

Rehabilitation

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August 2026

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Robotics, AI and VR to power new UK specialist rehab hospital

Health Tech World, 3 July 2026

A new 52-bed private rehabilitation hospital at Stoke Mandeville will combine robotic gait training, virtual and augmented reality therapies, and AI-enabled recovery facilities. Developed by Active Care Group and WheelPower, the specialist spinal and neurological rehabilitation centre aims to support around 250 patients annually and promote independent living through technology-enabled rehabilitation.

Hot weather can make pain worse – here's why.

The Conversation; 2026.

<https://theconversation.com/hot-weather-can-make-pain-worse-heres-why-288463>

[Bodily pain should be recognised as another hidden health consequence of extreme heat.]

1. Physiotherapy with kinesiotherapy and physical agents to reduce postpartum diastasis recti: a randomised trial

Authors: Alexandre, Delgado;Geyson, Marinho;Lígia de Oliveira, Revorêdo;Mariano, Silva Victor;Prazeres Balbino, Freire Patrícia;Barros, Luane Taisa da Costa;Roxana, Nizza Karina;de Moraes, Carreiro Eneida;Eliane Maria, da Silva;Bianca Santana, da Silva and Froes, Meyer Patrícia

Publication Date: 2026

Journal: Journal of Obstetrics and Gynaecology : The Journal of the Institute of Obstetrics and Gynaecology 46(1), pp. 2608346

Abstract: Background Diastasis recti abdominis (DRA) is characterised by a separation of the rectus abdominis muscles, which is common in the postpartum period. This randomised controlled trial investigated the effects of a physiotherapy protocol combining abdominal exercises and physical agents-namely electromagnetic shock waves, transfer of energy capacitive and resistive (TECAR) therapy, and neuromuscular electrical stimulation-on reducing the inter-rectus distance in women with DRA six months after childbirth. Methods Sixty women diagnosed with DRA were randomised into three groups: kinesiotherapy (Group A); electromagnetic shock waves, TECAR therapy, and neuromuscular electrostimulation (Group B); and a combination of both (Group C). The inter-rectus distance (IRD) of participants was assessed before and after treatment, with re-evaluation conducted sixty days after the initial assessment, using ultrasound and abdominal perimeter measurements. Results group C showed a 0.80 cm reduction in supraumbilical IRD when compared with Group B. In the infraumbilical region, Group C had a 0.74 cm reduction compared to Group A and 0.85 cm compared to Group B. Regarding abdominal perimeter, Groups B and C showed greater reductions in the infraumbilical circumference than Group A, with mean differences of approximately 10 cm. No significant differences were observed in the supraumbilical and umbilical regions. Conclusions the combination of kinesiotherapy and physical agents is more effective in reducing inter-rectus distance and abdominal circumference than either approach alone in postpartum women with diastasis recti abdominis.

2. Use of primary care physiotherapy and its associations with clinical and socioeconomic outcomes in musculoskeletal disorders: a cohort study

Authors: Amundsen, Olav;Moger, Tron Anders;Holte, Jon Helgheim;Haavaag, Silje Bjørnsen;Bragstad, Line K.;Hellesø, Ragnhild;Tjerbo, Trond and Vøllestad, Nina Kjøpke

Publication Date: 2026

Journal: Scandinavian Journal of Primary Health Care 44(1), pp. 2660328

Abstract: Objectives To assess how physiotherapy contact frequency relates to clinical outcomes in patients with musculoskeletal disorders across prognostic groups, and how outcomes are associated with future healthcare costs and disability pension. Design and Setting Cohort study linking clinical data from the FYSIOPRIM primary care physiotherapy cohort (12-month follow-up) with national registry data on healthcare use, costs, and socioeconomic factors. Participants 1475 patients were included in FYSIOPRIM at baseline, 671 provided data on all covariates and 12-month outcomes and were included in the analysis. Method Comparing low and high physiotherapy use during a 12 month follow-up period (High use: Median or higher (9+ contacts)). Patients were categorized into good, medium, and poor clinical prognosis based on seven baseline clinical factors. Main Outcome Measures Global Perceived Effect (GPE) at 12 months, high healthcare costs (≥ 95 th percentile two years post-FYSIOPRIM), and disability pension (1-3 years post-FYSIOPRIM). Results High physiotherapy use was associated with improvement in GPE in patients with poor prognosis (OR 4.04, 95%CI 1.56-10.50) but not for good or medium prognosis. Improvement on GPE was associated with lower odds of high future healthcare costs (OR 0.27, 95%CI 0.13-0.58) and disability pension (OR 0.06, 95%CI 0.01-0.53). Conclusions Patients with poor prognosis may benefit from more physiotherapy contacts, while those with better prognosis may require fewer contacts. Tailoring treatment intensity to prognosis may support more efficient resource allocation and support long-term societal benefits through reduced healthcare costs and disability risk.

