Rehabilitation

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March 2016

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Jason Ovens
Head of Library & Knowledge Services
Title: "LET'S TALK ABOUT SEX". IMPROVING SEXUAL HEALTH FOR STROKE REHABILITATION IN-PATIENTS: A QUALITY IMPROVEMENT PROJECT.

Citation: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(90-), 16501977
Author(s): Meiqi Guo, Bosnyak, Stephanie, Bontempo, Tiziana, Enns, Amie, Bailey, Natalie, Suter, Lynn, Ismail, Farooq, Lo, Alexander

Title: Feasibility and effectiveness of adding object-related bilateral symmetrical training to mirror therapy in chronic stroke: A randomized controlled pilot study.

Citation: Physiotherapy theory and practice, Feb 2016, vol. 32, no. 2, p. 83-91, 1532-5040 (February 2016)
Author(s): Rodrigues, Letícia Cardoso, Farias, Nayara Correa, Gomes, Raquel Pinheiro, Michaelsen, Stella Maris

Abstract: To evaluate the feasibility and effectiveness of adding object-related bilateral symmetrical training to mirror therapy (MT) to improve upper limb (UL) activity in chronic stroke patients. Sixteen patients with moderate UL impairment were randomly allocated to either the experimental (EG) or control (CG) group. Both groups performed 1 hour sessions, 3 days/week for 4 weeks, involving object-related bilateral symmetrical training. EG performed the tasks observing their nonparetic UL reflected in the mirror, while CG observed the paretic UL directly. The primary outcome measure was unilateral and bilateral UL activity according to the Test d'Évaluation des Membres Supérieurs de Personnes Âgées (TEMPA). All measurements were taken at baseline, post-training, and follow-up (2 weeks). TEMPA total score showed the main effect of time. Significant improvement was found for bilateral but not unilateral tasks. Both groups showed gains after training, with no differences between them. This study showed the feasibility of adding object-related bilateral training to MT. Both types of training improved UL bilateral activity; however, a larger sample is required for a definitive study. Other studies need to be carried out to evaluate the effectiveness of combining more distal-oriented movements and object-related unilateral training to improve these effects in chronic stroke patients.

Title: Choral singing therapy following stroke or Parkinson’s disease: an exploration of participants’ experiences.

Citation: Disability and rehabilitation, May 2016, vol. 38, no. 10, p. 952-962, 1464-5165 (May 2016)
Author(s): Fogg-Rogers, Laura, Buetow, Stephen, Talmage, Alison, McCann, Clare M, Leão, Sylvia H S, Tippett, Lynette, Leung, Joan, McPherson, Kathryn M, Purdy, Suzanne C

Abstract: People with stroke or Parkinson's disease (PD) live with reduced mood, social participation and quality of life (QOL). Communication difficulties affect 90% of people with PD (dysarthria) and over 33% of people with stroke (aphasia). These consequences are disabling in many ways. However, as singing is typically still possible, its therapeutic use is of increasing interest. This article explores the experiences of and factors influencing participation in choral singing therapy (CST) by people with stroke or PD and their significant others. Participants (eight people with stroke, six with PD) were recruited from a community music therapy choir running CST. Significant others (seven for stroke, two for PD) were also recruited. Supported communication methods were used as needed to undertake semi-structured interviews (total N = 23). Thematic analysis indicated participants had many unmet needs associated with their condition, which motivated them to explore self-management options. CST participation was described as an enjoyable social activity, and participation was perceived as improving mood, language, breathing and voice. Choral singing was perceived by people with stroke and PD to help them self-manage some of the consequences of their condition, including social isolation, low mood and communication difficulties. Implications for Rehabilitation Choral singing therapy (CST) is sought out by people with stroke and PD to help self-manage symptoms of their condition. Participation is perceived as an enjoyable activity which improves mood, voice and language symptoms. CST may enable access to specialist music therapy and speech language therapy protocols within community frameworks.
Title: Functional Status and Disability in Patients After Acute Stroke: A Longitudinal Study.

