australian and New Zealand Intensive Care Society's Centre for Outcome and

Resource Evaluation report. The survey encompassed demographic details, queried the frequency of use for six interventions (using a Likert scale from "often" to "never"), and explored treatment indications, methods, and barriers through multiple-choice responses. Results were presented as proportions (counts and percentages) and relative frequencies (RFs). Group differences were assessed using chi-squared tests, with a p value <0.05 indicating significance. Of the 69 responses (48% response rate), most were from level 3 (67%, n = 46/69) public (83%, n = 57/69) ICUs, with <2.0 full-time equivalent physiotherapy staffing (49%, n = 34/69) for 5–15 beds (44%, n = 30/69). Manual techniques (e.g., percussions and vibrations) were the most common respiratory physiotherapy treatments, with 54% of respondents using them "often", while intrapulmonary percussive ventilation was the least common, used "never" by 83%. Variation was noted in the application of hyperinflation. Calculation of maximal inspiratory pressure before completing inspiratory muscle training was common (74%). Overall, clinician competence (RF = 28%), confidence (RF = 21%), and access to clinical guidelines (RF = 20%) were the main barriers to implementing techniques, with barriers generally more prevalent among respondents from smaller, private, level 1 and 2 ICUs. While physiotherapists prioritise respiratory treatments for MV patients, significant variability exists in practice. This survey highlights the need for standardised guidelines, enhanced educational resources, and the requirement to support colleagues in smaller and private ICUs to ensure consistent, effective management of MV patients throughout Australian ICUs.

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## **18. Occupational therapy and registered dietitian services to reduce fall risk among home delivered meal clients: a randomized controlled feasibility trial**

**Authors:** Juckett L.A., Joshi S., Hyer J.M., Hariharan G., Thomas K.S., Sathya T.S., Howard M.L., Bunck L.E., Rowe M.L., Devier A., Parrett K.

**Publication Date:** 2025

**Journal:** BMC geriatrics

**BACKGROUND:** Older adults increasingly prefer to age in place, but health and safety risks often threaten this independence. Home delivered meals, a key service under the Older Americans Act, provide essential nutritional support to homebound older adults, the majority of whom are at elevated risk for fall-related morbidity and mortality. Given the complex health conditions of homebound older adults, we conducted a feasibility randomized controlled trial (RCT) to evaluate our methods for testing four different service models designed to help reduce fall risk among home delivered meal recipients: (1) meals alone; (2) meals + registered dietitian nutritionist (RDN) services; (3) meals + occupational therapy (OT) services; or (4) meals + RDN + OT services. Findings will inform protocol modifications for our definitive RCT to improve fall-related outcomes among this population.

**METHOD(S):** A four-arm, parallel-group feasibility RCT was conducted with one home delivered meal agency in the Midwest United States. Participants were eligible to participate if they were over 60 years old, were able to receive meals from our partner agency, had one diet-related health condition, and were at risk for falling. Feasibility outcomes included study eligibility, recruitment, retention, fidelity to RDN and OT services, and service acceptability.

**RESULT(S):** Of 442 screened clients, 31% were eligible for participation, and 41% of eligible individuals were recruited (N = 56). Retention at three months was 79%. Fidelity rates were

84.5% for RDN services and 90.2% for OT services. Participants expressed high satisfaction with meal convenience and staff interactions but noted areas for improvement, including meal taste and inconsistent meal deliveries (e.g., timeliness; receiving correct meals).

**CONCLUSION(S):** The study identified several barriers to scaling this trial, including restrictive eligibility criteria and recruitment challenges. Protocol modifications for the definitive trial include broader eligibility, expanded recruitment areas, and increased flexibility in meal selection. Randomization procedures will also be adjusted to account for participants from the same household. This feasibility trial demonstrates the potential for integrating RDN and OT services into home delivered meal programs to address recipients' fall-related needs. **TRIAL REGISTRATION:** Clinicaltrials.gov; NCT06059404; 22/09/2023.

