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Guidelines

National Institute for Health and Care Excellence (NICE)

Urinary incontinence in women
NICE quality standard [QS77] Published date: January 2015

New and Updated Cochrane Systematic Reviews

New Reviews – February 2015
Acupuncture for mumps in children

New Reviews – January 2015
Exercise for treating patellofemoral pain syndrome

Updated Reviews – January 2015
Dance/movement therapy for improving psychological and physical outcomes in cancer patients
Exercises for mechanical neck disorders
Exercise for osteoarthritis of the knee

Journal Articles

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1. Title: Acupuncture for spasticity after stroke: a systematic review and meta-analysis of randomized controlled trials.
Citation: Evidence-Based Complementary & Alternative Medicine: eCAM, 2015, vol./is. 2015/(870398), 1741-427X;1741-427X (2015)
Author(s): Lim SM, Yoo J, Lee E, Kim HJ, Shin S, Han G, Ahn HS
Language: English
Abstract: The aim of this systematic review was to determine how effective acupuncture or electroacupuncture (acupuncture with electrical stimulation) is in treating poststroke patients with spasticity. We searched publications in Medline, EMBASE, and the Cochrane Library in English, 19 accredited journals in Korean, and the China Integrated Knowledge Resources Database in Chinese through to July 30, 2013. We included randomized controlled trials (RCTs) with no language restrictions that compared the effects of acupuncture or electroacupuncture with usual care or placebo acupuncture. The two investigators assessed the risk of bias and statistical analyses were performed. Three RCTs in English, 1 in Korean, and 1 in Chinese were included. Assessments were performed primarily with the Modified Ashworth Scale (MAS). Meta-analysis showed that acupuncture or electroacupuncture significantly
decreased spasticity after stroke. A subgroup analysis showed that acupuncture significantly decreased wrist, knee, and elbow spasticity in poststroke patients. Heterogeneity could be explained by the differences in control, acupoints, and the duration after stroke occurrence. In conclusion, acupuncture could be effective in decreasing spasticity after stroke, but long-term studies are needed to determine the longevity of treatment effects.

**Publication type:** Journal Article, Review

**Source:** MEDLINE

2. **Title:** Acupuncture therapies for chronic obstructive pulmonary disease: a systematic review of randomized, controlled trials.

**Citation:** Alternative Therapies in Health & Medicine, November 2014, vol./is. 20/6(10-23), 1078-6791;1078-6791 (2014 Nov-Dec)

**Author(s):** Coyle ME, Shergis JL, Huang ET, Guo X, Di YM, Zhang A, Xue CC

**Language:** English

**Abstract:** CONTEXT: Chronic obstructive pulmonary disease (COPD) is a leading cause of morbidity and mortality and is projected to be the third leading cause of death by 2030. Acupuncture, a traditional Chinese therapy, has been used for more than 2000 years to treat respiratory conditions and may treat COPD effectively. In previous literature reviews, researchers have noted significant heterogeneity among the included studies, and none of the reviewers found convincing evidence to recommend routine use of acupuncture therapies for COPD. OBJECTIVE: This literature review examined the efficacy and safety of acupuncture therapies for patients with COPD in improving lung function, increasing exercise capacity, creating positive subjective changes in symptoms, and enhancing health-related quality of life (QoL). DESIGN: The research team searched the following electronic databases from inception to April 2013: PubMed, the Cochrane Central Register of Controlled Trials (CENTRAL), the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Allied and Complementary Medicine Database (AMED), Embase (Elsevier), the China National Knowledge Infrastructure (CNKI), Chongqing VIP Information Company (CQVIP), the Chinese Biomedical Literature Database (CBM), and Wanfang Data. The review included randomized, controlled trials (RCTs) that examined the benefits of acupuncture or other related therapies for treatment of COPD. Data were extracted into a predefined form; risk of bias was assessed according to the Cochrane Risk of Bias tool; and statistical analyses were made. RESULTS: In total, 16 studies were included in the review. The research team found that the acupuncture therapies used in these studies improved health-related QoL. The team's conclusions, comparing results from the interventions with placebo, were based on data from 3 questionnaires that the studies used: (1) the St George's Respiratory Questionnaire (SGRQ), with a mean difference (MD) of -8.33 units (95% CI, -13.13 to -3.53); (2) dyspnea on the Medical Research Council's (MRC's) dyspnea scale, with an MD of -0.34 units (95% CI, -0.38 to -0.30); and (3) the Dyspnea Visual Analogue Scale (DVAS), with an MD of -8.85 mm (95% CI, -11.81 to -5.89). Compared with placebo, acupuncture therapies also increased the distance walked in 6 min (6MWLT), with an MD of -28.14 (95% CI, 23.92 to 32.36) compared with placebo. No benefit was seen on measures of lung function when acupuncture therapies were compared with either placebo or drug therapy. CONCLUSION: Acupuncture therapies may result in clinically important improvements in QoL and dyspnea. Future high-quality RCTs should be undertaken to provide conclusive evidence concerning the benefits of acupuncture therapies in the treatment of COPD.

**Publication type:** Journal Article, Research Support, Non-U.S. Gov't

**Source:** MEDLINE

**Full text:** Available ProQuest at Alternative Therapies in Health and Medicine

3. **Title:** Addition of motivational interventions to exercise and traditional Physiotherapy: A review and meta-analysis

**Citation:** Physiotherapy (United Kingdom), March 2015, vol./is. 101/1(1-12), 0031-9406;1873-1465 (01 Mar 2015)

**Author(s):** McGrane N., Galvin R., Cusack T., Stokes E.

**Language:** English

**Abstract:** Background: Incontestable epidemiological trends indicate that, for the foreseeable future, mortality and morbidity will be dominated by an escalation in chronic lifestyle-related diseases. International guidelines recommend the implementation of evidence-based approaches to bring about health behaviour changes. Motivational interventions to increase adherence and physical activity are not part of traditional physiotherapy for any condition. Objective: To evaluate the evidence for the effectiveness of adding motivational interventions to traditional physiotherapy to increase physical activity and short- and long-term adherence to exercise prescriptions. Data sources: A literature search of PubMed, EMBASE, Scopus, CINAHL, PsychINFO, AMED and Allied Health Evidence database using keywords and subject headings. Study selection: Only randomised controlled trials comparing two or more arms, with one arm focused on motivational interventions influencing exercise and one control arm, were included. The search identified 493 titles, of which 14 studies (comprising 1504 participants) were
4. Title: Core Stability Exercises for Low Back Pain in Athletes: A Systematic Review of the Literature.

