



Rehabilitation Research Review™

Merry Christmas from the team at Research Review

Making Education Easy

Issue 20 - 2011

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Welcome to the Christmas edition of Rehabilitation Research Review.

One intriguing study that we discuss in this edition of Rehabilitation Research Review indicates that just one simple question is sufficient for conducting brief global assessments of recovery after musculoskeletal injuries. The question "How do you feel you are recovering from your injury?" was posed to over 6,000 adults with acute whiplash-associated disorders; it proved to be a quick and easy way of tracking patient recovery and performed well when compared with other indices of recovery.

Merry Christmas and Happy New Year to all our readers. We look forward to your ongoing feedback through 2012. Thank you to our sponsors who make this possible.

Kind regards,

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Effective home programme intervention for adults: a systematic review

Author: Novak I

Summary: This paper summarises the evidence on effective home programme intervention for adults and describes characteristics of successful home programmes, using outcomes from 6 systematic reviews and 26 trials (23 RCTs and 3 controlled trials). There was good evidence (grade 1A) supporting the effectiveness of home programmes for adults. The paper concludes that home programmes are as effective as expert-provided therapy.

Comment: Some apparently controversial findings (like dose does not seem connected to outcome) are not as powerful as they sound on first reading as more research is needed to really determine this. Meantime – the author highlights the key attributes of a home programme that works as being (a) goal-setting about what the patient would like to achieve or make improvements in; (b) programme individualisation to match the patient's abilities and pain tolerance to the tasks for practice; (c) patient training in how to practise the programme and 'why' it was therapeutically important; (d) provision of outcome measures to track progress to help the patient sustain motivation for practice; (e) provision of patient reminders to practise such as log books and written instructions; and (f) scheduling follow-up appointments in the home/clinic or by phone, to provide encouragement to practise. Some useful advice for practice.

Reference: *Clin Rehabil.* 2011;25(12):1066-85.

<http://tinyurl.com/home-programmes>



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How well are you recovering? The association between a simple question about recovery and patient reports of pain intensity and pain disability in whiplash-associated disorders

Authors: Carroll LJ et al

Summary: These researchers investigated the association between a one-item global self-assessment of recovery and commonly used measures of recovery status. A cohort of 6,021 adults with acute whiplash-associated disorders was followed for 6 months. Pain, depression, work status and physical health were assessed at baseline and follow-up. The question "How do you feel you are recovering from your injury?" with response options ranging from "all better" to "getting much worse" and functional limitations were administered at follow-up. Responses to the recovery question performed well when compared with the other indices of recovery. Those who responded "all better" had the lowest pain intensity, pain-related limitations, depression and work disability, and the best general physical health. Incrementally poorer recovery ratings on the recovery question were associated with greater pain, functional limitations and depression, poorer physical health and being off work. Recovery categories also reflected different degrees of actual improvements over the preceding follow-up period.

Comment: First thing: scary – this is a 2012 publication already! Second thing: I love a simple question that does a good job (which seems the case here). Third: although we need complex assessment tools to get at complexity – simple tools have enormous value in screening for complexity so we can spend our time appropriately. As Gordon Ramsay would say (no – not that) – done.

Reference: *Disabil Rehabil.* 2012;34(1):45-52.

<http://www.ncbi.nlm.nih.gov/pubmed/21936737>

The Declaration Montreal: Access to pain management is a fundamental human right

Editorial

Summary: At the first International Pain Summit (IPS), held on 3 September 2010 in conjunction with the IASP World Congress on Pain, the IPS Steering Committee developed a document that is considered to be a key resource for health professionals, human rights organisations, ethicists, governments and health care institutions. This document, the Declaration of Montreal, is described as an important step in addressing inadequate pain management worldwide.

Comment: I don't often include editorials in RRR, preferring in the main to bringing you novel research. But I include this paper for a few reasons. The whole issue as to whether one is 'entitled' to rehabilitation services is hugely challenging when facing limited resources (and like many countries we are confronted by the need to 'prioritise' resource allocation). This editorial and the accompanying declaration raise some pretty challenging observations about international availability of pain services and limits to health professional skills and knowledge. And even if that seen was not challenging enough – how about this "The declaration recognises the intrinsic dignity of all persons and that withholding of pain treatment is profoundly wrong, leading to unnecessary suffering which is harmful". Whether you agree or not – it reminded me of how little we have public debate about some pretty important things. What does our community actually think I wonder?

Reference: *Pain.* 2011;152(12):2673-4.