Citation: American journal of critical care : an official publication, American Association of Critical-Care Nurses, Mar 2016, vol. 25, no. 2, p. 144-151, 1937-710X (March 2016)

Author(s): López-Espuela, Fidel, Pedrera-Zamorano, Juan Diego, Jiménez-Caballero, Pedro Enrique, Ramírez-Moreno, José María, Portilla-Cuenca, Juan Carlos, Lavado-García, Jesús María, Casado-Naranjo, Ignacio

Abstract: Stroke is a major public health problem. To use the Barthel Index to evaluate basic activities of daily living in stroke survivors and detect any predictors of functional outcome at 6 months after stroke. In an observational longitudinal study, data were gathered on consecutive patients admitted to the comprehensive stroke unit at Hospital San Pedro de Alcantara, Cáceres, Spain. Sociodemographic and clinical data were obtained prospectively at hospital admission and during follow-up 6 months later. Information on type of stroke, score on the Barthel Index, findings from the neurological evaluation, and other relevant data were collected. Of 236 patients admitted, 175 participated in the study. Mean age was 69.60 (SD, 12.52) years, 64.6% were men, and mortality was 12.8%. Six months after experiencing a stroke, 84.8% of patients had returned to their own homes, 8.0% were institutionalized, and the others were residing at a family member's home. Scores on the Barthel Index 6 months after stroke correlated with baseline scores on the National Institute of Health Stroke Scale (r = -0.424; P < .001) and with depressive mood 6 months after stroke (r = -0.318; P < .001). Age was negatively associated with Barthel Index scores at the time of hospital discharge and 6 months after stroke. Functional status 6 months after stroke was influenced by age, sex, stroke severity, type of stroke, baseline status, mood, and social risk. Comorbid conditions, socioeconomic level, and area of residence did not affect patients' functional status. ©2016 American Association of Critical-Care Nurses.

Full Text: Available from EBSCOhost in American Journal of Critical Care

Title: Effective return-to-work interventions after acquired brain injury: A systematic review.

Citation: Brain injury, Jan 2016, vol. 30, no. 2, p. 113-131, 1362-301X (2016)

Author(s): Donker-Cools, Birgit H P M, Daams, Joost G, Wind, Haije, Frings-Dresen, Monique H W

Abstract: To gather knowledge about effective return-to-work (RTW) interventions for patients with acquired brain injury (ABI). A database search was performed in PubMed, EMBASE, PsycINFO, CINAHL and the Cochrane Library using keywords and Medical Subject Headings. Studies were included if they met inclusion criteria: adult patients with non-progressive ABI, working pre-injury and an intervention principally designed to improve RTW as an outcome. The methodological quality of included studies was determined and evidence was assessed qualitatively. Twelve studies were included, of which five were randomized controlled trials and seven were cohort studies. Nine studies had sufficient methodological quality. There is strong evidence that work-directed interventions in combination with education/coaching are effective regarding RTW and there are indicative findings for the effectiveness of work-directed interventions in combination with skills training and education/coaching. Reported components of the most effective interventions were tailored approach, early intervention, involvement of patient and employer, work or workplace accommodations, work practice and training of social and work-related skills, including coping and emotional support. Effective RTW interventions for patients with ABI are a combination of work-directed interventions, coaching/education and/or skills training. These interventions have the potential to facilitate sustained RTW for patients with ABI.


Citation: NeuroRehabilitation, 2016, vol./is. 38/1(53-57), 10538135
Title: On the road again after traumatic brain injury: driver safety and behaviour following on-road assessment and rehabilitation.

Citation: Disability and rehabilitation, May 2016, vol. 38, no. 10, p. 994-1005, 1464-5165 (May 2016)

Author(s): Ross, Pamela, Ponsford, Jennie L, Di Stefano, Marilyn, Charlton, Judith, Spitz, Gershon