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## **19. Occupational therapy and registered dietitian services to reduce fall risk among home delivered meal clients: a randomized controlled feasibility trial**

**Authors:** Lisa A Juckett 1, Shivam Joshi 2; J Madison Hyer; Govind Hariharan

**Publication Date:** 2025

**Journal:** BMC Geriatrics

**Abstract:** Background: Older adults increasingly prefer to age in place, but health and safety risks often threaten this independence. Home delivered meals, a key service under the Older Americans Act, provide essential nutritional support to homebound older adults, the majority of whom are at elevated risk for fall-related morbidity and mortality. Given the complex health conditions of homebound older adults, we conducted a feasibility randomized controlled trial (RCT) to evaluate our methods for testing four different service models designed to help reduce fall risk among home delivered meal recipients: (1) meals alone; (2) meals + registered dietitian nutritionist (RDN) services; (3) meals + occupational therapy (OT) services; or (4) meals + RDN + OT services. Findings will inform protocol modifications for our definitive RCT to improve fall-related outcomes among this population.

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## **20. Has anyone ever been rude to you at work? A mixed-methods exploration of incivility in the physiotherapy profession**

**Authors:** Naylor M., Fleming D.J.M., Killingback C

**Publication Date:** 2025

**Journal:** Physiotherapy theory and practice

**INTRODUCTION:** Incivility has negative consequences for healthcare professionals, healthcare organizations and patient care. There is limited understanding about the effect of incivility within physiotherapy. **PURPOSE:** The purpose of this study was to explore the views and experiences of physiotherapists regarding incivility.

**METHOD(S):** A convergent mixed-methods approach was utilized via a cross-sectional survey. 339 participants completed the survey which included the Workplace Incivility Scale. A moderated regression model was fit to understand if, and how, band and gender interact as it pertains to incivility. Open-ended responses were analyzed using reflexive thematic analysis.

**RESULT(S):** Workplace incivility scale responses revealed that Band 5 males experience higher levels of incivility than select other groups. Specifically, band 5 males perceived higher levels of incivility than band 6 females  $t(326) = -3.39$ ,  $p = .018$ , band 7 females  $t(326) = -3.42$ ,  $p = .016$ , band 6 males  $t(326) = -3.52$ ,  $p = .011$ , and band 8 males  $t(326) = -3.11$ ,  $p = .043$ . Thematic analysis of 179 open question responses led to four themes: 1) the complexity of healthcare work at the root of incivility in physiotherapy practice; 2) manifestations of incivility in the workplace; 3) the negative impact of incivility on individuals and organizations; and 4) addressing and mitigating incivility.

**CONCLUSION(S):** The novel findings of this study have revealed that incivility affects physiotherapists across the spectrum of their career and has a negative impact on them professionally and personally.

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## **21. Wearable devices in post-operative breast cancer rehabilitation: Patient perceptions and end-user feedback**

**Authors:** Latif A., Al Janabi N., Joshi M., Fusari G., Shepherd L., Darzi A., Leff D.

**Publication Date:** 2025

**Journal:** European Journal of Surgical Oncology

**Background:** Axillary surgery remains a standard practice for most breast cancer (BC) patients despite efforts to de-escalate its use, often resulting in shoulder dysfunction. Wearable devices (WDs) have shown potential in post-operative shoulder rehabilitation, but patient perspectives and barriers to their adoption remain underexplored. This study examines patient views alongside potential challenges to implementing WDs in healthcare settings.

**Method(s):** Focus groups were held with former BC patients who had undergone axillary surgery, recruited via a BC charity. Newly diagnosed BC patients scheduled for axillary surgery in a London breast unit were asked to use WDs pre- and post-operatively for up to 16 weeks. Feedback was collected through structured interviews and analysed thematically.

**Result(s):** Participants included 18 former patients and 20 newly diagnosed patients. Themes from former patients highlighted issues including "challenges of accessing physiotherapy", "technology proficiency and simplicity", and "remote clinician-monitoring". Guidance on post-operative exercises was inconsistent, with many not receiving written instructions. Most (17 of 18) former patients supported WDs, though 5 patients aged over 75 preferred in-person physiotherapy due to low technology confidence. Newly diagnosed patients using WDs showed 89.4% (SD 17.9) compliance over an average of 77.1 days (SD 15.6) follow-up. Key themes included "feedback value", "exercise motivation", and "battery-life importance". Patients reported activity tracking, remote clinician-monitoring and personalised feedback as highly motivating but found frequent WD recharging inconvenient.

**Conclusion(s):** WDs appear to be widely accepted by BC patients, with strong uptake and compliance. Essential features include user-friendly designs, personalised feedback, longer battery-life, and remote clinician-monitoring capabilities.

