

SRR Summer 2006 Abstracts

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A PILOT RANDOMISED CONTROLLED TRIAL OF A HOME BASED EXERCISE PROGRAMME AIMED AT IMPROVING ENDURANCE AND FUNCTION IN ADULTS WITH NEUROMUSCULAR DISORDERS (NMD).

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Background

We investigated the feasibility of a home-based exercise programme on walking endurance, muscle strength, fatigue and function in individuals with neuromuscular disorders (NMD).

Method

Adults with MD, were recruited to a control (n= 9, age: mean years \pm SD: 45.9 (18.3) or exercise (n=8: 42.6(12.2) group in this single-centre randomised controlled trial pilot with blind assessments. Individuals were assessed at baseline and week 8. The exercise group were given an 8-week home exercise program consisting of walking and strengthening exercises.

Primary outcome measure was 2-minute walk distance. Secondary outcome measure included muscle strength, fatigue and function.

Results

Two-minute walk distances did not change in either group ($p>0.05$) (control, mean \pm SD: 14.50m \pm 22.06; exercise, 2.88m \pm 20.08), with no difference in the change scores between groups ($p>0.05$). Leg muscle strength measures increased in the exercise group ($p<0.05$) but not the control group ($p>0.05$). The difference in change in muscle strength scores reached significance between the groups in the right quadriceps ($p<0.05$): control, -2.82N \pm 4.87 and exercise -7.08N \pm 2.82 ($p<0.05$). There was no change in fatigue or function scores ($p <0.05$).

Discussion

Walking distance deteriorated in both groups. Muscle strength significantly improved in right quadriceps strength in the exercise group.

Conclusion

This pilot study suggests a home-based approach is feasible. Further investigation is warranted in a larger sample with long-term follow up.

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A RANDOMISED CONTROLLED TRIAL OF A HOME-BASED EXERCISE PROGRAMME TO REDUCE FALL FREQUENCY AMONG PEOPLE WITH PARKINSON'S DISEASE (PD)

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Background

Postural instability and falls in PD are common but difficult to treat. Our aim was to evaluate the effectiveness of an exercise programme for repeat-fallers.

Method

A randomised controlled trial with blinded assessments was used to compare usual care with a personalised 6-week, home-based exercise programme for repeat-fallers with confirmed PD living in the community (independently mobile, screened for cognitive impairment). Assessments were conducted at baseline, 8 weeks and 6 months post-randomisation. The specific objectives were frequency of falls, near-falls and injuries. Secondary outcomes were the Functional Reach, Berg Balance Test, Timed-Up&Go, Chair Stand Test, muscle strength, PD Self-Assessment Scale and the EuroQuol.

Results

Participants were randomised to the exercise (70) and control groups (72); age and disease severity were similar. There was a trend towards lower fall rates in the exercise group at 8 weeks and 6 months, lower injury rates needing medical attention at 6 months and significantly lower near-fall rates for the exercise group at 8 weeks ($P=0.004$) and 6 months ($P=0.007$). There was a positive effect at 6 months on functional reach ($P=0.009$) and quality of life ($P=0.033$) for those in the exercise group. No significant differences were found on other secondary outcome measures.

Discussion

This was the first large trial to evaluate the effectiveness of rehabilitation for people with PD who repeatedly fall.

Conclusion

There was a trend towards a reduction of fall events and severe injuries with a positive effect of exercises on near-falls and quality of life.

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Poster

A STUDY TO INVESTIGATE THE MET AND UNMET COMMUNICATION AID NEED IN A POPULATION OF ENVIRONMENTAL CONTROL USERS. HOW DO THE RESULTS IMPACT SERVICE PROVISION AND CONSIDERATIONS REGARDING QUALITY OF LIFE?

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Background

There exists a lack of consistency in the organisation and delivery of assistive technology services. Although communication aids are included under the Integrated Community Equipment Services and the Electronic Assistive Technology contract, in reality there is limited or no funding available. The aim of this project was to identify unmet communication need amongst environmental control users within this regional service in order to evaluate the current model of service delivery.

Method

586 ECS users, spanning 5 Strategic Health Authorities, were sent a postal questionnaire asking if they had any difficulties with communication. Follow up questionnaires were sent to those who indicated that they had communication difficulties in order to ascertain the impact upon quality of life and perceived need for an aid. Different questionnaires were sent to those with and without an aid.

Results

Response to the initial questionnaire was 73% (n=426) with 47% (n=193) service users indicating significant difficulties with communication. Of those 47%, 73% (n=141) indicated that they had difficulty being understood by family and friends and only 25% (n=49) had a communication aid. No final results are yet available for the follow up questionnaires as they are still being returned until the end of May.

Discussion

A significant degree of communication difficulty co-exists within this population which impacts upon quality of life. For many, the provision of a communication aid is seen as necessary.

Conclusion

Measures to address this unmet need must be taken and a clear and practicable strategy for statutory funding should be developed.