Abstract: To examine pre- and post-injury self-reported driver behaviour and safety in individuals with traumatic brain injury (TBI) who returned to driving after occupational therapy driver assessment and on-road rehabilitation. A self-report questionnaire, administered at an average of 4.5 years after completing an on-road driver assessment, documenting pre- and post-injury crash rates, near-crashes, frequency of driving, distances driven, driving conditions avoided and navigation skills, was completed by 106 participants, who had either passed the initial driver assessment (pass group n = 74), or required driver rehabilitation, prior to subsequent assessments (rehabilitation group n = 32). No significant difference was found between pre- and post-injury crash rates. Compared to pre-injury, 36.8% of drivers reported limiting driving time, 40.6% drove more slowly, 41.5% reported greater difficulty with navigating and 20.0% reported more near-crashes. The rehabilitation group (with greater injury severity) was significantly more likely to drive less frequently, shorter distances, avoid driving with passengers, busy traffic, night and freeway driving than the pass group. Many drivers with moderate/severe TBI who completed a driver assessment and rehabilitation program at least 3 months post-injury, reported modifying their driving behaviour, and did not report more crashes compared to pre-injury. On-road driver training and training in navigation may be important interventions in driver rehabilitation programs. Implications for Rehabilitation Driver assessment and on-road retraining are important aspects of rehabilitation following traumatic brain injury. Many drivers with moderate/severe TBI, reported modifying their driving behaviour to compensate for ongoing impairment and continued to drive safely in the longer term. Navigational difficulties were commonly experienced following TBI, suggesting that training in navigation may be an important aspect of driver rehabilitation.

Title: Comparative Effect of Power Training and High-Speed Yoga on Motor Function in Older Patients With Parkinson Disease.

Citation: Archives of physical medicine and rehabilitation, Mar 2016, vol. 97, no. 3, p. 345, 1532-821X (March 2016)

Author(s): Ni, Meng, Signorile, Joseph F, Mooney, Kiersten, Balachandran, Anoop, Potiaumpai, Melanie, Luca, Corneliu, Moore, James G, Kuenze, Christopher M, Eltoukhy, Moataz, Perry, Arlette C

Abstract: To compare the effects of power training (PWT) and a high-speed yoga program on physical performances in older patients with Parkinson disease (PD), and to test the hypothesis that both training interventions would attenuate PD symptoms and improve physical performance. Randomized controlled trial. A laboratory of neuromuscular research and active aging. Patients with PD (N=41; mean age ± SD, 72.2±6.5y). Two high-speed exercise interventions (specifically designed yoga program and PWT) were given for 12 weeks (twice a week), and 1 nonexercise control group. Unified Parkinson Disease Rating Scale motor score (UPDRS-III), Berg Balance Scale (BBS), Mini-Balance Evaluation Systems Test (Mini-BESTest), Timed Up and Go, functional reach, single leg stance (SLS), postural sway test, 10-m usual and maximal walking speed tests, 1 repetition maximum (RM), and peak power (PPW) for leg press. For the posttests, both training groups showed significant improvements (P<.05) in all physical measurements except functional reach on the more affected side, SLS, and postural sway compared with the pretests, and significantly better scores for UPDRS-III, BBS, Mini-BESTest, Timed Up and Go, functional reach on the less affected side, 10-m usual and maximal walking speed tests, 1RM, and PPW than controls, with no differences detected between the yoga program and PWT. Both the specially designed yoga program and PWT programs can significantly improve physical performance in older persons with PD. Copyright © 2016 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved.
**Title:** Electromyographic Comparison of Elastic Resistance and Machine Exercises for High-Intensity Strength Training in Patients With Chronic Stroke.

**Citation:** Archives of physical medicine and rehabilitation, Mar 2016, vol. 97, no. 3, p. 429-436, 1532-821X (March 2016)

**Author(s):** Vinstrup, Jonas, Calatayud, Joaquin, Jakobsen, Markus D, Sundstrup, Emil, Jay, Kenneth, Brandt, Mikkel, Zeeman, Peter, Jørgensen, Jørgen R, Andersen, Lars L