Citation: Clinical Journal of Sport Medicine, 01 November 2014, vol./is. 24/6(448-456), 1050642X

Author(s): Stuber, Kent J., Bruno, Paul, Sajko, Sandy, Hayden, Jill A.

Language: English

Abstract: Objective: The aim of this study was to systematically review the evidence for the effectiveness of core stability exercises for treating athletes with low back pain (LBP). Data Sources: We searched several databases (Medline, AMED, CINAHL, SportDiscus, and EMBASE). Our eligibility criteria consisted of articles published in a peer-reviewed journal in English, using any prospective clinical study design, where athletes with nonspecific LBP were treated with core stability exercises in at least 1 study arm, and back pain intensity and/or disability were used as outcome measures. All included randomized controlled trials (RCTs) were assessed for risk of bias using the Cochrane Risk of Bias tool, whereas non-RCT studies were assessed for quality using the Downs and Black checklist. Main Results: Five studies including 151 participants met the inclusion criteria, including 2 RCTs. The quality of the literature on this topic was deemed to be low overall, with only 1 non-RCT having a moderate quality score, and 1 RCT having a lower risk of bias. Four studies reported statistically significant decreases in back pain intensity in their core stability intervention group. Conclusions: The quality and quantity of literature on the use of core stability exercises for treating LBP in athletes is low. The existing evidence has been conducted on small and heterogeneous study populations using interventions that vary drastically with only mixed results and short-term follow-up. This precludes the formulation of strong conclusions, and additional high quality research is clearly needed.

Publication type: journal article

Source: CINAHL

Full text: Available Ovid at Clinical Journal of Sport Medicine

5. Title: Development of a physiotherapy-led balance clinic: The Aintree model

Citation: Journal of Laryngology and Otology, November 2014, vol./is. 128/11(966-971), 0022-2151;1748-5460 (20 Nov 2014)

Author(s): Kasbekar A.V., Mullin N., Morrow C., Youssef A.M., Kay T., Lesser T.H.

Language: English

Abstract: Objective: To create a 'one-stop' clinic in which assessment, diagnosis, treatment and therapies for most patients presenting with balance and dizziness disorders are delivered simultaneously. Methods: Patients triaged via referral letters were selected to attend the balance clinic, which is led by specialist balance physiotherapists. Patients were seen by an audiologist, and a 'balance' ENT consultant was available for joint consultations when required. Further details of the clinic set up are discussed. Results: Over an 18-month period, 200 new 'dizzy'
patients attended the clinic. Benign paroxysmal positional vertigo and labyrinthitis were the commonest diagnoses. Fifty per cent of all patients were discharged after a single clinic visit. Questionnaires showed that patient satisfaction was high. Conclusion: The physiotherapy-led balance clinic has reduced patient waiting times to be seen, has a high level of patient satisfaction and is economically beneficial.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available Salisbury Journals at Journal of Laryngology and Otology

6. **Title:** Effectiveness of exercise therapy in treatment of patients with patellofemoral pain syndrome: systematic review and meta-analysis.

**Citation:** Physical Therapy, December 2014, vol./is. 94/12(1697-708), 0031-9023;1538-6724 (2014 Dec)

**Author(s):** Clijsen R, Fuchs J, Taeymans J

**Language:** English

**Abstract:** BACKGROUND AND PURPOSE: This systematic review and meta-analysis was accomplished to determine whether exercise therapy is an effective intervention to reduce pain and patient-reported measures of activity limitations and participation restrictions (PRMALP) in patients with patellofemoral pain. DATA SOURCES AND STUDY SELECTION: Randomized controlled trials in English and German languages published in the MEDLINE, Physiotherapy Evidence Database (PEDro), International Clinical Trials Registry Platform, and Cochrane databases were searched. Eligibility was assessed in 2 stages. The methodological quality of the studies was rated using the PEDro scale. Data were pooled using random-effects meta-analysis, allowing for variability among studies. For clinical use, overall estimates were re-expressed in the original visual analog scale scores. Significance was set at 5%. DATA EXTRACTION AND DATA SYNTHESIS: Fifteen studies, with a total of 748 participants, were included and pooled for the meta-analysis. Six studies compared the effect of exercise therapy with a control group receiving neither exercise therapy nor another intervention. Four studies compared the effect of exercise therapy versus additive therapy, and 5 studies compared different exercise interventions. In both comparisons, exercise therapy resulted in strong pain reduction and improvement of PRMALP effects. Significant short-term effects (<12 weeks) of exercise therapy were found for pain and PRMALP, whereas long-term effects (>26 weeks) were observed for PRMALP only. LIMITATIONS AND CONCLUSION: The 15 studies included in this analysis were of variable quality. Large-scale, high-quality randomized controlled trials are needed to further the evaluation of the possible effects of different exercise therapy modalities on patellofemoral pain. This meta-analysis presents evidence that exercise therapy has a strong pain-reducing effect and decreases PRMALP in patients with patellofemoral pain. However, the question of which exercise modality yields the strongest reducing effect on pain and PRMALP remains unanswered. Copyright 2014 American Physical Therapy Association.