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Poster

A SYSTEMATIC QUALITATIVE STUDY OF THE APPLICATION OF ELECTRONIC MUSIC TECHNOLOGIES IN CLINICAL MUSIC THERAPY

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Background

Advances in electronic musical equipment triggered by assistive technology (EMTs) have expanded opportunities for profoundly disabled individuals to access music therapy. However, there remains no systematic evaluation of EMTs in music therapy, nor guidance for their application. This study mapped the current application of EMTs in music therapy to make recommendations for clinical practice.

Method

Six music therapists using EMTs were recruited and data collected through individual semi-structured interviews using video records in which the participant had used EMTs with several clients. Independent analysis of 12 interview transcripts by two investigators from different disciplines used open coding procedures from grounded theory. Analyses were triangulated and member checked in second interviews using previously seen and unseen video records checking for negative cases.

Results

Major categories emergent in the results included 'Process', which revealed a treatment process involving matching control interfaces to clients' movement patterns with consideration to the musical output. 'Risk' identified therapeutic and musical risks for therapist and client, such as being distracted by problem-solving or producing music which was too complex for the client. 'Palette of opportunities' identified how EMTs provide tools to better meet client needs, increase the client's self-awareness and enhance interdisciplinary working. The category 'Identity' detailed how EMTs enable independence and empowerment for the client.

Discussion

Incorporating EMTs enables music therapists to address the complex needs of clients with profound disability in wider interdisciplinary programmes which traditional resources fail to meet.

Conclusion

Specialist training needs to be developed for applying EMTs appropriately within the clinical context.

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ACQUIRED BRAIN INJURY: IMPACT ON CARERS

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Background

Social services have a responsibility to assess carers' needs and to provide flexible services that sustain the caring relationship and allow carers to exercise choice. To inform service planning, this study investigated the experiences of informal carers of people with acquired brain injury (ABI).

Method

A national postal survey of 222 carers of adults with TBI (49%), strokes (26%), infections (18%) other (7%), recruited from voluntary organisations and a rehabilitation unit. Validated questionnaires rated physical and behavioural problems of those affected and burden, QoL and health of carers.

Results

Among those with ABI, 34% needed substantial help with ADL, 78% relied on a carer for safety, 31% showed aggression/violence. Other behaviours causing carers distress were excessive activity, cognitive problems and passivity. Most carers (71%) spent >6hrs/day on caring activities. Carer Burden Interview, WHOQoL-BREF and GHQ-28 ratings indicated poor personal and social well-being, which was not predicted by gender, relationship, cause of injury, needing ADL help or cognitive problems. Aggressive problems predicted poor well-being on all measures, with passivity adding to burden, and excessive activity adding to burden and poor social QoL. Controlling for other variables in the model, 46% of carer burden was explained by aggressive problems, passivity and excessive activity.

Discussion

Current provision of community care is weighted towards help with physical disabilities, whereas many carers of people with ABI may need support for behavioural problems.

Conclusion

Providing appropriate support and respite for carers of brain injured people with behavioural problems could significantly improve carer well-being.

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CO-ACTIVATION AND MUSCLE WEAKNESS IN NEUROLOGICAL CONDITIONS

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Background

Clinically increased muscle tone might be expected to be associated with increased co-activation during voluntary muscle contraction and might vary in different neurological disorders or with agonist strength. This study investigated whether antagonist co-activation changed a) with the degree of muscle weakness and b) with the nature of the neurological lesion causing weakness.

Method

Co-activation during knee extension was measured during an isometric and a functional sit to stand (STS) task in groups of patients with extrapyramidal (n=15), upper motor neuron (UMN) (n=12), lower motor neuron with (n=18) or without (n=12) sensory loss and muscle disorders (n=17) and in healthy matched controls (n=32). Independent t-tests or Mann Whitney U tests were used to compare between the groups. Correlations between variables were also investigated.

Results

Extrapyramidal patients had lower co-activation levels than controls ($p < 0.05$): other groups were no different from controls. Agonist isometric muscle strength and co-activation were negatively correlated in muscle disease ($r = -0.6$, $p < 0.05$) and during STS in UMN disorders ($r = -0.7$, $p < 0.5$).

Discussion

Contrary to expectations, levels of co-activation remain fairly stable in the presence of neurological disease. The lower co-activation found in the extrapyramidal group and higher co-activation found in weaker individuals requires confirmation and further investigation.

Conclusion

Co-activation may be relevant to individuals with muscle weakness. Within patient serial studies in the presence of changing muscle strength may help to understand these relationships more clearly.

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DOES MOTOR RECOVERY AFTER STROKE DEPEND ON INTACT ATTENTION?

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Background

Attention deficits have been linked to poor recovery after stroke. We explored whether attentional ability at discharge from hospital predicts outcome 12 months later.

Method

Hospitalised people with stroke completed measures of attention, balance, mobility, ADL and mood at discharge and 12 months later. We used linear regression to explore the potential predictors of outcome.