**Abstract:** To investigate whether elastic resistance training can induce comparable levels of muscle activity as conventional machine training in patients with chronic stroke. Comparative study. Outpatient rehabilitation facility. Stroke patients (N=18) with hemiparesis (mean age, 57±8y). Patients performed 3 consecutive repetitions at 10 repetition maximum of unilateral knee extension and flexion using elastic resistance and conventional machine training. Surface electromyography was measured in vastus lateralis, vastus medialis, biceps femoris, and semitendinosus and was normalized to maximal electromyography (% of max) of the nonparetic leg. In the paretic leg, agonist muscle activity ranged from 18% to 24% normalized electromyography (% of max) during knee flexion and from 32% to 40% nEMG during knee extension. For knee extension, vastus lateralis nEMG was higher during machine exercise than during elastic resistance exercise (40% [95% confidence interval {CI}, 33-47] vs 32% [95% CI, 25-39]; P=.003). In the nonparetic leg, agonist muscle activity ranged from 54% to 61% during knee flexion and from 52% to 68% during knee extension. For knee flexion semitendinosus nEMG was higher (61% [95% CI, 50-71] vs 54% [95% CI, 44-64]; P=.016) and for knee extension vastus medialis nEMG was higher (68% [95% CI, 60-76] vs 56% [95% CI, 48-64]; P<.001) during machine exercise than during elastic resistance exercise. By contrast, antagonist coactivation was significantly higher during knee flexion when performed using elastic resistance compared with the machine. Lastly, there were no differences in perceived exertion between exercise modalities. Machine training appears to induce slightly higher levels of muscle activity in some of the investigated muscles compared to elastic resistance during lower limb strength training in patients with chronic stroke. The higher level of coactivation during knee flexion when performed using elastic resistance suggests that elastic resistance exercises are more difficult to perform. This is likely due to a higher level of movement instability. Copyright © 2016 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved.

**Title:** Evaluation of Speech Amplification Devices in Parkinson's Disease.

**Citation:** American journal of speech-language pathology / American Speech-Language-Hearing Association, Feb 2016, vol. 25, no. 1, p. 29-45, 1558-9110 (February 1, 2016)

**Author(s):** Andreetta, Monika D, Adams, Scott G, Dykstra, Allyson D, Jog, Mandar

**Abstract:** The purpose of this study was to evaluate the efficacy of selected speech amplification devices in individuals with hypophonia and idiopathic Parkinson’s disease (PD). This study compared the effectiveness of seven devices (ADDvox, BoomVox, ChatterVox, Oticon Amigo, SoniVox, Spokeman, and Voicette) to unamplified speech for 11 participants with PD during conversation in 65-dB SPL multitalker noise, using experience ratings collected from participant questionnaires and speech performance measures (i.e., speech-to-noise ratio [SNR], speech intensity, and intelligibility) obtained from audio recordings. Compared with unamplified speech, device use increased SNR by 1.07-4.73 dB SPL and speech intensity by 1.1-5.1 dB SPL, and it significantly increased transcribed intelligibility from 13.8% to 58.9%. In addition, the type of device used significantly affected speech performance measures (e.g., BoomVox was significantly higher than most of the other devices for SNR, speech intensity, and intelligibility). However, experience ratings did not always correspond to performance measures. This study found preliminary evidence of improved speech performance with device use for individuals with PD. A tentative hierarchy is suggested for device recommendations. Future research is needed to determine which measures will predict long-term device acceptance in PD.

**Full Text:** Available from ProQuest in American Journal of Speech - Language Pathology
Available from EBSCOhost in American Journal of Speech-Language Pathology
Title: Transfer effects of errorless Goal Management Training on cognitive function and quality of life in brain-injured persons.

Citation: NeuroRehabilitation, Feb 2016, vol. 38, no. 1, p. 79-84, 1878-6448 (February 10, 2016)
Author(s): Bertens, Dirk, Kessels, Roy P C, Boelen, Danielle H E, Fasotti, Luciano

Abstract: Previous findings had shown that the addition of errorless learning to traditional Goal Management Training (GMT) resulted in superior results when training everyday tasks in persons with executive deficits after brain injury. To investigate the additional effects of an errorless GMT on cognitive function and quality of life after acquired brain injury. This is a supplementary analysis of findings from an RCT in which 67 patients with executive impairments after acquired brain injury were randomly allocated to an experimental errorless GMT (n = 33) or conventional GMT (n = 34) to train two individually chosen everyday tasks. Objective cognitive function using neuropsychological tests, subjective cognitive complaints and quality of life using questionnaires were assessed before and after training. No significant interaction effects between these three types of outcome measures and the two forms of GMT were found. Irrespective of treatment, performance on two executive tests (Modified Six Elements Test; p = 0.006, Zoo Map test; p = 0.001) improved and daily executive function problems as reported by the participants (EFI; p = 0.001) and proxies (DEX; p = 0.01) diminished. Besides the previously found superiority of errorless GMT when training everyday tasks, additional improvements in cognition and quality of life did not differ between the two treatments.