3. Physiotherapists' experiences of the implementation of neck-specific exercise for patients with chronic neck pain: A qualitative study

Authors: Ask, Sofia;Carlfjord, Siw;Peterson, Gunnel;Peolsson, Anneli and Strid, Emma Nilsing

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: A neck-specific exercise programme (NSE) for whiplash-associated disorders has shown good results in randomized controlled trials. The results were as good when delivered on-site as delivered via internet (NSEIT). Health care practitioners' experiences can provide valuable insights into factors contributing to successful implementation. The aim of this study was to describe physiotherapists' experiences of the implementation of NSE and NSEIT in primary care physiotherapy for patients with chronic neck pain. A qualitative study based on focus group discussions, analysed with qualitative content analysis and inductive category development. This study was part of a cluster-randomized study aiming to implement NSE and NSEIT. Twenty physiotherapy units in primary care in Sweden were randomized to two different implementation strategies. Six focus group discussions, each with three to five physiotherapists working at the same physiotherapy unit, were conducted after the implementation activities were ended. Categories developed in the analysis were: contextual factors, implementation strategy, characteristics of the implementation object and implementation outcome. The physiotherapists reported that they had integrated NSE into their clinical practice, but NSEIT was more challenging to implement. The positive characteristics of NSE, education, time for reflection and collegial support were described as vital for the successful implementation. The findings suggest an implementation strategy with education containing theoretical background and practical training to promote the implementation of NSE. Internet delivery may complement NSE, but requires additional time and effort to implement. • This study emphasises education containing theoretical and practical training to facilitate the implementation of NSE in primary care physiotherapy for patients with chronic neck pain. • The positive characteristics of NSE, collegial support and allocating time for reflection may contribute to successful implementation. • NSEIT was seen as a valuable complement to NSE, but introducing it is complex, requiring time for practice and the creation of new working routines.

4. Effects of Intensive Early Physiotherapy Intervention After Myocardial Infarction on Quality of Life, Anxiety and Depression Scores: A Controlled Clinical Trial

Authors: Balla, Kinga;Haase, Karl K. and Wick, Alexander

Publication Date: 2026

Journal: Physiotherapy Research International : The Journal for Researchers and Clinicians in Physical Therapy 31(4), pp. e70305

Abstract: Background and Purpose Early mobilisation after myocardial infarction (MI) is strongly recommended. However, evidence regarding the benefits of structured physiotherapy during the acute in-hospital phase remains limited. This controlled clinical trial (CCT) aimed to evaluate whether an intensive early physiotherapy programme could improve health-related quality of life (HRQoL) and psychological well-being. Methods This CCT included 172 adults hospitalised after MI and treated with primary percutaneous coronary intervention (PCI). The participants were quasi-randomly allocated (1:1) to the intervention or control group based on the hospital room number. They received either an intensive physiotherapy programme (daily supervised mobilisation, education and graded activity) or standard medical care and an informational flyer. Primary outcomes included HRQoL (MacNew) and psychological well-being (Hospital Anxiety and Depression Scale, HADS-D). Clinically important changes were evaluated using the standardised response mean (SRM, which reflects the clinical relevance of observed changes), and the minimal clinically important difference (MCID, the smallest change in an outcome perceived as important by patients). Statistical analysis was conducted to assess group-by-time and pre-post interaction effects. Results Clinical significance metrics: The intervention group showed less deterioration in overall HRQoL (SRM: 0.04 vs. 0.1) and an enhancement in the MacNew emotional subscale (SRM: 0.22 vs. 0.09) compared with the control group. The HADS-D improved to a greater extent in the intervention group, exceeding the MCID (1.7 points). There were no statistically significant interaction effects between groups by time (interaction factor group * factor time; HRQoL $p = 0.68$ and anxiety/depression $p = 0.15$) or between the time points (pre-post, main effect factor time; HRQoL $p = 0.35$ and anxiety/depression $p = 0.4$). Discussion Clinically, intensive early in-hospital physiotherapy may lead to improved psychological outcomes and

an attenuation of HRQoL decline. Although the change in HADS-D in the intervention group did not reach statistical significance, it exceeded the MCID, indicating a clinically meaningful improvement from the patients' perspective. The implementation of structured early mobilisation protocols may provide clinically relevant benefits during the acute post-PCI hospitalisation period and warrants further investigation. Trail Registration Ethical approval was first submitted in January 2023, then resubmitted after minor revision in March 2023, and was then accepted on 15 March 2023 (Reg.Nr. K-2023-001).

5. Hypermobility spectrum disorders and hypermobile Ehlers–Danlos syndrome: patient experiences, disability and implications for rehabilitation

Authors: Brandt, Lindsay;Kondratek, Melodie;Kim, Limmy;Ohanian, Hailey;Schneck, Kiley;Vukasovich, Corinne;Wozny, Abigail and Ziskey, Christina

Publication Date: 2026

Journal: International Journal of Rehabilitation Research 49(3), pp. 222–228

Abstract: The diagnosis and management of hypermobility spectrum disorders and hypermobile Ehlers–Danlos syndrome (HSD/hEDS) are a healthcare challenge because of the wide array of symptoms, lack of diagnostic biomarkers, and evolving management guidelines. This study aimed to describe patient experiences, disability, and self-perceived success managing HSD/hEDS, with or without comorbid postural orthostatic tachycardia syndrome, mast cell activation syndrome, or hip dysplasia. This anonymous online survey explored symptoms, impact on life/function, healthcare experiences, and symptom management status of individuals in the US aged greater than or equal to 13 years with HSD/hEDS. Frequencies and central tendencies were calculated for multiple-choice items. Free-response items were categorized using WHO domains of disability. Seventy-two survey responses were analyzed. The most frequent symptoms were joint hypermobility, joint pain, and subluxations. Disabilities were reported in all six WHO life domains, with life activities being the most common. Most participants (58%) reported symptoms were not well-managed and were more likely to report financial barriers to care and more health conditions compared with other participants. This sample of individuals with HSD/hEDS experiences complex, multifactorial challenges with disability and symptom management. These challenges may be related to comorbidities and financial barriers. Interdisciplinary care models and targeted rehabilitation approaches may improve participation and outcomes, particularly when combined with strategies to reduce logistical and economic barriers.