## **22. Physical Therapy and Deep Brain Stimulation in Parkinson Disease: Safety, Feasibility, and Preliminary Efficacy**

**Authors:** Tueth L.E., Rawson K.S., Van Dillen L.R., Earhart G.M., Perlmutter J.S., Duncan R.P.

**Publication Date:** 2025

**Journal:** Journal of neurologic physical therapy : JNPT

**BACKGROUND AND PURPOSE:** Subthalamic nucleus deep brain stimulation (STN-DBS) effectively treats some of the motor manifestations of Parkinson disease (PD). However, previous work suggests STN-DBS may lead to worsening of balance and gait in some people with PD. Physical therapy (PT) is often used to improve balance and gait in PD, but its safety, feasibility, and efficacy have not been tested in people with STN-DBS. The purpose of this study was to test the safety, feasibility, and preliminary efficacy of PT for improving gait and balance in persons with PD and STN-DBS.

**METHOD(S):** This randomized pilot study compared the effects of an 8-week PT intervention (n = 15) on balance and gait to a usual care control group (n = 14) among people with PD with STN-DBS. Individuals were evaluated in the on medication/on stimulation state as well as off medication/off stimulation state.

**RESULT(S):** PT was safe as there were no serious adverse events during treatment. PT was feasible as the average percentage of session attendance was 93%. PT significantly improved balance as measured by the Balance Evaluation Systems Test (BESTest) in the on medication/on stimulation state but did not significantly improve gait. No significant differences between groups were found in the off medication/off stimulation state. **DISCUSSION AND**

**CONCLUSION(S):** PT was safe, feasible, and may improve balance for individuals with PD with STN-DBS. Further work is needed to understand how modifying the frequency and intensity of PT interventions may impact balance and gait in individuals with STN-DBS.

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## **23. Primary Care Physical Therapy and Exercise Therapy for People with Persistent Complaints after a SARS-CoV-2 Infection: Secondary Analysis of the ParaCov Prospective Cohort Study**

**Authors:** Gerards M.H.G., Verburg A.C., Slotegraaf A.I., van Heerde R., de Bie R.A., van der Wees P.J., Lenssen A.F., Hoogeboom T.J.

**Publication Date:** 2025

**Journal:** Physical therapy

**IMPORTANCE:** Current insight into recovery and real-world treatment of people with persistent complaints after SARS-CoV-2 infection is limited.

**OBJECTIVE(S):** The objective of this study was to describe the content, duration, and reasons for initiating and terminating physical therapist interventions and (factors contributing to) changes in outcomes before and after treatment. **DESIGN:** This was a prospective cohort study in Dutch primary care allied health care. **PARTICIPANTS:** Participants were patients receiving allied health care treatment after SARS-CoV-2 infection. **INTERVENTION:** The intervention was primary care physical therapy. **MAIN OUTCOMES AND MEASURES:** Self-

reported functioning (patient-specific functional scale [PSFS]), 6-minute walk test (6MWT), sit-to-stand performance (5 times sit-to-stand [5TSTS]), grip strength, and treatment characteristics were measured pre- and post-treatment. Associations between baseline characteristics, pre-treatment scores, and clinically important improvement on PSFS were calculated.

**RESULT(S):** Nine hundred ninety-two patients (mean age 50 years [SD = 13]) were included. Median treatment duration was 24 weeks (IQR = 17-26) and 31 sessions (19-43). Most selected treatment goals were to improve endurance (74%) and physical functioning (72%). In 59% of treatment episodes, therapists reported that patients had achieved the main treatment goal. Mean change scores (95% CIs) were - 4.1 points (-4.4 to -3.8) on the PSFS, 70 meters (61 to 78) on the 6MWT, -3.0 seconds (-3.4 to -2.5) on the 5TSTS, and 3.0 kilogram (2.1 to 3.9) on grip strength. Females and participants with worse baseline scores on PSFS had greater odds of reporting a clinically important improvement on the PSFS. Patients with longer 5TSTS times had lower odds.

**CONCLUSION(S):** Most patients achieved their treatment goals and demonstrated clinically important improvements on PSFS and 6MWT. This study provides information on the most important therapeutic goals and provides estimates for realistic treatment episodes.