**Publication type:** Journal Article

**Source:** MEDLINE

**Full text:** Available Highwire Press at Physical Therapy

7. **Title:** Efficacy of upper limb strengthening in children with Cerebral Palsy: A critical review

**Citation:** Research in Developmental Disabilities, January 2015, vol./is. 36/(87-101), 0891-4222;1873-3379 (January 01, 2015)

**Author(s):** Rameckers E.A.A., Janssen-Potten Y.J.M., Essers I.M.M., Smeets R.J.E.M.

**Language:** English

**Abstract:** Objective: This review focuses on the effects of strengthening interventions of the upper limb in children with Cerebral Palsy (CP). The strengthening intervention studies were divided in two categories: those based on stand-alone strength training, and those on strength training combined with other interventions. Data sources and extraction: A search in all relevant databases was performed. Data synthesis: Six articles were included: three randomized controlled trials (RCTs), two clinical trial (CT) and one case study. Effect sizes of strength training on muscle strength and function of the upper limb were calculated. Conclusion: There are no coherent recommendations for strength training, based on these studies. The causes include too much variety of types of training, level of intensity and duration. All of the reported upper limb strength training studies found an increase in muscle strength. In addition, the quality of these studies was not high. More RCTs on strength training according to the official strength training guidelines are necessary to assess the impact and potential of strength training of the upper limb to improve the daily activities and participation in children with CP.

**Publication type:** Journal: Review

**Source:** EMBASE
8. **Title:** Enhanced education and physiotherapy before knee replacement; is it worth it? A systematic review  
**Citation:** Physiotherapy (United Kingdom), December 2014, vol./is. 100/4(305-312), 0031-9406;1873-1465 (01 Dec 2014)  
**Author(s):** Jordan R.W., Smith N.A., Chahal G.S., Casson C., Reed M.R., Sprowson A.P.  
**Language:** English  
**Abstract:** Background: Around 20% of knee replacement have an unsatisfactory outcome. Pre-operative physiotherapy and education have been proposed to improve post-operative outcomes. Objectives: This systematic review evaluated whether these factors improved length of stay and patient reported outcomes after knee replacement surgery. Data sources: Medline, Embase, CINAHL, Cochrane Central Register of Controlled Trials, PsycINFO and PEDro were searched on the 1st January 2013. Study selection or eligibility criteria: Randomised or quasi-randomised studies assessing either pre-operative education or physiotherapy on patients undergoing a planned total or partial knee replacement were included in the review. Only studies with a control group receiving a defined standard of pre-operative care were included. Results: Eleven studies met the inclusion criteria set. Two studies analysed the effect of pre-operative education, seven pre-operative treatment by a physiotherapist and two studies used both factors. No study found significant differences in validated joint specific patient reported outcome measures. The education studies found a decrease in pre-operative expectation and an improvement in knowledge, flexion and regularity of exercise. Two studies found an improvement in muscle strength in the group treated by a physiotherapist at three months. The combination of education and physiotherapy was shown to reduce patient length of stay and cost in one study. Conclusion: The evidence reviewed is insufficient to support the implementation of either pre-operative education or physiotherapy programmes. The combination of pre-operative education and treatment by a physiotherapist may reduce the medical costs associated with surgery.  
**Publication type:** Journal: Review  
**Source:** EMBASE

9. **Title:** Evidence for the use of dry needling and physiotherapy in the management of cervicogenic or tension-type headache: a systematic review.  
**Citation:** Cephalalgia, October 2014, vol./is. 34/12(994-1003), 0333-1024;1468-2982 (2014 Oct)  
**Author(s):** France S, Bown J, Nowosielskyj M, Mott M, Rand S, Walters J  
**Language:** English  
**Abstract:** BACKGROUND: There is good evidence in the literature supporting physiotherapy in the management of some forms of headache. Dry needling of myofascial trigger points is becoming an increasingly common approach despite a paucity of research evidence supporting its use. The purpose of this review was to determine the evidence supporting the use of dry needling in addition to conventional physiotherapy in the management of tension-type and cervicogenic headache.METHODS: Ten databases were searched for evidence of the effect of dry needling on the severity and frequency of tension and cervicogenic headache based ICHD classifications.RESULTS: Three relevant studies were identified and all three showed statistically significant improvements following dry needling, but no significant differences between groups. Only one study reported on headache frequency or intensity, reporting a 45 mm improvement in VAS score following the addition of dry needling to conventional physiotherapy. Two studies showed significant improvements with dry needling over 4-5 weeks of treatment. No adverse events were reported.CONCLUSIONS: The literature suggests that while there is insufficient evidence to strongly advocate for the use of dry needling, it may be a useful addition to conventional physiotherapy in headache management. Further research with a stronger methodological design is required. Copyright International Headache Society 2014 Reprints and permissions: sagerpub.co.uk/journalsPermissions.nav.  
**Publication type:** Journal Article  
**Source:** MEDLINE

10. **Title:** Goal setting, using goal attainment scaling, as a method to identify patient selected items for measuring arm function  
**Citation:** Physiotherapy (United Kingdom), March 2015, vol./is. 101/1(88-94), 0031-9406;1873-1465 (01 Mar 2015)  
**Author(s):** Ashford S., Jackson D., Turner-Stokes L.  
**Language:** English  
**Abstract:** Objective: Following stroke or brain injury, goals for rehabilitation of the hemiparetic upper limb include restoring active function if there is return of motor control or, if none is possible, improving passive function, and facilitating care for the limb. To inform development of a new patient reported outcome measure (PROM) of active and passive function in the hemiparetic upper limb, the Arm Activity measure, we examined functional goals for the upper limb, identified during goal setting for spasticity intervention (physical therapy and concomitant botulinum toxin A interventions). Design: Using secondary analysis of a prospective observational cohort study, functional goals
determined between patients, their carers and the clinical team were assigned into categories by two raters. Goal category identification, followed by assignment of goals to a category, was undertaken and then confirmed by a second reviewer. Participants: Participants comprised nine males and seven females of mean (SD) age 54.5 (15.7) years and their carers. Fifteen had sustained a stroke and one a traumatic brain injury. Results: Goals were used to identify five categories: passive function, active function, symptoms, cosmesis and impairment. Two passive function items not previously identified by a previous systematic review were identified. Conclusions: Analysis of goals important to patients and carers revealed items for inclusion in a new measure of arm function and provide a useful alternative method to involve patients and carers in standardised measure development.