6. Occupational Therapist Perspectives: Factors Influencing Recovery Following Motor Vehicle Accident Injury

Authors: Bridge, Katelyn;Kessler, Dorothy;Morrison, Tricia and Lacerte, Michel

Publication Date: 2026

Journal: Canadian Journal of Occupational Therapy 93(3), pp. 294–302

Abstract: Background. Motor vehicle accident (MVA) injuries can result in persistent impairments which contribute to chronic pain, mental health symptoms, and decreased quality of life. Occupational therapists play a key role in the rehabilitation of those injured in MVAs yet there is lack of evidence to inform occupational therapy practice. An explicit understanding of the factors influencing post-MVA recovery from occupational therapists' perspectives is needed to inform clinical service delivery. Purpose. This study addressed the following question: From the perspective of occupational therapists, what factors are identified as influencing recovery following a noncatastrophic injury sustained in an MVA? Method. An interpretive descriptive study design was used. Data were collected through semistructured interviews with 10 occupational therapists who provide auto-insurer funded occupational therapy to clients with noncatastrophic injuries from an MVA. Data were analyzed using constant comparative analysis. Results. Physical symptoms and accessibility, acceptance, social support, access to occupational therapy, and navigating the insurance system were factors identified as influencing post-MVA recovery. Conclusion. This study highlights the importance of using a

biopsychosocial lens when working with clients post-MVA. Recovery post-MVA needs to be considered in the context of the insurance system, as navigating the insurance system was a predominant factor influencing recovery.

7. Exploring physiotherapists' role in work-focused health care and fit note use: Barriers, facilitators, and recommendations

Authors: Brown, Tamara M.;Eleryan, Noudy;Parker, Christine;Shawcross, Paul;Cook, Penny A. and Martin, Rachel

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: The Fit Note (FN) may help people return to work and avoid prolonged sickness absence. However, its utilisation by physiotherapists is not understood. This study explored physiotherapists' views and practices regarding work-focused health care and FN use. A mixed methods study involving an online survey followed by six online focus groups. United Kingdom (UK) physiotherapists (n = 401) working in a variety of settings responded to the survey. Sixteen also participated further in the focus groups. Participants (89%) viewed supporting patients to stay-in or return-to-work as part of their role, yet only 31% regularly issued FNs. Key themes were developed: physiotherapists recognise work as integral to care, and those issuing FNs do so in line with guidance, recommending strategies to help patients remain in or return to employment. Barriers included organisational, individual factors, such as limited recognition of physiotherapists' role and lack of confidence or knowledge, and perceived patient barriers including lack of awareness. Facilitators included training, organisational support, and a multidisciplinary approach to work-related issues. This study, the largest of its kind in the UK, indicates that physiotherapists regard work and health as integral to their professional responsibilities; however, FN implementation remains inconsistent. Qualitative findings reveal organisational, practitioner, and perceived patient barriers. Recommendations include improved mentorship and consistent digital FN access across all clinical settings. Further research should explore task-shifting consequences and patient perspectives. • This study represents the largest UK investigation to date examining physiotherapists' (n = 401) perspectives on FN implementation, using a mixed-methods approach. • Although physiotherapists consider work-related issues integral to their practice, the study identifies barriers to FN implementation at multiple levels, including confidence gaps, systemic constraints, and concerns regarding scope-of-practice. • The study provides actionable, multi-level recommendations to address the identified barriers, such as structured training, organisational support systems including mentorship programmes, and policy guidance to clarify scope-of-practice. Additionally, it highlights areas for future research, including patient perspectives and task-shifting.

8. Embedding physiotherapy in general practice: Global challenges, local solutions, and the role of First Contact Physiotherapy

Authors: Chance-Larsen, Kenneth;Fenemor, Rachel;Mbada, Chidozie and Walsh, Nicola

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: In this debate article we draw on insights from a focused symposium at the World Physiotherapy Congress 2025, where we explored the embedding of physiotherapy in general practice and the role of First Contact Physiotherapy (FCP). We did this through the lens of four distinct national contexts: the UK, Norway, Nigeria, and New Zealand. We present country-specific experiences to show how historical, cultural, and systemic factors shape FCP implementation. Across these settings, we identify common challenges, including tensions around professional boundaries, patient expectations, workforce readiness, and funding mechanisms. We also highlight locally adapted solutions such as co-location, policy reform, competency development, and culturally responsive models that demonstrate the importance of tailoring FCP to local needs. Finally, we reflect on the strategic implications for global

practice, advocating for flexible frameworks, international collaboration, and context-sensitive innovation to support equitable and sustainable development of FCP worldwide. • FCP is a globally relevant but locally variable model that requires strategic adaptation rather than simple adoption. • Common challenges in FCP implementation include professional boundary tensions, patient expectations, workforce readiness, and funding mechanisms. • Locally tailored solutions, such as co-location, policy reform, competency development, and culturally responsive care, are essential for successful and sustainable FCP integration.