**RELEVANCE:** This article provides insight into real-world physical therapy in patients experiencing persistent complaints after SARS-CoV-2 infection. Additionally, insight into their recovery is provided, showing that patients improve significantly and clinically important on self-reported functioning, 6-minute walk test, and sit-to-stand performance.

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## 24. Improving physiotherapy uptake in breast cancer patients at high risk of upper-limb mobility issues

**Authors:** Wang B., Patel R., Holder J., Richards L., Joshi M

**Publication Date:** 2025

**Journal:** European Journal of Surgical Oncology

Reduction in arm and shoulder mobility following axillary surgery for breast cancer (BC) can impair rehabilitation and quality of life. Prolonged functional recovery can impose significant economic and healthcare costs through delays in return to work and repeated hospital visits respectively. NICE recommends supervised upper-limb physiotherapy for high-risk patients. This closed-loop audit aimed to improve physiotherapy referral rates in one breast surgery department. Records of patients undergoing BC surgery between 01/10/2023 and 29/02/2024 were retrospectively reviewed (Cycle 1), evaluating which patients qualified as high-risk, whether physiotherapy referrals were made, and reports of post-treatment upper-limb mobility issues. Interventions to improve awareness of guidelines were implemented, including departmental education, poster displays and reminders in discharge letters. Post-intervention data was collected between 01/06/2024 and 30/09/2024 (Cycle 2). In Cycle 1, 64 of 129 patients qualified as high-risk, with nine referred to physiotherapy (14%). Seven non-high-risk patients were referred. Post-treatment upper-limb mobility issues were reported in 12 patients (eight high-risk, four non-high-risk), with nine subsequent physiotherapy referrals (75%). In Cycle 2, 39 of 127 patients were high-risk, with ten referred to physiotherapy (26%). Three non-high-risk patients were referred. Post-treatment upper-limb mobility issues affected nine patients (six high-risk, three non-high-risk). All were referred for physiotherapy. Physiotherapy



referral rates for high-risk patients increased from 14% to 26% and patients referred following post-treatment upper-limb mobility issues increased from 75% to 100%. This study highlights possible unfamiliarity with physiotherapy guidelines in BC patients and underlines the need for greater awareness amongst breast surgeons for improved identification and referral.

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## **25. Bridging the Gap Between Rehabilitation and Return to Work: A Qualitative Evaluation of a Workplace Intervention for Low Back Pain**

**Authors:** Bernaers L., Willems T.M., Rusu D., Demoulin C., Van de Velde D., Braeckman L.

**Publication Date:** 2025

**Journal:** Journal of occupational rehabilitation

**BACKGROUND:** Low back pain (LBP) can lead to disability and sick leave, impacting work participation and overall health. Given the complex and multifactorial nature of LBP, Belgium's Federal Agency for Occupational Risks (FEDRIS) promotes a secondary prevention strategy for LBP among workers engaged in ergonomically demanding tasks. This strategy includes multidisciplinary-based rehabilitation and an optional workplace intervention (WPI), initiated upon employer request. The WPI component consists of a half-day ergonomic risk analysis at the workplace conducted by an external occupational health service. This paper is one of two parallel qualitative studies that explored the experiences and perspectives of employees and healthcare professionals (HCPs) on the secondary prevention program. The current study focuses on the optional WPI, aiming to identify its strengths, challenges, and potential solutions.

**METHOD(S):** Between April 2022 and April 2023, six multicenter semistructured focus groups were held with 15 employees (2015-2019 program participants) and 24 HCPs (including external ergonomists) recruited from 11 Belgian rehabilitation centers and hospitals. Sessions were organized as employee-only, HCP-only, or mixed groups. All the interviews were anonymized, transcribed verbatim, and analyzed inductively via thematic analysis, with validation through data triangulation, intercoder checks, and participant feedback.

**RESULT(S):** The analysis reveals strengths, challenges, and solutions associated with the WPI before, during, and after implementation. Before the intervention, some HCPs recognized the WPIs' benefits, but limited awareness, employer hesitancy, practicality concerns, and job security fears presumably contributed to low application rates. The proposed solutions include proactive communication, streamlined processes, and enhanced employer engagement. During implementation, strengths included improved employee engagement and interdisciplinary collaboration, but challenges related to limited integration and timing affected effectiveness. Early ergonomic assessments and better communication are suggested. After the intervention, inconsistent feedback hindered sustainability, highlighting the need for systematic follow-up and stronger organizational commitment.