Title: Adolescents’ experiences on coping with parental multiple sclerosis: a grounded theory study.

Citation: Journal of clinical nursing, Mar 2016, vol. 25, no. 5-6, p. 856-865, 1365-2702 (March 2016)
Author(s): Mauseth, Torild, Hjälmhult, Esther

Abstract: To gain insight into what adolescents see as their main concern when having parents who suffer from multiple sclerosis, and develop concepts and theory that may explain how they cope with this concern. Health professionals have a special responsibility towards children of parents with chronic diseases, including multiple sclerosis. Few studies show the perspective of the adolescents themselves, and point out that further knowledge is needed. Previous research supports the need for intervention at a youth, parent and family level. Grounded theory. We used grounded theory with a generative and constant comparative approach. Data were collected through fifteen individual semi-structured interviews with adolescents aged 12-18 years who had a parent diagnosed with multiple sclerosis. The adolescents’ main concern was identified to be preserving control in an uncertain everyday life. This concern was resolved by ‘balancing needs’, implying the pattern of (1) reflecting, (2) adjusting, (3) taking responsibility and (4) seeking respite. These were used interchangeably in the adolescents' effort to solve their main concern. Openness within the family and outwards to the network, is essential for the well-being of the adolescents, and relies on knowledge about the disease, family functioning and support from health professionals. Thus, long-term intervention programs offering information and guidance should be offered. Understanding the impact of multiple sclerosis on the family from the perspective of the adolescents, gives a basis for health professionals when planning the best possible support for these adolescents. School nurses may play an active role in ensuring a high quality of this work. © 2016 John Wiley & Sons Ltd.

Title: Utility of neurocognitive testing of mild traumatic brain injury in children treated and released from the emergency department.

Citation: Brain injury, Jan 2016, vol. 30, no. 2, p. 184-190, 1362-301X (2016)
Author(s): Nance, Michael L, Callahan, James M, Tharakan, Sasha J, Malamet, Peter, Houseknecht, Eileen M, Mahoney, Kaitilin R, Wiebe, Douglas J

Abstract: To assess feasibility and utility of neurocognitive testing of children evaluated and discharged from the ED with mild traumatic brain injury (MTBI). Paediatric blunt trauma patients (aged 11-18 years) evaluated in the ED for MTBI and control patients with isolated lower extremity injury were prospectively enrolled. All patients were administered a validated neurocognitive test (ImPACT(©)). Wilcoxon sign rank
tests were used to compare reported symptoms and neurocognitive performance between subjects and controls, as well as to matched normative data. Thirty-nine subjects and 46 controls were enrolled. The MTBI patients had a mean age of 13.9 years (53.8% male). An abnormal symptom score was reported in 89.7% of MTBI subjects (mean score = 29.4, normal ≤ 8), differing significantly (p < 0.05) from controls, in whom 39.1% demonstrated an abnormal score (mean score = 8.7). In all neurocognitive test domains, visual motor speed and reaction time, MTBI patients demonstrated lower scores than normative data (p < 0.05). Patients with MTBI were more likely than control subjects to have scores on any or all neurocognitive domains below the 25th percentile and 10th percentile. In the ED setting, acute neurocognitive testing of MTBI in children is feasible. This highlights the importance of structured follow-up for this treated and released population.

Title: The Linguistic Acoustic ThreaT Effect (LATTE): Screening tool for the impact of semantic threat in speech processing after a brain injury.

Citation: Brain injury, Jan 2016, vol. 30, no. 2, p. 237-239, 1362-301X (2016)
Author(s): Ben-David, Boaz M, Durham, Nicole A-M, van Lieshout, Pascal H H M

Title: Comorbidity of Headache and Depression After Mild Traumatic Brain Injury.