<http://www.painjournalonline.com/article/S0304-3959%2811%2900554-9/abstract>

Post-concussion syndrome: Prevalence after mild traumatic brain injury in comparison with a sample without head injury

Authors: Dean PJ et al

Summary: 119 people with mild traumatic brain injury (mTBI) and 246 without head injury (controls) were included in this comparison of the prevalence of persistent post-concussion syndrome (PCS; >1 year post-injury). All participants were surveyed about post-concussion symptoms, cognitive failures, anxiety, depression, sleep behaviour and post-traumatic stress disorder. The study addressed variability within the sample by splitting the participants according to PCS diagnosis into four groups: mTBI+PCS, mTBI-PCS, Control+PCS and Control-PCS. PCS was present to a similar extent in participants with no head injury (34%) compared to those with mTBI (31%). Only report of headaches, which could be caused by expectation bias, distinguished between mTBI+PCS and Control+PCS groups. In addition, significantly higher cognitive problems were observed in participants with mTBI compared with the control group.

Comment: A number of publications highlight that for a proportion of people with mTBI (around 10%, but that is 10% of an enormous number of people) go on to experience post-concussion symptoms for a long time. Just why we still don't really understand – the pathology to symptom relationship being one of those nuts we still haven't quite cracked. This paper highlights how many of the symptoms occur at a similar rate regardless of whether you have had a TBI or not (except for cognitive problems and headache) – and I agree with the authors – we need a better definition of this condition.

Reference: *Brain Inj.* 2012;26(1):14-26.

<http://tinyurl.com/czuonvu>

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Measuring the outcomes of long-term care

Authors: Forder JE, Caiels J

Summary: This paper considers how best to measure the value of long-term (social) care. It describes a care-related quality of life instrument (ASCOT) and discusses aspects of its validity. The paper's authors contend that ASCOT is better suited to measuring the impact of long-term care services than the EQ5D health-related quality of life measure. They point out that long-term care services tend to be more concerned with addressing the day-to-day consequences of long-term conditions. A quality of life measure should therefore not be overly focused on the potential impact of services on personal ability, but should instead consider how services directly help people to function in everyday life. Construct validity was assessed in terms of the degree to which measured quality of life improvement was consistent with the theorised positive correlation between quality of life and the use of home care services. In a 2008/9 sample of people using care services in England, the impact of service use was significant when measured by ASCOT, but not significant when using EQ5D.

Comment: I've always had a bit of a love-hate relationship with the EQ5D because in some research, we found the mathematics of scoring just didn't work the same for people with disabling conditions as with those with conditions of short duration (i.e., change was not picked up as well). So my interest was piqued when I saw this paper was critical about its use. However, the main thing of interest here is that it considers use of an outcome measure in a really tough context – long-term social care. Undoubtedly there is more work to be done on the measure but, if you work in these areas, you may find their website of interest <http://www.pssru.ac.uk/ascot/>.

Reference: *Soc Sci Med.* 2011 Dec;73(12):1766-74.

<http://eprints.lse.ac.uk/39702/>

Experiences of and influences on continuity of care for service users and carers: synthesis of evidence from a research programme

Authors: Parker G et al

Summary: Health and social care systems find it difficult to deliver the continuity of care service users want. Problems delivering continuity of care may be exacerbated by lack of clarity as to what continuity means. In an effort to tackle this conceptual confusion, the English National Institute for Health Research Service Delivery and Organisation programme funded a series of research projects that explored the concept and delivery of continuity in a range of health conditions. This paper reviews the outputs of these projects. It concentrates on two questions: what is continuity of care, and what influences it? Narrative synthesis of material from the studies identified certain influences on the experience of continuity. Service users and carers valued good relationships with professionals; this did not always mean seeing the same person and encompassed trust, the professional's style and communication skills, and the time made available. Service users and carers also valued understanding the patient's condition and treatment. This went beyond giving information, to include communication that recognised individuals' capacities and that was skilled, given sufficient time, and from a trusted source. Service users valued co-ordination between professionals and services; this covered communication, planning, and services' storage and use of information about them. Co-ordination with carers and others was also important. Experiences of continuity were influenced by service users' characteristics and circumstances, care trajectories, the structure and administration of services, professionals' characteristics, carer participation, the wider context of the 'whole person' and satisfaction. The review highlighted the dynamic ways in which continuity is constructed between service users, carers and professionals. Co-construction of continuity has implications for both professional training and service users' expectations.