9. Usefulness of ChatGPT in physiotherapy practice: A scoping review

Authors: Crinion, Brian;Forde, Cuisle;Ryan, Teresa;Mockler, David and Broderick, Julie

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: To map the current evidence examining the use of ChatGPT within musculoskeletal (MSK) physiotherapy, with a focus on how the technology has been studied rather than on claims of effectiveness or readiness for clinical practice. A scoping review was conducted in accordance with PRISMA-ScR guidance. Electronic searches were performed in MEDLINE (via PubMed), Embase, CINAHL, PEDro and the Cochrane Library, with the most recent update conducted in November 2025. Empirical studies evaluating ChatGPT in physiotherapy-relevant or MSK rehabilitation contexts were included in this review. Included studies were mapped descriptively according to clinical task, study design, comparator, outcome domain, and interaction conditions, including prompt structure. No critical appraisal of effectiveness or safety was undertaken. Fourteen studies published between 2023 and 2025 met the inclusion criteria. Study designs, clinical tasks, comparators and outcome measures were highly heterogeneous. ChatGPT was evaluated across diagnostic, treatment, educational and informational tasks, using different types of MSK scenario or guideline-derived questions. Outcome domains included agreement with expert judgement, alignment with clinical practice guidelines, and ratings of clarity or appropriateness. No shared or standardised evaluation framework was used across studies. Apparent differences in reported agreement between diagnostic and treatment-related tasks were largely attributable to differences in task framing, reference standards, and evaluation methods rather than intrinsic model capability. The current evidence base examining ChatGPT in MSK physiotherapy is exploratory and methodologically immature. Reported accuracy or alignment metrics cannot be interpreted independently of study design and interaction conditions. Future research should prioritise physiotherapy-focused study designs that clearly define diagnostic and treatment tasks, specify prompt and interaction conditions, and examine how artificial-intelligence-generated outputs are interpreted and used by clinicians, students and patients.

10. Insights into the rehabilitation journey - patients' experiences following tibial plateau fractures

Authors: Fändriks, Anna;Möller, Michael;Tranberg, Roy and Erichsen, Annette

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2636758

Abstract: Purpose The present study aimed to explore working-age patients' experiences with healthcare and recovery within the first two years after sustaining a tibial plateau fracture. By examining these perspectives, the study seeks to provide insights that can optimize rehabilitation strategies. Methods Patients who had undergone surgical treatment for tibial plateau fractures were recruited. A qualitative descriptive design was employed, using semi-structured interviews analysed through inductive content analysis. Results Nineteen patients from three hospitals in Sweden were interviewed 18-25 months after injury. Two overarching themes emerged: (1) *Journey to recovery*, with three categories on independence to adaptation, steps towards normality, and reshaping everyday life; and (2) *See me-guide me*, with two categories on the impact of information availability and interactions with

healthcare professionals. Conclusion The profound physical and psychological impact of tibial plateau fractures is underscored by the lengthy recovery and adaptation process. This journey is marked by significant challenges, but also by the resilience and resourcefulness of patients and their support networks. Interactions with healthcare services often introduce additional challenges, contributing to feelings of uncertainty and insecurity during critical times when patients require substantial support. Open communication, friendly attitudes, and clear action plans from healthcare professionals significantly enhance patient satisfaction and provide a sense of security.

11. Occupational Therapy Professional Identity: Learning From the Muriel Driver Memorial Lectures

Authors: Frikha, Yasmine;Freeman, Andrew and Côté, Nancy

Publication Date: 2026

Journal: Canadian Journal of Occupational Therapy 93(3), pp. 303–318

Abstract: Background. Given the well-documented professional identity challenges experienced by occupational therapists, reinforcing the profession's identity (collective and individual) is crucial for navigating changing environments and optimizing its contribution. The Muriel Driver Memorial Lectureship is an important component of the collective identity of the profession in Canada. Purpose. A professional identity lens was used to trace the evolution of the profession's collective identity in Canada through this lectureship. Method. Using sociological professional identity theory, a documentary longitudinal analysis was conducted on the 43 published lectureship articles (1975–2023), identifying key messages, values, knowledge, and practices. Findings. Eight main themes were identified: professional identity, epistemology, axiology, change and leadership, contribution, history, quality, and technology. The analysis revealed an evolving common base of values (occupation, client-centred, social justice) and knowledge (occupation-centred). Persistent challenges included defining theoretical foundations, resisting the biomedical model, and realizing the social vision in practice. The lectures highlighted occupational therapists' evolving roles and ability to contribute to and lead change. Conclusion. The lectures provide insights into the evolution of occupational therapy's collective identity in Canada. Despite ongoing challenges, the contemporary context appears to be increasingly favourable for occupational therapists to practise consistent with the collective identity trends identified.

12. What are the Perceptions and Lived Experiences of Canadian Injured Workers about the Provision of Physiotherapy Services using Telerehabilitation?

Authors: Hudon, Anne;Miciak, Maxi;Slade, Teri;Lovo, Stacey;Whittaker, Jackie L.;Côté, Daniel;Feldman, Debbie E.;Kairy, Dahlia;Laberge, Marie;McKeen, Beverley;Cooper, Lynn and Gross, Douglas P.