Publication type: Journal: Article
Source: EMBASE

11. Title: Hand-Arm Bimanual Intensive Therapy Including Lower Extremities (HABIT-ILE) for Children with Cerebral Palsy.
Citation: Physical & Occupational Therapy in Pediatrics, 01 November 2014, vol./is. 34/4(390-403), 01942638
Author(s): Bleyenhuef, Yannick, Gordon, Andrew M.
Language: English
Abstract: Hand-arm Bimanual Intensive Therapy and Constrained-Induced Movement Therapy have shown evidence of effectiveness in improvement of upper extremity use in children with unilateral spastic cerebral palsy (CP). The effectiveness of interventions that are based on intensive practice of activities that combine UE and LE functions has not been reported. We propose that bimanual UE activities that simultaneously require trunk and LE postural adaptations uniquely address motor control limitations of children with unilateral spastic CP. The aim of this perspective is to present such an approach Hand Arm Bimanual Intensive Therapy Including Lower Extremities (HABIT-ILE). HABIT-ILE is unique in selection of tasks and activities that require simultaneous control and coordination of UE and LE movements. It is a motor-learning-based approach using problem solving and highly structured practice. During the intervention, activities and tasks are progressively graded toward more complex bimanual coordination for the UE and increasing demands of the LE. HABIT-ILE is provided in small groups for 90 hr using a camp model. Future research (randomized controlled trial) is needed to determine the effectiveness of HABIT-ILE.
Publication type: journal article
Source: CINAHL

12. Title: Influence of different rehabilitation therapy models on patient outcomes: Hand function therapy in individuals with incomplete SCI.
Citation: Journal of Spinal Cord Medicine, 01 November 2014, vol./is. 37/6(734-743), 10790268
Author(s): Kapadia, Naaz M, Bagher, Shaghayegh, Popovic, Milos R
Language: English
Abstract: Objectives The primary objective was to compare the benefits of single (COT1) versus double (COT2) dose of conventional occupational therapy (COT) in improving voluntary hand function in individuals with incomplete, sub-acute C3-C7 spinal cord injury (SCI). The secondary objective was to compare these two interventions versus functional electrical stimulation therapy plus COT (FES + COT). Design Retrospective analysis. Setting Inpatient spinal cord rehabilitation center, Toronto. Participants Individuals with traumatic incomplete sub-acute SCI. Interventions Data from Phases I and II (ClinicalTrials.gov ID NCT00221117) randomized control trials were pooled together for the purpose of this study. Participants in the COT1 group received 45 hours of therapy, the COT2 group received 80 hours of therapy, and the FES + COT group received 40 hours of COT therapy + 40 hours of FES therapy. Outcome measures We analyzed the functional independence measure (FIM) and the spinal cord independence measure (SCIM) self-care sub-scores. Results The mean change scores on the FIM self-care sub-score for the COT1, COT2, and FES + COT groups were 12.8, 10, and 20.1 points, respectively. Similarly, the mean change scores on the SCIM self-care sub-score for the COT1, COT2, and FES + COT groups were 2.6, 3.16, and 10.2 points, respectively. Conclusion Increased rehabilitation intensity alone may not always be beneficial. The type of intervention plays a significant role in determining functional changes. In this instance, receiving one (COT1) or two (COT2) doses of COT resulted in similar outcomes, however, FES + COT therapy yielded much better outcomes compared to COT1 and COT2 interventions.
Publication type: journal article
Source: CINAHL
Full text: Available Salisbury EJournals at Journal of Spinal Cord Medicine

13. Title: Multidisciplinary Consensus Guideline for Managing Trigger Finger: Results From the European
Rehabilitation Full text:

Source: Rehabilitation incontinence. There is currently insufficient evidence to draw similar conclusions in other populations

remaining studies in these populations, but there is insufficient evidence to draw conclusions regarding other clinical

trials in back pain and urinary incontinence reporting sufficient homogeneous data showed no significant difference

including data synthesis and meta-analysis. The review showed that for group versus individual therapy in back pain and urinary incontinence, there is currently insufficient evidence to draw conclusions regarding other clinical outcomes for group versus individual therapy. However, the review did not provide any evidence to support the use of group therapy for patients with joint replacement or aphasia.

Publication type: journal article
Source: CINAHL
Full text: Available Highwire Press at Physical Therapy


Citation: Archives of Physical Medicine & Rehabilitation, 01 November 2014, vol./is. 95/11(2187-2198), 00039993
Author(s): Robertson, Belinda, Harding, Katherine E.

Abstract: Objective To evaluate the existing evidence comparing the outcomes of rehabilitation conducted in a group setting and individual therapy for patients receiving rehabilitation. Data Sources Electronic databases MEDLINE, CINAHL, EMBASE, PEDro, and OT Seeker were searched from the earliest date possible to July 2013. Additional references were identified by manual scanning of reference lists. Study Selection Randomized controlled trials investigating the effect of group therapy compared with individual therapy for patients receiving rehabilitation were included for review. Two reviewers independently applied the inclusion and exclusion criteria to identify included articles. Initial search identified 1527 potential articles, of which 16 trials with 2337 participants were included in the final review. Data Extraction Data extraction was completed for all included trials by one reviewer, using a customized data extraction form. Data were checked for accuracy by a second reviewer. Trials were independently assessed by 2 reviewers for methodological quality using the PEDro scale. Data Synthesis Trials meeting inclusion criteria had been conducted in 14 studies on back pain (n=6 studies), urinary incontinence (n=5), Learning disability (n=2), hearing loss (n=1), joint replacement (n=1), and aphasia (n=1). Meta-analysis of physical therapy trials in back pain and urinary incontinence reporting sufficient homogeneous data showed no significant difference in outcomes for group versus individual therapy. These results were also supported by qualitative analysis of the remaining studies in these populations, but there is insufficient evidence to draw conclusions regarding other clinical areas. Conclusions Evidence shows that providing rehabilitation in a group format results in equivalent clinical outcomes to provision of similar therapy in an individual format in the treatment of back pain and urinary incontinence. There is currently insufficient evidence to draw similar conclusions in other populations or fields of rehabilitation.