Comment: We are just writing up a paper on a project we did looking at the interface between carers and formal services and our findings echo many of those here. The summary is pretty straightforward so – I shall be uncharacteristically brief and let the summary do its thing. ☺

Reference: *Health Soc Care Community.* 2011;19(6):576-601.

onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2011.01001.x/abstract

What patients really want from health care

Author: Detsky AS

Summary: This Commentary focuses specifically on what people want from health care services.

Comment: Having highlighted what I perceive to be the need for more public debate about what we resource and what we don't in healthcare, I was pleased to stumble across a commentary from Allan Detsky about what people want (including timeliness, kindness, hope and certainty, continuity choice and coordination) and what they don't (high levels of out-of-pocket expenses, low skill level in their health professionals). Pretty simple really but we still seem to miss the mark on these a lot of the time. Makes you wonder who we are actually delivering services for sometimes, doesn't it.

Reference: *JAMA.* 2011;306(22):2500-1.

<http://jama.ama-assn.org/content/306/22/2500.short>

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Workplace-based work disability prevention interventions for workers with common mental health conditions: a review of the literature

Authors: Pomaki G et al

Summary: These researchers systematically reviewed the published evidence on workplace-based work disability prevention (WDP) interventions in workers with common mental health conditions (CMHCs). Eight studies were eligible for inclusion. Three main intervention elements were identified: (a) Facilitation of access to clinical treatment; (b) Workplace-based high-intensity psychological intervention; and (c) Facilitation of navigation through the disability management system.

Comment: It is clear that mental health issues are common – meaning they are common with or without the presence of injury. So – by definition, many clients receiving vocational rehabilitation services will have co-existing mental health problems. Whilst this review highlights a number of methodological problems that plague the field (and therefore limit the knowledge we have), it highlights three steps worth focusing on: enhancing access to appropriate services; providing interventions like cognitive behavioural therapy; and assistance to negotiate the disability system. Just a few things to sort out then.

Reference: *J Occup Rehabil.* 2011 Oct 30. [Epub ahead of print]

<http://www.springerlink.com/content/j8580826723k38x5/>

Getting hired: successfully employed people with disabilities offer advice on disclosure, interviewing, and job search

Authors: Hans LH et al

Summary: These researchers conducted a series of five focus groups, in which 41 people continuously employed for at least 5 years discussed employment experiences related to their varied disabilities. Qualitative analysis of their discourse revealed guidelines for whether, when, and how to discuss disability. Suggested interview strategies included ways to emphasise strengths, gather information about duties and work environment, handle inappropriate questions, and address unspoken employer concerns. Participants gave disability-specific advice to help job-seekers balance their abilities and interests, and use networking and other approaches to find favourable opportunities.

Comment: A number of things make this paper a timely read. First – we know that being out of work is bad for people’s health (and this is just as, or more, true for disabled people). Second – although many employers do have disabled people on their workforce, discrimination in opportunities for work is a frequent experience for disabled people. Third – listening to what disabled people have to say about how to enhance the opportunity for a positive work outcome makes sense. Learning from the success of others is a good way forward in most fields of life – and I suspect this one too.

Reference: *J Occup Rehabil.* 2011 Oct 22. [Epub ahead of print]

<http://www.springerlink.com/content/274107j5w8j76n78/>

A systematic review of the effects of Pilates method of exercise in healthy people

Authors: Cruz-Ferreira A et al

Summary: These researchers reviewed the evidence from 16 published studies that evaluated the effectiveness of the Pilates method of exercise (PME) in healthy people. A rating of the trials’ quality by PEDro scale values indicated a low level of scientific rigour, with scores ranging from 3 to 7 (mean 4.1). The evidence suggests that PME is effective in improving flexibility (strong evidence), dynamic balance (strong evidence), and muscular endurance (moderate evidence) in healthy people.

Comment: We are increasingly seeing that helping people stay well is one of the key contributions we can make and whilst it’s hardly the latest new thing, Pilates has certainly grown enormously over the past few years. The number of Pilates providers in Auckland rather amazed me when I checked. So, knowing whether it is beneficial for health is an important issue and – although there are some problems with the rigour of work done in this field, it does appear Pilates has a range of positive effects. A case of ‘more and better studies’, please.

Reference: *Arch Phys Med Rehabil.* 2011;92(12):2071-81.

<http://tinyurl.com/benefits-of-Pilates>



Independent commentary by Professor Kath McPherson, Professor of Rehabilitation (Laura Fergusson Chair) at the Health and Rehabilitation Research Centre, AUT University in Auckland. Kath has been at AUT since 2004 and has been building a research, teaching and consultancy programme focused on improving interventions and outcomes for people experiencing disability. For full bio [CLICK HERE](#).

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