Citation: Headache, Feb 2016, vol. 56, no. 2, p. 323-330, 1526-4610 (February 2016)
Author(s): Lucas, Sylvia, Smith, Brendon M, Temkin, Nancy, Bell, Kathleen R, Dikmen, Sureyya, Hoffman, Jeanne M

Abstract: To examine headache and depression over time in individuals who sustained mild traumatic brain injury (mTBI). Prevalence of headache and depression early after mTBI and at 1 year postinjury as well as the relationship between the two are evaluated. Headache is the most common physical symptom and depression is among the most common psychiatric diagnosis after traumatic brain injury regardless of severity. Headache and depression have been found to be two independent factors related to poor outcome after mTBI, yet there appears to be a paucity of research exploring the comorbidity of these two conditions after injury. Longitudinal survey design over 1 year of 212 participants with mTBI who were admitted to a Level 1 trauma center for observation or other system injuries. Depression was based on a score ≥10 on the Patient Health Questionnaire-9. Headache was based on participant report of new or worse-than-preinjury headache since hospitalization (baseline) or within the previous 3 months at 1 year postinjury. The prevalence of headache and depression at baseline was 64% (135/212) and 15% (31/212), respectively. The prevalence of headache and depression at 1 year was 68% (127/187) and 27% (50/187), respectively. The co-occurrence of headache and depression increased from 11% (23/212) at baseline to 25% (46/187) at 1 year. At 1 year, the risk ratio of individuals who had headache to be depressed was 5.43 (95% CI 2.05-14.40) compared to those without headache (P < .001). The corresponding risk ratio at baseline was 1.64 (95% CI .77-3.49; P = .23). While prevalence of headache is consistently high over the first year after injury, rate of depression increased over the first year for those who were followed. Given the high rate of comorbidity, those with headache may develop depression over time. Evaluation for possible depression in those with headache after mTBI should be conducted to address both conditions over the year following injury. © 2016 American Headache Society.

Title: Cognitive functioning following traumatic brain injury: A five-year follow-up.

Citation: NeuroRehabilitation, Feb 2016, vol. 38, no. 1, p. 71-78, 1878-6448 (February 10, 2016)
Author(s): Marsh, Nigel V, Ludbrook, Maria R, Gaffaney, Lauren C

Abstract: To describe the long-term prevalence and severity of cognitive deficits following significant (i.e., ventilation required for >24 hours) traumatic brain injury. To assess a comprehensive range of cognitive functions using psychometric measures with established normative, reliability, and validity data. A group of 71 adults was assessed at approximately five years (mean = 66 months) following injury. Assessment of cognitive functioning covered the domains of intelligence, attention, verbal and visual memory, visual-spatial construction, and executive functions. Impairment was evident across all domains but prevalence
varied both within and between domains. Across aspects of intelligence clinical impairment ranged from 8-25%, attention 39-62%, verbal memory 16-46%, visual memory 23-51%, visual-spatial construction 38%, and executive functions (verbal fluency) 13%. In addition, 3-23% of performances across the measures were in the borderline range, suggesting a high prevalence of subclinical deficit. Although the prevalence of impairment may vary across cognitive domains, long-term follow-up documented deficits in all six domains. These findings provide further evidence that while improvement of cognitive functioning following significant traumatic brain injury may be possible, recovery of function is unlikely.

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Title: CAN TECHNOLOGY-ASSISTED TOILETS IMPROVE INDEPENDENCE FOR STROKE REHABILITATION PATIENTS? A PILOT COHORT STUDY.

Citation: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(97-), 16501977
Author(s): Yachnin, David, Jutai, Jeffrey, Gharib, Georges, Finestone, Hillel

Title: IMPACT OF QUALITY AND PATIENT SAFETY ROUNDS IN STROKE REHABILITATION.

Citation: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(100-), 16501977
Author(s): Lo, Alexander, Fancott, Carol

Title: POST STROKE FATIGUE AND RETURN TO DRIVING.

Citation: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(106-), 16501977
Author(s): Yang, Christine

Title: IMPACT OF MEDICAL COMORBIDITIES ON STROKE REHABILITATION OUTCOMES -- A REVIEW.

Citation: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(107-), 16501977
Author(s): Tam, Alan, Bayley, Mark

Title: REHABILITATION FOR MILD STROKES: ESTABLISHMENT OF A FAST TRACK PROGRAM.