Publication Date: 2026

Journal: Journal of Occupational Rehabilitation 36(3), pp. 643–655

Abstract: Purpose: Despite evidence of efficacy, the effectiveness of telerehabilitation in real-world clinical settings is still largely unknown. Telerehabilitation requires a substantial transformation of the organization and delivery of traditional services. Considering that a virtual setting can create unique challenges for providing physiotherapy services and given the physical and potential hands-on nature of evidence-based assessments and interventions, it is important to investigate what injured workers think of receiving physiotherapy care via telerehabilitation and to examine if rehabilitation needs are adequately met. Methods: A qualitative interpretive description study was conducted to explore the perspectives and experiences of 17 injured workers receiving physiotherapy via telerehabilitation. Data were collected through semi-structured interviews with participants from three provinces in Western Canada and analysed using thematic analysis. Qualitative rigour criteria of epistemological integrity, analytic logic, interpretive authority, and representative credibility were considered throughout this study. Results: Implementation of telerehabilitation during the COVID-19 pandemic resulted in mixed

perceptions from injured workers. Some viewed telerehabilitation as a resourceful option for providing services during the pandemic lockdown, resulting in maintained communications while overcoming barriers to services (e.g., rural/remote workers, transportation barriers, etc.). However, many thought telerehabilitation was inferior to in-person therapy for assessment and when 'hands-on' interaction was needed. Many believed a hybrid option may be ideal now that pandemic restrictions are lifted, with telerehabilitation supplementing in-person physiotherapy when needed. Conclusions: Telerehabilitation was viewed as a resourceful option during the pandemic and in certain clinical situations (e.g., rural/remote). Workers should be able to make informed choices about service delivery format

13. Acceptance and commitment therapy in rehabilitation for chronic pain and fatigue: a qualitative interview study with patients

Authors: Johansen, May-Lill;Eriksen, Thor Eirik and Solhaug, Ida Therese

Publication Date: 2026

Journal: Scandinavian Journal of Primary Health Care 44(1), pp. 2608121

Abstract: Purpose To shed a nuanced light on the experiences of taking part in a rehabilitation programme using acceptance and commitment therapy (ACT) for people living with persistent pain and fatigue. Materials and Methods The ACT intervention, designed by the Pain Clinic of a University Hospital, consisted of six four-hour sessions, each for four groups of 6-8 participants, given over the course of four months. An interdisciplinary research team thematically analysed 13 post-programme individual interviews with people aged 21 to 54 with different symptoms and diagnoses using systematic text condensation. Results Participants reported that while illness had led to feelings of loneliness, loss and failure, participating in a safe and supportive group setting led to a nurturing sense of shared community, understanding and learning. Increased self-awareness, self-acceptance and self-compassion were valued outcomes of the programme. Most felt that they had acquired new tools, such as exercises, practices and altered ways of thinking. A few participants were uncomfortable with the sharing practices and felt that the programme brought few benefits for them. Conclusions The study indicates the value of a sense of community and experiencing illness as a shared human condition. Learning to see oneself as worthy of self-compassion, suggested in the literature as key to pain rehabilitation, was connected to group validation and ACT-specific sessions. Information, exercises and sharing practices could have been even better targeted and tailored to individual participants.

14. Functional rehabilitation strategies for enhancing neuromuscular control after ACL reconstruction: A systematic review

Authors: Kang, Minbong;Hwang, Byoung-ha and Park, Hankyu

Publication Date: 2026

Journal: Hong Kong Physiotherapy Journal (World Scientific) 46(2), pp. 115–125

Abstract: Background: Arthrogenic muscle inhibition (AMI) and altered neuromuscular control commonly arise after anterior cruciate ligament (ACL) injury and may persist both preoperatively and after anterior cruciate ligament reconstruction (ACLR), potentially impairing functional recovery. Objective: To synthesise randomised controlled trial (RCT) evidence on functional rehabilitation interventions targeting neuromuscular control after ACLR, using electromyography (EMG)-derived outcomes. Methods: PubMed, Cochrane Library, Embase, CINAHL, Web of Science, and SPORTDiscus were searched from January 1, 2015, to December 4, 2025; duplicates were removed (n = 63). RCTs involving individuals undergoing ACLR (pre-operative) and/or following ACLR (post-operative) were included if they reported EMG-derived neuromuscular outcomes following functional rehabilitation. Due to heterogeneity in interventions, EMG normalisation, and outcome definitions, a structured narrative synthesis was performed. Results: Nine RCTs (total n = 263) were included. One trial examined preoperative blood flow restriction training (BFRT) preconditioning (5 sessions over 8 days before surgery), whereas the remaining interventions were delivered postoperatively. Jump

training reduced quadriceps–hamstring co-contraction by 50% ($p < 0.001$). Preoperative BFRT preserved quadriceps endurance at 4 weeks post-ACLR compared with sham (sham reduction: 9.7 ± 8.5 s) and increased root mean square (RMS) EMG amplitude by $5.4 \pm 5.8\%$ at week 4. Aquatic proprioceptive training improved muscle activation similarity and magnitude ($p < 0.01$). Sand-based training and cross-education interventions increased EMG activity during gait phases ($p < 0.05$). Vibration therapy and postoperative BFRT produced mixed or non-significant effects. Evidence for several intervention types was limited to single trials and should be interpreted cautiously. Conclusion: Functional rehabilitation strategies show limited but promising potential to improve neuromuscular outcomes following ACLR. Phase-specific approaches may be appropriate: early-phase interventions (e.g., BFRT preconditioning, vibration therapy, and cross-education) may help mitigate AMI and preserve neuromuscular capacity, whereas later-phase strategies (e.g., plyometrics and aquatic proprioceptive training) may support movement quality and motor control. Future RCTs should prioritise standardised EMG methodology and clinically meaningful endpoints (e.g., return-to-sport and reinjury).