Publication type: journal article
Source: CINAHL
Full text: Available ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION at Archives of Physical Medicine and Rehabilitation
Full text: Available ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION at Salisbury District Hospital Healthcare
15. Title: Physiotherapy and cystic fibrosis: what is the evidence base?  
Citation: Current Opinion in Pulmonary Medicine, 01 November 2014, vol./is. 20/6(613-617), 10705287  
Author(s): McIlwaine, Maggie Patricia, Lee Son, Nicole Marie, Richmond, Melissa Lynn  
Language: English  
Abstract: PURPOSE OF REVIEW: To provide a comprehensive overview and evidence to support the role of physiotherapy in the management of individuals with cystic fibrosis (CF) including airway clearance, exercise, and musculoskeletal concerns which can affect activities of daily living and respiratory health. RECENT FINDINGS: Several long-term studies have looked at the efficacy of airway clearance techniques, including active cycle of breathing techniques, autogenic drainage, high frequency chest wall oscillation, postural drainage, positive expiratory pressure (PEP), and oscillating PEP. Each of these studies reported some efficacy of airway clearance in maintaining health with no one technique being superior to another. However, one study suggested that high frequency chest wall oscillation was not as effective as PEP in maintaining health in CF patients. Individual preference needs to be considered when selecting a technique. Recent studies have found exercise to increase mucociliary clearance peripherally. Musculoskeletal issues, including posture, bone density, urinary incontinence, and pain should be assessed and managed in individuals to improve the mechanics of breathing and overall well-being. SUMMARY: The role of physiotherapy in CF is complex and includes airway clearance, exercise, and management of the long-term sequelae of musculoskeletal issues. More rigorous physiotherapy studies are required to assist with evidence based practice.  
Publication type: journal article  
Source: CINAHL

16. Title: Physiotherapy intervention in Alzheimer's disease: Systematic review and meta-analysis  
Citation: Journal of Alzheimer's Disease, 2015, vol./is. 44/1(163-174), 1387-2877;1875-8908 (2015)  
Language: English  
Abstract: Background: Many studies reported that physiotherapy interventions are available to treat Alzheimer's disease (AD), but the efficacy remains uncertain. Objective: To evaluate the effectiveness of physiotherapy intervention on AD. Methods: The data sources were searched from literature databases, journals, and reference lists from 1 January 1990 to the end of 1 April 2014. Randomized and non-randomized controlled trials with physiotherapy intervention were included in our meta-analysis. Jadad score and Newcastle-Ottawa scale were used to assess the quality of included trials. Outcome measures were cognition function, physical function, activity of daily life (ADL) and neuropsychiatric inventory (NPI). Results: 23 trials met the inclusion standard finally. Significant changes were seen in cognitive function: Mini-Mental State Examination score (weighted mean difference (WMD): 1.84, 95% confidence interval (CI): [0.76, to, 2.93], p < 0.0001), and verbal fluency (standard mean difference (SMD): 0.34, 95% CI: [0.01 to 0.66], p = 0.04). Other outcomes are also significant, they were timed up and go test (SMD: 0.56, 95% CI: [0.30 to 0.83], p < 0.0001), berg functional balance scale (SMD: 1.11, 95% CI: [0.37 to 1.84], p = 0.003), 6-min walk distance test (SMD: 141.45, 95% CI: [11.72 to 271.18], p = 0.03), ADL (SMD: 0.78, 95% CI: [0.33 to 1.23], p = 0.0007) and NPI (SMD: -0.69, 95% CI: [-1.31 to -0.07], p = 0.03). Conclusion: The available data indicate that physiotherapy intervention may have benefits in AD. However, current data are not definitive; more carefully designed and conducted observational studies are needed to definitively establish that whether physiotherapy intervention can effectively alleviate symptoms of AD.  
Publication type: Journal: Article  
Source: EMBASE

17. Title: Physiotherapy management of acute exacerbations of chronic obstructive pulmonary disease.  
Citation: Journal of Physiotherapy (Australian Physiotherapy Association), 01 December 2014, vol./is. 60/4(181-188), 18369553  
Author(s): Holland, Anne E  
Language: English  
Publication type: journal article  
Source: CINAHL

18. Title: Physiotherapy-led arthroplasty review clinic: a preliminary outcomes analysis.
Abstract: Objective. With the rising demand for Orthopaedics in the healthcare sector, service delivery innovations need to be explored to accommodate the increasing workload. Senior Musculoskeletal Physiotherapists have the specialised skills in the assessment of musculoskeletal conditions to determine the impact of surgery on patient outcomes. The aim of the present study was to compare outcomes between a physiotherapy-led arthroplasty review clinic (PT clinic) and the traditional model of orthopaedic surgeon review (OS clinic) after hip and knee replacement. Methods. This study was a retrospective case-controlled audit using a comprehensive database. Twenty-four patients who had a hip arthroplasty and 52 patients who had a knee arthroplasty were reviewed solely by the PT clinic at 3, 6 and 12 months after surgical reviews. These patients were matched 1:2 against patients seen only by the OS clinic. The outcome measures included International Knee Score (IKS), Harris Hip Score (HHS) and the Short Form (SF)-12. Results. There were no significant differences in HHS or SF-12 scores for patients after hip arthroplasty. Significant differences for knee arthroplasty were observed favouring the PT clinic; IKS, PT clinic 147.6 (37.07), OS clinic 135.4 (35.68), P ≤ 0.01, and physical component of the SF-12, PT clinic 41.98 (10.45), OS clinic 37.20 (10.44), P < 0.01. Conclusion. Implementation of a physiotherapy-led arthroplasty review clinic appears to be a safe and effective service alternative to reviews conducted by orthopaedic surgeons.
Title:Relationships between pain misconceptions, disability, patients' goals and interpretation of information from hand therapists.