Citation: Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(108-), 16501977
Author(s): Yang, Christine, Clarke, Alexandra, Sohmer, Jane

Abstract: The purpose of this study was to estimate the effect of Cognitive Orientation to Daily Occupational Performance (CO-OP) compared with usual occupational therapy on upper-extremity movement, cognitive flexibility, and stroke impact in people less than 3 mo after stroke. An exploratory, single-blind randomized controlled trial was conducted with people referred to outpatient occupational therapy services at two rehabilitation centers. Arm movement was measured with the Action Research Arm
Test, cognitive flexibility with the Delis-Kaplan Executive Function System Trail Making subtest, and stroke impact with subscales of the Stroke Impact Scale. A total of 35 participants were randomized, and 26 completed the intervention. CO-OP demonstrated measurable effects over usual care on all measures. These data provide early support for the use of CO-OP to improve performance and remediate cognitive and arm movement impairments after stroke over usual care; however, future study is warranted to confirm the effects observed in this trial. Copyright © 2016 by the American Occupational Therapy Association, Inc.

**Title:** Validity and Responsiveness of the Revised Nottingham Sensation Assessment for Outcome Evaluation in Stroke Rehabilitation.

**Citation:** American Journal of Occupational Therapy, 2016, vol./is. 70/2(0-7), 02729490

**Author(s):** Ching-yi Wu, I-ching Chuang, Hui-ing Ma, Keh-chung Lin, Chia-ling Chen

**Full Text:**
Available from *ProQuest* in American Journal of Occupational Therapy, The
Available from *Ovid* in American Journal of Occupational Therapy

**Title:** SCREENING ADHERENCE FOR DEPRESSION POST STROKE: EVALUATION OF OUTPATIENTS, A LONDON EXPERIENCE (SAD PEOPLE).

**Citation:** Journal of Rehabilitation Medicine (Stiftelsen Rehabiliteringsinformation), 2016, vol./is. 48/1(109-110), 16501977

**Author(s):** MacKenzie, Heather, Rice, Danielle, Macaluso, Steven

**Title:** Dysphagia in Acute Stroke: Incidence, Burden and Impact on Clinical Outcome.

**Citation:** PLoS one, Jan 2016, vol. 11, no. 2, p. e0148424., 1932-6203 (2016)

**Author(s):** Arnold, Marcel, Liesirova, Kai, Broeg-Morvay, Anne, Meisterernst, Julia, Schlager, Markus, Mono, Marie-Luise, El-Koussy, Marwan, Kögi, Georg, Jung, Simon, Sarikaya, Hakan

**Abstract:** Reported frequency of post-stroke dysphagia in the literature is highly variable. In view of progress in stroke management, we aimed to assess the current burden of dysphagia in acute ischemic stroke. We studied 570 consecutive patients treated in a tertiary stroke center. Dysphagia was evaluated by using the Gugging Swallowing Screen (GUSS). We investigated the relationship of dysphagia with pneumonia, length of hospital stay and discharge destination and compared rates of favourable clinical outcome and mortality at 3 months between dysphagic patients and those without dysphagia. Dysphagia was diagnosed in 118 of 570 (20.7%) patients and persisted in 60 (50.9%) at hospital discharge. Thirty-six (30.5%) patients needed nasogastric tube because of severe dysphagia. Stroke severity rather than infarct location was associated with dysphagia. Dysphagic patients suffered more frequently from pneumonia (23.1% vs. 1.1%, p<0.001), stayed longer at monitored stroke unit beds (4.4±2.8 vs. 2.7±2.4 days; p<0.001) and were less often discharged to home (19.5% vs. 63.7%, p = 0.001) as compared to those without dysphagia. At 3 months, dysphagic patients less often had a favourable outcome (35.7% vs. 69.7%; p<0.001), less often lived at home (38.8% vs. 76.5%; p<0.001), and more often had died (13.6% vs. 1.6%; p<0.001). Multivariate analyses identified dysphagia to be an independent predictor of discharge destination and institutionalization at 3 months, while severe dysphagia requiring tube placement was strongly associated with mortality. Dysphagia still affects a substantial portion of stroke patients and may have a large impact on clinical outcome, mortality and institutionalization.
Sources Used:
The following databases are used in the creation of this bulletin: Amed, Cinahl & Medline.

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