15. Continuing professional development for physiotherapists: An organisational overview of frameworks in the European Region of World Physiotherapy

Authors: Nemeth, Tim; Lamers, Ilse and Meesen, Raf

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: This study aims to provide an overview of the organisation of CPD frameworks in the European Region of World Physiotherapy (ERWP) member organisations. Descriptive study using semi-structured interviews based on survey data to explore policy experts' perspectives from 37 European countries. Across Europe the organization of CPD is supervised by the professional organisation, a regulatory body, a trade union or several associations in collaboration. Besides the physiotherapist, as the person with the primary responsibility, the named organisations also handle CPD data collection. The data is collected online, through a portfolio or in hard copies. In 31 countries the system focusses on input-based data collection. Only the UK and Ireland applied a robust reflective practice approach in the CPD data collection. GDPR is not fully applied in all CPD frameworks when dealing with collection and use of data. Participants reported that CPD data is mostly used to check adherence. The data is not systematically incorporated in physiotherapy policy development. The CPD frameworks' structure should foster data collection that is useful for health system improvement. Stockpiling data without relevance to the quality of care is inefficient and adds to the waste of vast amounts of energy in storage and human resources. Physiotherapy stakeholders should collaboratively consider systemising relevant CPD data collection to substantiate policy development advancing the profession. • The importance of CPD is recognized for health professionals in patient-centered care, professional competency development and evidence-based care. • This study provides a first overview of the CPD frameworks for physiotherapists in the Europe Region of World Physiotherapy highlighting key organizational components. • Physiotherapy stakeholders should collaboratively consider systemising relevant CPD data collection to substantiate policy development advancing the profession.

16. Continuing Professional Development for physiotherapists: The state of play in the European Region of World Physiotherapy

Authors: Nemeth, Tim; Thijs, Liselot and Meesen, Raf

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: To provide an overview of the Continuing Professional Development frameworks employed by the European Region of World Physiotherapy member organisations. Descriptive study using semi-structured interviews based on survey data to explore policy experts' perspectives from 37 European countries. Across Europe 19 countries apply a voluntary and 18 countries apply a mandatory CPD

framework. The reasons to apply a voluntary system are: (1) responsibility of the physiotherapist, (2) leverage to negotiate fees and benefits and, (3) historical trends. The rationales for mandatory CPD frameworks are: (1) legislation, regulation and policy compliance, (2) license to practice renewal and, (3) maintain professional recognition and standardisation of the profession. Countries with a mandatory CPD framework impose consequences such as the loss of the license to practice, an additional licensure exam or, payment of a fine when physiotherapist do not adhere to the set standards. France and Ireland have a robust system in place with subsequent steps starting with a warning over supervised practice to the physiotherapist's permanent loss of the license to practice. Less than 50% of the countries have a mandatory system in place. Currently, only three out of eighteen countries with a mandatory CPD framework use the CPD to standardise practice and ensure professional recognition. Despite its recognised importance in maintaining professional competence, CPD remains largely unstandardised across the Europe Region of World Physiotherapy. • The importance of CPD is recognized for health professionals in patient-centered care, professional competency development and evidence-based care. • This study provides a first overview of the CPD frameworks for physiotherapists in the Europe Region of World Physiotherapy highlighting key components. • European CPD frameworks for physiotherapists should be standardized to foster professional recognition.

17. The role of physiotherapists in acute post-stroke neurorehabilitation: qualitative perspectives from clinicians and stroke unit managers

Authors: Pérez-De La Cruz, Sagrario

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2634880

Abstract: Purpose The aim of this study was to explore and compare the perspectives of both physiotherapists and medical managers regarding the professional role and clinical contributions of physiotherapy within stroke units. Method A qualitative study was conducted involving ten physiotherapists and five medical managers from stroke units. Participants shared their professional experiences concerning work performance and the perceived impact of physiotherapy on patient care. Results Thematic analysis identified four key areas for physiotherapists: specific training, professional functions, treatment modalities, and the relevance of professionalism and empathy. For medical managers, the analysis focused on their perception of physiotherapy work, their understanding of factors that enhance treatment, and assigned functions. The findings reveal a lack of standardized treatment protocols (non-heterogeneity) and emphasize the need for strong interpersonal professional relationships and high standards of professionalism. Conclusions The observed heterogeneity in practices leads to inconsistencies in patient care. Furthermore, there is a notable gap in medical managers' understanding of the specific clinical scope and technical interventions provided by physiotherapists. These findings highlight the need for coordinated rehabilitation programs and a clearer definition of the physiotherapist's role in acute stroke units to ensure equitable and comprehensive care.

18. A chatbot tool on a smart mobile device to promote adherence to home rehabilitation after total knee replacement: A randomized controlled trial

Authors: Pérez-Maletzki, José;Roig-Casasús, Sergio;Díaz-Díaz, Beatriz;Martínez-Garrido, Ignacio;Hernández-Guillén, David and Blasco, José-María

Publication Date: 2026

Journal: Physiotherapy 132, pp. N.PAG

Abstract: To determine the effectiveness of using an automated chatbot to promote adherence to home rehabilitation following total knee replacement surgery. Additionally, exploring the impact on functionality, pain, and physical activity. Two-armed randomized controlled trial. University hospital in