**CONCLUSION(S):** The WPI provides some tangible benefits for sustainable return to work in Belgium's secondary prevention strategy for LBP, yet a few gaps remain. Low employer awareness, application hesitancy, and inconsistent follow-up hinder effective implementation. Equally, interdisciplinary collaboration and proactive ergonomic assessments are considered strengths of the WPI. Involving all key stakeholders emerges as critical for addressing practical concerns and ensuring ongoing support. Future refinements should prioritize streamlined processes, early-stage interventions, and consistent feedback.

## **26. Are Audiovisual materials disseminated via social media effective to improve evidence-based rehabilitation implementation for physiotherapists (ASTEROID trial)? A feasibility study**

**Authors:** Fernandes M.M.G., Machado A.C.O., Fanfa M.S., Silveira A.C.M., Schreiner R.A., Danguì A.J.M., Pellenz M.M., Rigo D., Matte L.M., Mello E.R., Diel A.P., Guterres B.D., Dos Santos Costa L., Wageck B., Beninca I.L., Nonnenmacher C.H., Tura N.C., Leitao L.B., Hauptenthal A., Nunes G.S.

**Publication Date:** 2025

**Journal:** BMC research notes

**OBJECTIVE:** The present study aimed to evaluate the feasibility of an educational program disseminated via social media to improve the scientific and technical knowledge of physiotherapists.

**RESULT(S):** In this single-group interventional feasibility study, practicing physiotherapists participated in a 10-week Instagram-based program, which included 20 infographics posted twice weekly. Feasibility was evaluated using the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance). After the intervention, semi-structured interviews were conducted to gather feedback on participant experiences. Of the 30 physiotherapists recruited, 15 initiated the program, and 8 (53%) completed it. No significant differences were observed between pre- and post-program scores on effectiveness outcomes related to perceptions, utilization, and understanding of scientific information for clinical practice. While 63% of participants reported that the program helped them overcome barriers to EBP, overall perceptions and behaviors showed minimal change. Nonetheless, all participants recognized a positive impact on their clinical practice, with 50% reporting that they applied program content to their work. Although 63% indicated they would maintain their approach to studying technical content, all participants affirmed their intention to use resources that facilitate knowledge acquisition. Feedback from interviews indicated positive attitudes towards social media-based educational programs.

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## **27. Physiotherapists' perceptions of their professional work readiness after graduation**

**Authors:** Suits M., Kangasniemi M., Kommusaar J., Tamm A.-L.

**Publication Date:** 2025

**Journal:** European Journal of Physiotherapy

**Purpose:** To ensure high-quality, human-centered healthcare, we need competent, skilled, and motivated specialists. Given the constant evolution of physiotherapy, continuous professional development for physiotherapists is essential. Estonia's Tartu Health Care College has been training physiotherapists (European Qualifications Framework Level 6) for over 20 years with curriculum updates every 5 years. The aim of this study was to describe physiotherapists' perceptions of their professional work readiness following graduation, generating insights to inform future curriculum development and support evolving professional demands.

**Method(s):** We conducted thematic content analysis (based on the occupational qualification standard) on semi-structured interviews with 11 physiotherapists with up to 2 years' professional experience.

**Result(s):** Physiotherapists described themselves as confident in performing physiotherapeutic assessments and interventions, particularly for chronic conditions, including counselling patients and their support networks. However, challenges were noted in handling complex cases and understanding roles within multidisciplinary teams. Effective communication with patients and colleagues was seen as essential; supportive teams increased confidence. Ethical behaviour was seen as intuitive, though some participants faced unethical behaviour from patients. Challenges in conciseness and specificity of documentation were reported.

**Conclusion(s):** Ongoing training is needed to address physiotherapists' challenges with concise documentation, role clarity in multidisciplinary teams, managing acute or unfamiliar conditions, and managing ethical issues.

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## **28. Effects of a subacute high-intensity rehabilitation program in older adult inpatients following intramedullary nailing for hip fractures**

**Authors:** Lee N., Lim W.

**Publication Date:** 2025

**Journal:** Journal of Bodywork and Movement Therapies

**Background:** Subacute high-intensity rehabilitation programs play an important role in improving impairments and functional limitations in older adults who undergo hip fracture surgery. However, the effects of subacute high-intensive rehabilitation after intramedullary nailing have not been conclusively verified.