Citation: Journal of Hand Therapy, 01 October 2014, vol./is. 27/4(287-295), 08941130

Author(s): Bekkers, Stijn, Becker, Stéphanie J. E., Bossen, Jeroen K. J., Mudgal, Chaitanya S., Ring, David, Vranceanu, Ana-Maria

Abstract:Introduction: Patient interpretation of advice from hand therapists may be related to nonadaptive pain thoughts (automatic, overprotective, unduly pessimistic statements triggered by nociception and exacerbated by psychological distress). Purpose of the study: This study aimed to determine whether there were correlations between participants' hand therapy goals, interpretation of advice from hand therapists, nonadaptive pain thoughts, and upper extremity-specific disability. Methods: One hundred and five participants completed questionnaires assessing nonadaptive pain thoughts, upper extremity-specific disability, lessons from hand therapists, and hand therapy goals. Results: Nonadaptive pain thoughts correlated with disability and were bi-directionally related to participant goals and interpretation of advice from hand therapists. Discussion: Patients' nonadaptive pain thoughts and the words/concepts used by hand therapists are both important in recovery from upper extremity illness. Conclusions: Hand therapists should be mindful that nonadaptive pain thoughts are an important determinant of disability and that such thoughts can affect and be affected by their recommendations. Level of evidence: n/a

Publication type: journal article

Source: CINAHL

Full text: Available Journal of hand therapy : official journal of the American Society of Hand Therapists at Journal of Hand Therapy

23.Title: Sexual wellbeing for people with chronic obstructive pulmonary disease: relevance and roles for physiotherapy.

Citation: New Zealand Journal of Physiotherapy, 01 November 2014, vol./is. 42/3(170-176), 03037193

Author(s): Levack, William M. M.

Language: English
24. **Title:** Standing with electrical stimulation and splinting is no better than standing alone for management of ankle plantarflexion contractures after severe brain injury: a randomised trial.  
**Citation:** Journal of Physiotherapy (Australian Physiotherapy Association), 01 December 2014, vol./is. 60/4(201–208), 18369553  
**Author(s):** Leung, Joan, Harvey, Lisa A, Moseley, Anne M, Whiteside, Bhavini, Simpson, Melissa, Stroud, Katarina  
**Language:** English  
**Abstract:** Question: Is a combination of standing, electrical stimulation and splinting more effective than standing alone for the management of ankle contractures after severe brain injury? Design: A multi-centre randomised trial with concealed allocation, assessor blinding and intention-to-treat analysis. Participants: Thirty-six adults with severe traumatic brain injury and ankle plantarflexion contractures. Intervention: All participants underwent a 6-week program. The experimental group received tilt table standing, electrical stimulation and ankle splinting. The control group received tilt table standing alone. Outcome measures: The primary outcome was passive ankle dorsiflexion with a 12 Nm torque. Secondary outcomes included: passive dorsiflexion with lower torques (3, 5, 7 and 9 Nm); spasticity; the walking item of the Functional Independence Measure; walking speed; global perceived effect of treatment; and perceived treatment credibility. Conclusion: Tilt table standing with electrical stimulation and splinting is not better than tilt table standing alone for the management of ankle contractures after severe brain injury. Trial registration: ACTRN12608000637347. [Leung J, Harvey LA, Moseley AM, Whiteside B, Simpson M, Stroud K (2014) Standing with electrical stimulation and splinting is no better than standing alone for management of ankle plantarflexion contractures in people with traumatic brain injury: a randomised trial. Journal of Physiotherapy 60: 201–208]  
**Publication type:** journal article  
**Source:** CINAHL

25. **Title:** Survey of current physiotherapy practice for patients undergoing lumbar spinal fusion in the United kingdom.  
**Citation:** Spine, 01 November 2014, vol./is. 39/23(0–), 03622436  
**Author(s):** Rushton, A, Wright, C, Heap, A, White, L, Eveleigh, G, Heneghan, N  
**Language:** English  
**Abstract:** **OBJECTIVE:** To evaluate UK National Health Service physiotherapy practice for lumbar spinal fusion surgery.  
**SUMMARY OF BACKGROUND DATA:** An increasing rate of surgery and high level of patient dis-satisfaction focus attention to rehabilitation of patients undergoing lumbar spinal fusion. Inconclusive, very low-quality evidence for the effectiveness of physiotherapy management after lumbar spinal fusion exists. Best practice, therefore, remains unclear. Limited comparability of outcomes and retrieval of only 2 trials reflected a lack of research and considerable heterogeneity. An evaluation of current practice is required, to inform a future trial to evaluate a best practice physiotherapy intervention.  
**METHODS:** Eligible participants were all physiotherapists working with patients undergoing spinal fusion. A previous survey and recent systematic review informed questions. Statistical analyses included responder characteristics and preplanned descriptive analyses. Thematic analysis was conducted on open-ended question data. RESULTS: The 83.5% response rate was good. Findings illustrated varied provision relating to assessment and management of patients pre- and postoperatively. Physiotherapists employed limited use of protocols or guidelines, partly attributed to the poor evidence base for this surgery. Scope of practice included exercise, advice, listing for surgery, and ordering investigations. Patient education played an important role. Patient-centered practice was important, although constraints owing to limited resources (staffing, poor evidence, base/lack of protocols) were evident. CONCLUSION: Current UK pre- and postoperative physiotherapy practice for lumbar spinal fusion is described. It is not clear whether patients who are seen by physiotherapists have improved outcomes, owing to variability of practice, physiotherapy being delivered in a range of locations at a range of times postoperatively, and limited use of outcome measures. The findings support the need for a randomized clinical trial.
evaluating effectiveness of a best practice physiotherapy management intervention. LEVEL OF EVIDENCE: 3.

**26.** Title: Testing a Path-Analytic Mediation Model of How Motivational Enhancement Physiotherapy Improves Physical Functioning in Pain Patients.