Valencia, Spain. Ninety-one participants following total knee replacement surgery. Participants were randomly assigned to standard care or an experimental group (home rehabilitation supervised via chatbot). The primary outcome measure was adherence to the intervention, defined as completing at least 80 % of the prescribed sessions within three months after surgery. Secondary outcomes included functionality, pain, and physical activity. Additionally, the system's usability, safety, and feasibility were evaluated. Adherence rate was 89 % (SD 31 %) in the experimental group compared to 74 % (SD 52 %) in the control group. The usability, safety, and feasibility scores, as measured by the System Usability Scale, were 80.4 (SD 36.6; range 49–100). Significant between-group differences were identified in functionality, as measured by the Western Ontario and McMaster University Osteoarthritis Index (-2; IQR - 7 to 4) and the Five Times Sit-to-Stand Test (-0.6; IQR - 2.9 to 1.7). No significant differences were observed for the Knee Range of Motion or Visual Analogue Scale of Pain. An automated chatbot tool effectively promotes adherence to early postoperative home rehabilitation in patients undergoing total knee replacement surgery. This approach has increased functional benefits, although it did not provide any benefits in terms of pain relief. NCT05363137. • This study provides evidence that using an automated chatbot improves adherence to postoperative home rehabilitation in patients who have undergone total knee replacement surgery, resulting in enhanced functional outcomes. • Chatbot-based rehabilitation enhances functionality in patients undergoing total knee replacement surgery but does not yield additional pain relief benefits.

19. Impact of Rehabilitation on Readmission Rates in Older Patients with COPD with Disability After Hospital Discharge

Authors: Shirakawa, Chigusa;Shiroshita, Akihiro;Miyakoshi, Chisato;Uda, Kazuaki;Nagata, Kazuma;Tachikawa, Ryo;Tomii, Keisuke and Kataoka, Yuki

Publication Date: 2026

Journal: COPD 23(1), pp. 2593282

Abstract: This study aimed to evaluate the impact of rehabilitation on readmission rates among older patients requiring nursing care following with COPD following hospitalization for lower respiratory tract infection, focusing on whether initiating rehabilitation within two months post-discharge reduces readmissions. We conducted a retrospective observational study using insurance claim data in Kobe City, Japan, with a population of approximately 1.5 million. We included Patients with COPD aged 65 or older with certified care-need levels under Long-term Care Insurance system in Japan, hospitalized for lower respiratory tract infections and survived alive. Patients were classified based on their functional capacity in Activities of Daily Living (ADL). We used the extended Cox model to consider rehabilitation as time-varying exposure and assess the hazard ratios for readmission, adjusting for ADL. The ADL level was adjusted as a confounder. The survival probabilities were estimated among patients who experienced rehabilitation within two months and those who did not experience rehabilitation. Among 745 patients, 479 received rehabilitation within two months post-discharge, 105 received it later, and 161 did not receive rehabilitation. Participation in rehabilitation was associated with an increased hazard ratio for readmission (HR: 1.63, 95% CI: 1.19, 2.24), compared to those without it. The estimated survival curve of patients receiving rehabilitation within two months overlapped with that of those who did not receive rehabilitation. Rehabilitation following exacerbation in older patients with COPD who have disability may increase the risk of readmission after discharge. Healthcare providers should consider that patients with COPD with severe disability and complex needs may require staged, individualized rehabilitation.

20. Finding the right time to initiate exercise rehabilitation following a cancer diagnosis: A systematic review and meta-analysis

Authors: Tan, Germaine A.;Peiris, Casey L.;Taylor, Nicholas F.;Harding, Katherine E. and Dennett, Amy M.

Publication Date: 2026

Abstract: To determine the effect of earlier vs. later initiation of exercise rehabilitation on patient and health service outcomes in individuals with cancer. CINAHL, Embase, MEDLINE and PubMed were searched until October 2025. Randomised controlled trials including adults and/or children with cancer that compared exercise rehabilitation initiated at different times were eligible. The primary outcome was physical activity. Secondary outcomes included cardiorespiratory fitness, walking capacity, fatigue and quality of life; and health service outcomes such as hospital length of stay. Outcome data were extracted, and the methodological quality assessed using PEDro. Clinically homogenous data were combined in meta-analyses; overall quality of evidence was assessed using the Grading of Recommendations, Assessment, Development, and Evaluations approach. Fifteen trials involving 1270 participants most commonly with breast ($n = 6$), colorectal ($n = 3$) and haematological ($n = 3$) cancers were included. There was low to moderate certainty evidence demonstrating similar improvements in physical activity (SMD -0.03 , 95% CI -0.60 to 0.54), fitness (SMD 0.17 , 95% CI -0.14 to 0.48), walking capacity (SMD 0.78 , 95% CI -0.6 to 0.54), fatigue (SMD -0.11 , 95% CI -0.55 to 0.33) and quality of life (SMD 0.17 , 95% CI -0.17 to 0.50) when comparing earlier to later initiation. No differences were found in hospital length of stay (MD 0 days, 95% CI -0.9 to 0.9). People with cancer can achieve comparable health benefits, regardless of when exercise rehabilitation is initiated. PROSPERO Registration Number CRD42024518878. • People with cancer achieve comparable improvements in health outcomes regardless of when exercise rehabilitation is initiated. • Clinicians and health services should provide flexible exercise rehabilitation timing options for people with cancer. Display omitted]

21. Effectiveness of aerobic physical training for spinal cord injury rehabilitation: A mini-review

Authors: Uddin, Md Kutub;Ahmed, Faruq;Karim, Muhammad Rezaul;Ahmad, Myeen Uddin;Islam, Md Morshedul;Sufian, Abu;Nuruzzaman, Md;Hossain, Md Bellal and Mitu, Morshada Rahman