**Objective(s):** This study aimed to determine the effects of subacute high-intensity rehabilitation on pain, motor function, and activities of daily living (ADL) in older adult inpatients after intramedullary nailing for hip fractures.

**Method(s):** This study included 37 older adult inpatients who had undergone intramedullary nailing for hip fractures at a restorative rehabilitation facility. All patients participated in a subacute high-intensity rehabilitation program consisting of 208 sessions (6-8 sessions/day, 30 min/session, 7 days/week) over 4 weeks during hospitalization. Dependent variables including pain, lower extremity muscle strength, balance, functional ambulation ability, and ADL, were assessed using the Numeric Rating Scale (NRS), Manual Muscle Testing (MMT), Berg Balance Scale (BBS), Functional Ambulation Category (FAC), and Modified Barthel Index (MBI), respectively. A paired t-test was used for statistical analysis.

**Result(s):** The subacute high-intensity rehabilitation program resulted in significant differences in all dependent variables, including NRS, MMT, BBS, FAC, and MBI scores between the pre- and post-intervention ( $p < 0.001$  to  $= 0.037$ ).

**Conclusion(s):** This program improved physical function and independence in older adults after intramedullary nailing for hip fractures. Early implementation of such programs is recommended to enhance recovery, reduce hospital stays, and facilitate a quicker return to daily life.

**29. Barriers and facilitators to early post-stroke rehabilitation in stroke units: A nationwide survey in France**

**Authors:** Bihel L., Reynaud V., Ferrier A., Clavelou P., Rode G., Coudeyre E.

**Publication Date:** 2025

**Journal:** Annals of Physical and Rehabilitation Medicine

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**30. The Mediating Role of Physical Therapists' Satisfaction with Helping Patients in the Relationship Between Work Support and Intention to Leave Their Current Employment**

**Authors:** Roitenberg N., Ben-Ami N.

**Publication Date:** 2025

**Journal:** Physical therapy

**IMPORTANCE:** The wellbeing of physical therapists is crucial for retaining them at work as skilled professionals and ensuring high-quality patient care.

**OBJECTIVE(S):** The purpose of this study was to examine the effect of perceived organizational support and peer support on physical therapists' intention to leave their current employment, mediated by their satisfaction with helping patients (ie, compassion satisfaction). **DESIGN:** The design for this study was an online survey that included the short version of the Perceived Organizational Support scale, the Peer Support Scale, the Compassion Satisfaction Scale, and the Intent to Leave scale. The research used statistical analysis to explore the direct and indirect relationships between these variables. **SETTING:** The setting for this study was health care organizations and private practices. **PARTICIPANTS:** Israeli registered physical therapists volunteered to participate. **MAIN OUTCOMES:** Regression analysis indicated that greater perceived organizational support and peer support were associated with lower intention to leave the current employment. Compassion satisfaction levels mediated the relationships between physical therapists' perceived organizational support, peer support, and intention to leave their current employment.

**RESULT(S):** Two hundred ninety-three physical therapists completed the survey. Participants reported a medium level of perceived organizational support (mean = 2.86; range = 1-5); a high level of peer support (mean = 4.15; range = 1-5); a high level of compassion satisfaction (mean = 40.85; range = 10-50); and a low level of intention to leave their current employment (mean = 2.38; range = 1-5).

**CONCLUSION(S):** The study shows the importance of fostering a supportive work environment and peer relationships to enhance physical therapists' satisfaction. The study attests to the contribution of the positive emotion physical therapists derive from helping patients as a protective factor against their intention to leave their current employment, contributing to the overall stability of the health care workforce. **RELEVANCE:** Understanding the relations between perceived organizational support, peer support, and intention to leave current employment, as well as the role of compassion satisfaction, can help health care organizations and policymakers retain physical therapists.