**Citation:** Journal of Occupational Rehabilitation, 01 December 2014, vol./is. 24/4(798-805), 10530487

**Author(s):** Cheing, Gladys, Vong, Sinfia, Chan, Fong, Ditchman, Nicole, Brooks, Jessica, Chan, Chetwyn

**Language:** English

**Abstract:** Purpose Pain is a complex phenomenon not easily discerned from psychological, social, and environmental characteristics and is an oft cited barrier to return to work for people experiencing low back pain (LBP). The purpose of this study was to evaluate a path-analytic mediation model to examine how motivational enhancement physiotherapy, which incorporates tenets of motivational interviewing, improves physical functioning of patients with chronic LBP. Methods Seventy-six patients with chronic LBP were recruited from the outpatient physiotherapy department of a government hospital in Hong Kong. Results The re-specified path-analytic model fit the data very well, χ(3, N = 76) = 3.86, p = .57; comparative fit index = 1.00; and the root mean square error of approximation = 0.00. Specifically, results indicated that (a) using motivational interviewing techniques in physiotherapy was associated with increased working alliance with patients, (b) working alliance increased patients' outcome expectancy and (c) greater outcome expectancy resulted in a reduction of subjective pain intensity and improvement in physical functioning. Change in pain intensity also directly influenced improvement in physical functioning. Conclusions The effect of motivational enhancement therapy on physical functioning can be explained by social-cognitive factors such as motivation, outcome expectancy, and working alliance. The use of motivational interviewing techniques to increase outcome expectancy of patients and improve working alliance could further strengthen the impact of physiotherapy on rehabilitation outcomes of patients with chronic LBP.

**Publication type:** journal article

**Source:** CINAHL

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**27.** Title: The effectiveness of physiotherapeutic interventions in treatment of frozen shoulder/adhesive capsulitis: a systematic review.

**Citation:** Journal of Back & Musculoskeletal Rehabilitation, 2014, vol./is. 27/3(247-73), 1053-8127;1878-6324 (2014)

**Author(s):** Jain TK, Sharma NK

**Language:** English

**Abstract:** BACKGROUND AND OBJECTIVE: Frozen shoulder is a common condition, yet its treatment remains challenging. In this review, the current best evidence for the use of physical therapy interventions (PTI) is evaluated.METHOD: MEDLINE, CINAHL, Cochrane, PEDro, ProQuest, Science Direct, and Sport Discus were searched for studies published in English since 2000.RESULTS: 39 articles describing the PTI were analyzed using Sackett’s levels of evidence and were examined for scientific rigor. The PTI were given grades of recommendation that ranged from A to C.CONCLUSIONS: Therapeutic exercises and mobilization are strongly recommended for reducing pain, improving range of motion (ROM) and function in patients with stages 2 and 3 of frozen shoulder. Low-level laser therapy is strongly suggested for pain relief and moderately suggested for improving function but not recommended for improving ROM. Corticosteroid injections can be used for stage 1 frozen shoulder. Acupuncture with therapeutic exercises is moderately recommended for pain relief, improving ROM and function. Electro-therapy can help in providing short-term pain relief. Continuous passive motion is recommended for short-term pain relief but not for improving ROM or function. Deep heat can be used for pain relief and improving ROM. Ultrasound for pain relief, improving ROM or function is not recommended.

**Publication type:** Journal Article

**Source:** MEDLINE

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**28.** Title: The effectiveness of physiotherapy for cervical dystonia: a systematic literature review.

**Citation:** Journal of Neurology, October 2014, vol./is. 261/10(1857-65), 0340-5354;1432-1459 (2014 Oct)

**Author(s):** De Pauw J, Van der Velden K, Meirte J, Van Daele U, Truijen S, Cras P, Mercelis R, De Hertogh W

**Language:** English

**Abstract:** Cervical dystonia is a form of adult-onset, focal dystonia characterized by involuntary contractions of the neck muscles, leading to a disabling, abnormal head posture. CD has a great impact on the activities of daily living (ADL) and quality of life. Currently, the most widely used and recommended first line treatment is botulinum toxin
type A (BoNT/A) injections. Physiotherapy is a potentially useful adjuvant, but little is known about its effectiveness. Consequently, our objective was to investigate the effectiveness of physiotherapy alone or as an adjuvant treatment to BoNT/A injections in cervical dystonia (CD) by means of a systematic review. Two online databases, PubMed and Web of Science, were searched for articles describing the effectiveness of physiotherapy treatment for CD. After screening, based on predefined inclusion- and exclusion criteria, 16 studies were retained. Their methodological quality was assessed according to Cochrane guidelines. The methodological quality of most studies was low. Examples of shortcomings are small sample sizes, lack of randomization or blinding, and diversity in therapeutic techniques and outcome measures. Only seven studies were clinical trials; the remaining were either case reports or case series. The reported physiotherapy treatments included EMG biofeedback training, muscular elongation, postural exercises and electrotherapy. Improvements in head position, pain, cervical range of motion, quality of life and ADL have been reported, which is promising. Cautious interpretation on the effectiveness of physiotherapy as an adjuvant therapy is required. Before firm conclusions can be drawn, additional high quality trials are needed.