Publication Date: 2026

Journal: Hong Kong Physiotherapy Journal (World Scientific) 46(2), pp. 107–114

Abstract: Background: Spinal cord injury (SCI) is an unfortunate and terrible condition that causes serious locomotor illness, spasticity, neurological pain, bowel-bladder problems, pressure ulcers, and a decline in functional capacities. Aerobic physical training is increasingly incorporated into rehabilitation programs; however, its specific effectiveness for individuals with SCI-related paraplegia remains unclear. Objectives: The objective of this review was to investigate the evidence on the effectiveness of aerobic physical training on rehabilitation outcomes in individuals with paraplegia following SCI. Methods: A narrative mini-review was conducted using PubMed, PEDro, CINAHL, and EMBASE. Randomised controlled trials and clinical trials published in English between 2011 and 2022 were included where "spinal cord injury" was identified as the primary concern and "aerobic training" was one of the treatment options. Results: The search identified 54 studies, from which 11 were considered potentially suitable. Ultimately, four studies were selected for the narrative review conclusions. The included studies reported improvements across several outcome domains, including aerobic capacity, walking performance, muscle strength, and psychological well-being. However, the evidence base was limited by small sample sizes, variability in training protocols, and short intervention durations. Aerobic physical training appears to have beneficial effects on physical and psychological outcomes in individuals with SCI-related paraplegia. Despite methodological variations and limited studies, evaluations indicate that aerobic exercise positively impacts patients with SCI. Conclusion: A longer rehabilitation program may be necessary to obtain more benefits from aerobic exercises in SCI patients. Further high-quality, long-term studies are needed to establish optimal aerobic training protocols for SCI rehabilitation.

22. Occupational Therapists as Social Prescribers: Insights from Swedish Primary Care

Authors: Viklund, Emilia W. E.;Degerstedt, Frida;Jonsson, Frida;Lundgren, Anna Sofia and Nilsson, Ingeborg

Publication Date: 2026

Journal: Scandinavian Journal of Occupational Therapy 33(1), pp. 1–12

Abstract: Background: Loneliness is increasingly recognized as a public health issue, with social prescribing gaining global interest as a useful approach to address social needs by connecting patients to non-medical community resources. Occupational therapists have previously been recognized as well suited for social prescribing initiatives, yet their role remains underexplored. Aim: This study aims to explore occupational therapists' experiences of a social prescribing model as well as the professions' role in applying it in Swedish primary care to alleviate loneliness among older adults. Material and Methods: Semi-structured individual interviews with 10 occupational therapists were conducted digitally. The data analysis was guided by reflexive thematic analysis. Results: The social prescribing model was perceived as potentially valuable to address loneliness among older adults in primary care. While occupational therapists felt that their professional expertise positioned them well to contribute to the approach, they also identified important constraints that limited their capacity in their role as social prescribers. Conclusion/Significance: To realize the social prescribing model's potential in Swedish primary care, the complexity of loneliness and social activities must be acknowledged. Efforts are also needed to lower thresholds for social participation, and fostering collaboration across organizational and professional boundaries.

23. Determinants of Job Retention for People with Physical Disabilities: A Secondary Data Analysis of State Vocational Rehabilitation Services Data

Authors: Wu, Jia Rung;Iwanaga, Kanako;Chan, Fong and Tansey, Timothy N.

Publication Date: 2026

Journal: Journal of Vocational Rehabilitation 65(2), pp. 162–174

Abstract: Background: Supporting long-term employment worker with physical disabilities is both an equity imperative and a strategic advantage, however, there remains a notable gap in studies that examine which specific VR services most effectively enhance employment retention among individuals with physical disabilities. Objective: This study examined demographic, socioeconomic, and VR service predictors of job retention among individuals with physical disabilities who were employed at program entry. Methods: Secondary data analysis was conducted using the U.S. Rehabilitation Services Administration Case Service Report from Program Years 2022–2023. The analytic sample included 5,562 working-age adults (25–54) with physical disabilities who were employed at the time of individualized plan for employment development. Sequential logistic regression was used to identify predictors of job retention at case closure. Results: Postsecondary education significantly increased the odds of retention, while low-income status, secondary disabilities, significant disability status, and receipt of SSI/SSDI decreased it. Among VR services, rehabilitation technology, diagnosis and treatment, and maintenance were strongly associated with positive retention outcomes, while assessment services were negatively associated. Conclusions: Job retention of workers with physical disabilities improves through education, VR supports, and inclusive employer practices, underscoring the need for retention-focused VR systems and collaborative strategies that reduce turnover, advance equity, and strengthen organizational success.

24. Occupational therapy (OT) reflections on an allied health professionals fellowship: Realising the potential of OT in the strategic landscape and clinical practice.

Authors: Gair A.

Publication Date: 2026

Journal: *British Journal of Occupational Therapy*;89(6): 367–369.

Abstract:[Fellowship opportunities vary greatly in their roles and purposes, but with the shared

purpose of supporting staff to deliver the best patient care and increasing infrastructure and opportunities for AHP leadership development at all career stages with designated support and mentorship. This editorial will reflect on the expectations and experience of two OTs on the scheme and conclude with recommendations and insight for the OT workforce as well as a broader, multiprofessional reach.

25. Relationship between mobility decline and occupational participation: A cross-sectional study of community-dwelling older adults.

Authors: Kurita Y.

Publication Date: 2026

Journal: *British Journal of Occupational Therapy*;89(6):404–413.

Abstract: [This study examined the association between mobility decline and occupational participation among community-dwelling older adults using multivariable analysis that adjusted for potential confounders. Occupational participation was not associated with early mobility decline but was related to advanced decline.]

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