### **31. Occupational Therapy in Carceral Settings: Qualitative Study of Practitioner Experiences and Perspectives**

**Authors:** Patel S., Barnes M.A., Jaegers L.A.

**Publication Date:** OTJR: Occupational Therapy Journal of Research

Scant evidence exists regarding occupational therapy in carceral settings. Exploring perspectives and experiences to understand current practices is needed. To explore how occupational therapy practitioners (OTPs) navigate evaluation, interventions, and role delineation. Qualitative study using phenomenological and hermeneutic approaches Data gathered through semistructured interviews with seven OTPs with average experience of 16 months, representing six states and four practice settings. Themes were identified by two independent coders who analyzed the data with consensus by third researcher. Four themes emerged: managing contextual challenges, interpersonal professional relationships, evidence-informed services, and client-focused care. Practitioners applied various frames of reference, utilized self-report and observation evaluation methods, and implemented holistic direct and indirect interventions. Understanding and supporting the value of therapeutic relationships, activity/occupational performance analysis, and foci of occupational therapy (OT) domains and processes that emphasize indirect roles can further define and highlight the distinctive nature of OT within carceral settings.

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### **32. Social and healthcare professionals' work to establish coherent rehabilitation pathways for people with inflammatory arthritis: a qualitative study**

**Authors:** Feddersen H., Aaroe C.V., Sondergaard J; et al

**Publication Date:** 2025

**Journal:** BMC Rheumatology

**Background:** Professionals in health and social care are challenged by the complexity and fragmentation across primary and secondary levels of care. To study coherent rehabilitation pathways, we focused on people with inflammatory arthritis admitted to a specialised rehabilitation stay as these pathways will involve a myriad of different professionals from primary and secondary levels of care. This study aimed to explore how health and social care professionals establish coherent rehabilitation pathways for people with inflammatory arthritis across primary and secondary levels of care and how organisational factors influence on workflow.

**Method(s):** Twenty-four situations between professionals and clients were observed during an inpatient rehabilitation stay. In addition, semi-structured interviews with 26 health and social care professionals from primary and secondary levels of care were conducted. An abductive approach guided the analysis and applied person-centred and integrated care concepts.

**Result(s):** Three themes were derived from the analysis: (1) Person-centred interactions with clients, highlighting that professionals wanted to respond to clients' preferences; (2) inter-dependent interactions between professionals, reflecting dependence on collaboration across primary and secondary level of care; and (3) economic and cultural frameworks influence professionals' work.

**Conclusion(s):** Professionals strive to take a person-centred approach and must coordinate and communicate with other professionals to create coherent rehabilitation pathways. However, economic and cultural frameworks influenced by the logic of public management and medical professionalism may hinder these intentions. Clinical Trial Number: Not applicable.

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### **33. Occupational therapy-led self-management anxiety and stress programme: a mixed methods evaluation in community palliative medicine**

**Authors:** Boland L., Donnelly N., Delaney S., Donohoe J., Keaveny N., Connolly H., Connolly D.

**Publication Date:** 2025

**Journal:** BMJ Supportive and Palliative Care

**Objectives:** A key role of specialist palliative care occupational therapy is to enable patients to self-manage symptoms associated with a life-limiting illness. EMPOWER, a 4-week group programme, provides self-management interventions for stress and anxiety. The aim of this study is to evaluate the EMPOWER programme for community-based specialist palliative care patients.

**Method(s):** An action research feasibility study employing a mixed methods approach was undertaken. Self-reporting outcome measures were administered pre-EMPOWER and post-EMPOWER. Qualitative focus groups and feedback forms were completed postintervention. Ethical approval for this study was obtained from the Research Ethics Committee of the service site.

**Result(s):** Six virtual and five inperson EMPOWER group programmes were facilitated with 33 participants. Twenty-five participants completed the preoutcome and postoutcome measures. Statistically significant improvements in anxiety ( $p=0.002$ ), occupational performance ( $p=0.003$ ) and satisfaction ( $p<0.001$ ) were observed from preintervention to postintervention. Qualitative data analysis identified three main themes: (1) living with symptoms, (2) management of symptoms and (3) programme design and delivery.

**Conclusion(s):** EMPOWER is considered an acceptable intervention by community-based palliative care patients. Improved understanding of self-management skills to manage anxiety encouraged participants to implement strategies and re-engage in meaningful goals. Recommendations were provided on the programme's design. Further research is required to evaluate the effectiveness of EMPOWER in a larger group of community-based palliative care patients.

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### **34. Physiotherapy platform Phio goes live at 11 NHS organisations**

**Publication Date:** 2025

**Journal:** Digital Health

Eleven NHS organisations have deployed musculoskeletal triage and rehabilitation technology Phio. An estimated 2.3 million registered patients now have the option to begin physio care instantly on their phone. The technology signposts patients to the most appropriate care pathway.