Publication type: Journal Article, Research Support, Non-U.S. Gov’t
Source: MEDLINE

29. Title: The optimal frequency of aquatic physiotherapy for individuals with chronic musculoskeletal pain: a randomised controlled trial.
Citation: Disability & Rehabilitation, 2015, vol./is. 37/4(311-8), 0963-8288;1464-5165 (2015)
Author(s): Cuesta-Vargas AI, White M, Gonzalez-Sanchez M, Kuism R
Language: English
Abstract: UNLABELLED: Abstract Purpose: To establish whether there was a difference in health-related quality of life (HRQoL) in people with chronic musculoskeletal disorders (PwCMSKD) after participating in a multimodal physiotherapy program (MPP) either two or three sessions a week.METHODS: Total of 114 PwCMSKD participated in this prospective randomised controlled trial. An individualised MPP, consisting of exercises for mobility, motor-control, muscle strengthening, cardiovascular training, and health education, was implemented either twice a week (G2: n=58) or three times a week (G3: n=56) for 1 year.OUTCOMES: HRQoL physical and mental health state (PHS/MHS), Roland Morris disability Questionnaire (RMQ), Neck-Disability-Index (NDI) and Western Ontario and McMaster Universities’ Arthritis Index (WOMAC) were used to measure outcomes of MPP for people with chronic low back pain, chronic neck pain and osteoarthritis, respectively. Measures were taken at baseline, 8 weeks (8 w), 6 months (6m), and 1 year (1y) after starting the programme.RESULTS: No statistically significant differences were found between the two groups (G2 and G3), except in NDI at 8 w (-3.34, (CI 95%: -6.94/0.84, p=0.025 (scale 0-50)). All variables showed improvement reaching the following values (from baseline to 1y) G2: PHS: 57.72 (baseline: 41.17; (improvement: 16.55%), MHS: 74.51 (baseline: 47.46, 27.05%), HRQoL 0.90 (baseline: 0.72, 18%), HRQoL-VAS 84.29 (baseline: 58.04, 26.25%), RMQ 4.15 (baseline: 7.85, 15.42%), NDI 3.96 (baseline: 21.87, 35.82%), WOMAC 7.17 (baseline: 25.51, 19.10%), G3: PHS: 58.64 (baseline: 39.75, 18.89%), MHS: 75.50 (baseline: 45.45, (30.05%), HRQoL 0.67 (baseline: 0.88, 21%), HRQoL-VAS 86.91 (baseline: 52.64, 34.27%), RMQ 4.83 (baseline: 8.93, 17.08%), NDI 4.91 (baseline: 23.82, 37.82%), WOMAC 6.35 (baseline: 15.30, 9.32%).CONCLUSIONS: No significant differences between the two groups were found between the outcomes of a MPP except in the NDI at 8 weeks, but both groups improved in all variables during the course of 1 year under study. Implications for Rehabilitation A multimodal physiotherapy program (MPP) improves quality of life, overall health, and function in people with chronic musculoskeletal disease after an intervention of short, medium and long term. This implies that twice a week MPP for people with chronic musculoskeletal pain has comparable results to three times a week provision and therefore may have implications in saving resources and cost for patients and service providers without compromising the outcomes of treatment. These results can be considered not only for therapists, but also for managers who offer the services to optimise the balance cost-effectiveness of the proposed interventions.

Publication type: Journal Article
Source: MEDLINE

30. Title: Training of Respiratory Muscles in Patients With Multiple Sclerosis: A Systematic Review.
Citation: Respiratory Care, 01 November 2014, vol./is. 59/11(1764-1772), 00201324
Author(s): Martín-Valero, Rocío, Zamora-Pascual, Noelia, Armenta-Peinado, Juan Antonio
Language: English
Abstract: BACKGROUND: The aim of this systematic review was to summarize the level of evidence and grades of recommendation regarding therapeutic respiratory muscle training interventions in patients with multiple sclerosis (MS). METHODS: We conducted a search using a number of electronic databases, and the limits of the search were studies published between 1993 and 2013. The selected documents were classified according to grades of recommendation of the Finnish Medical Society Duodecim. The methodological quality of 11 studies was assessed

Publication type: MEDLINE
using the Physiotherapy Evidence Database (PEDro) scale. RESULTS: Fifteen trials (6 randomized controlled trials [RCTs], 2 non-RCTs, one quasi-experimental trial, 3 case studies, and 3 systematic reviews) showed clinical changes from pulmonary function outcomes for MS. The reviewed articles covered training protocols that were carried out for 10 weeks to 3 months at a frequency of 7 d/week with one or 2 daily sessions consisting of 3 sets of 10 or 15 repetitions per set at an intensity of 10–60% of the subject’s maximum expiratory pressure. It was observed that subjects who had minor scores in the Kurtzke Expanded Disability Status Scale showed changes in maximum inspiratory and expiratory pressures after respiratory muscle training. In future studies, it would be suitable to take into account both inspiratory and expiratory muscle training.

**Publication type:** journal article  
**Source:** CINAHL

### 31. Title: What are patient beliefs and perceptions about exercise for nonspecific chronic low back pain?: a systematic review of qualitative studies.  
**Citation:** Clinical Journal of Pain, 01 November 2014, vol./is. 30/11(995-1005), 07498047  
**Author(s):** Slade, Susan C, Patel, Shilpa, Underwood, Martin, Keating, Jennifer L  
**Language:** English  
**Abstract:** OBJECTIVES: The global burden of low back pain is the highest ranked condition contributing to years of living with disability. Exercise is moderately effective, and adherence to exercise may improve if participants are engaged. Identification of elements that enhance engagement would enable clinicians to prescribe appropriate interventions. The review objective was to identify and synthesize qualitative empirical studies that have explored beliefs about exercise therapy of people with nonspecific chronic low back pain. METHODS: Two independent reviewers conducted a structured review and metasynthesis informed by Cochrane and Campbell Collaboration guidelines and the PRISMA statement. Fifteen papers were included for data extraction, method quality assessment, and thematic analysis. RESULTS: Four key themes emerged: (1) perceptions and classification of exercise; (2) role and impact of the health professional; (3) exercise and activity enablers/facilitators; (4) exercise and activity barriers. Participants believed that there were distinctions between general activity, real/fitness exercise, and medical exercise. Levels of acquired skills and capability and participant experience with exercise culture require consideration in program design. People participating in exercise classes and group work may be more comfortable when matched for abilities and experience. When an intervention interferes with everyday life and appears to be ineffective or too difficult to implement, people make a reasoned decision to discontinue. DISCUSSION: People are likely to prefer and participate in exercise or training programs and activities that are designed with consideration of their preferences, circumstances, fitness levels, and exercise experiences.  
**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available Ovid at Clinical Journal of Pain

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