### **35. Rehabilitation after discharge from ICU is often poorly coordinated, NCEPOD finds**

**Author:** Young, J

**Publication Date:** 2025

**Journal:** BMJ

Rehabilitation is not well coordinated throughout the care pathway, particularly when a patient is transferred from the intensive care unit (ICU) to a hospital ward and then from the ward back to the community, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has found.

The latest NCEPOD report found a lack of good multidisciplinary teamwork and communication across the recovery pathway as the patient moved between different healthcare settings.<sup>1</sup>

Key workers to coordinate rehabilitation care were rarely available, the independent organisation found. Yet, when they were present, they were associated with improved care.

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### **36. Virtual reality gives stroke rehab a new dimension**

**Publication Date:** 2025

**Cochrane**

A Cochrane review has found that virtual reality (VR), when used in addition to standard therapy, can help stroke survivors regain arm movement. The findings suggests that VR could be a promising tool to boost rehabilitation efforts, particularly by increasing the amount of therapy patients receive.

A Detailed Analysis of How Physiotherapists "Give" Reassurance for Patients' Concerns in Back Pain Consultations. Authors: Cowell, Ian et al Publication Date: Jun 02 ,2025 Journal: Qualitative Health Research 10497323251320874 Abstract: Reassuring patients with low back pain to reduce their concerns is important for good clinical practice. However, guidelines provide little information on how physiotherapists should best deliver reassurance. This study explores how "reassurance" is enacted by physiotherapists and back pain patients during an initial consultation. The research setting was primary care. Twenty initial physiotherapy consultations were video-recorded and transcribed. The patient-physiotherapist interactions were analyzed using conversation analysis, a qualitative observational method. These data highlighted how some physiotherapists gave reassurance directed by what they considered to be important but not always grounded in patients' expressed concerns. We also observed examples where physiotherapists developed a better understanding of patients' concerns, which provided more patient-focused and targeted reassurance with less interactional "trouble" and greater patient affiliation. These findings suggest that physiotherapists should develop a good understanding of patients' concerns, and take them into consideration, before delivering their reassurance. This will require that physiotherapists be responsive to patients' concerns and adapt their communication to the individual needs of the patient.

Remotely delivered physiotherapy for musculoskeletal conditions is cost saving for the health system and patients: economic evaluation of the REFORM randomised trial. Authors: Hayes, Alison J. et al

Publication Date: 2025 Journal: Journal of Physiotherapy Abstract: QUESTIONS: Is remotely delivered physiotherapy cost saving when compared with usual face-to-face physiotherapy as typically provided in a public hospital outpatient setting? Is remotely delivered physiotherapy cost-effective? DESIGN: Economic evaluation embedded within a randomised controlled, non-inferiority trial using a health system plus patient perspective. PARTICIPANTS: Patients with musculoskeletal conditions presenting to Sydney public hospitals for physiotherapy treatment. INTERVENTION: REFORM was a randomised controlled trial comparing remotely delivered physiotherapy with usual care provided in an outpatient setting. Remotely delivered physiotherapy involved one face-to-face physiotherapy session in conjunction with text messages, phone calls and an individualised exercise program delivered through an 'App'. OUTCOME MEASURES: The economic evaluation included the Patient Specific Functional Scale at 6 weeks in the cost-minimisation and cost-effectiveness analyses, and quality-adjusted life years (QALYs) at 26 weeks in the cost-utility analysis. Health system and patient resource use were derived from patient self-report. RESULTS: Costs per participant over 6 weeks were AUD \$742 for remotely delivered physiotherapy and \$910 for face-to-face physiotherapy, with a mean cost difference of -\$168 (95% CI -\$339 to \$1). There was a 98% probability of remotely delivered physiotherapy being cost saving within the non-inferiority margin of the Patient Specific Functional Scale, and an 88% probability of being dominant to face-to-face physiotherapy (less costly and more effective). There was a 51% probability of being cost-effective at a nominal \$50,000/QALY threshold. CONCLUSION: Moving people with musculoskeletal conditions to a remote model of physiotherapy care is potentially cost saving for health systems and patients, without compromising health outcomes when compared with currently provided public hospital care.

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