Results

We recruited 122 men and women, mean age 70.2. At discharge, 56 (51%) had deficits of divided attention, 45 (37%) of sustained attention, 43 (36%) of auditory selective attention, 41 (37%) of visual selective attention and 27 (24%) had visual neglect. Attention deficits were associated with stroke severity, longer hospital stay, depression, poor mobility, balance and ADL ability ($P < 0.01$) but not age, gender or side of lesion. Attention at discharge correlated with outcome 12 months later for 10 of 12 mobility, balance and ADL variables ($P < 0.01$): after controlling for level of mobility at discharge this only remained significant for three variables. Linear regression revealed that stroke severity ($P = 0.054$), number of medications ($P = 0.001$), mobility ($P = 0.000$) and balance ($P = 0.004$) at discharge were better predictors of outcome than measures of attention (all $P > 0.10$).

Discussion

Although attention was not an independent predictor of outcome, findings support the link between attention and function. It is recommended that attention and function should be considered together.

Conclusion

After controlling for function at discharge, attention correlated only weakly with function 12 months later: other factors were better predictors of outcome.

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GENDER DIFFERENCES IN PROSTHETIC LIMB-FITTING

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Background

The success of limb-fitting after amputation can be influenced by many factors including age, medical comorbidity and level of amputation but surprisingly little data is available on gender differences. We examined this in an inpatient amputee population.

Method

We prospectively followed 105 consecutive lower limb amputees to ascertain successful limb-fitting. Demographic and social characteristics were correlated to limb-fitting and differences between women and men were explored.

Results

There were 35 women in a cohort of 105 admissions over one year. Mean age of all admissions was 62.2 yrs (SD 14.5). Both groups were comparable in terms of age, length of stay, medical comorbidity and level of amputation. However women were less likely to successfully undergo limb-fitting by time of discharge, a median of 21 days later (42.9% vs 68.6%, $p=0.011$). Furthermore women were more likely to live in social isolation (57.1% vs 38.6%, $p=0.021$).

Discussion

We cannot explain the reasons for reduced limb-fitting in women although anecdotally, it was suggested that in our elderly cohort, the women were less likely to have the stamina required in donning/doffing and mobilising with a prosthesis.

Conclusion

Women were less likely to achieve limb-fitting than men. A limb-fitted patient is much more likely to be independent than one who has wheelchair mobility only. As women are more likely to live in isolation after amputation, this has implications for discharge and quality of life.

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HOW DO CLINICIANS USE OUTCOME MEASURES IN NEUROREHABILITATION? A QUALITATIVE STUDY

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Background

This study aimed to explore how multidisciplinary neurorehabilitation teams interpret and use standardised outcome measures within patient care

Method

Non-participant observation of an inpatient multidisciplinary neurorehabilitation team in which outcome measures were routinely collected. Twice weekly MDT meetings were observed for seven weeks and semi structured interviews were conducted with 13 purposively selected clinicians across the professions in the team. Field notes were taken during meetings. Meetings and interviews were tape recorded and transcribed verbatim. A reflexive memo was used throughout data collection and analysis to consider the impact of the researcher on data collection and record analytic ideas. Grounded theory techniques were used by all authors to develop and test hypotheses within the data and produce concepts and categories to understand how outcome scores were decided upon, interpreted and used.

Results

The interpretation and use of outcome measures relies on the clinicians' tacit knowledge of what the scores mean. They are used early in the patient's stay to establish the presence and severity of impairments and disabilities and help provide an early indication of discharge destination and length of stay. Subsequently they are used to monitor patient progress. They are not used alone but in conjunction with other clinical and social information.

Discussion

Outcome measures provide a framework for clinical judgements about patients and provide clinicians with a common language to discuss the severity of patients' problems and their progress in rehabilitation.

Conclusion

Outcome measures may be used to aid clinical decision making in neurorehabilitation but only alongside other clinical information.

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ITEM RESPONSE CHARACTERISTICS FOR THE COGNITIVE SYMPTOMS SUBSCALE OF THE EUROPEAN BRAIN INJURY QUESTIONNAIRE (EBIQ)

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Background

Studies of effectiveness of rehabilitation require measurement tools that have established measurement properties that are appropriate for the patient group.

The EBIQ contains 13 items that have been proposed to constitute a cognitive symptoms subscale. The questions are rated with 3 response categories indicating frequency of symptoms ("not at all", "a little", "a lot").

Method

Data from 226 patients were entered for analysis using the package Rumm2020. The sample (72% male, median age 34) with acquired brain injury (1-10 years prior to assessment) represented consecutive referrals to Oliver Zangwill Centre for Neuropsychological Rehabilitation.

Results

One item was excluded as it displayed significant uniform differential item functioning by gender ("finding your way"). After exclusion of this, the remaining 12 items yielded an overall fit to the Rasch model (Total item $\chi^2=43.2, P=0.19$). The person separation index of 0.84 indicates satisfactory power and the ability to distinguish between 3 distinct groups.

Visual inspection of a plot of targeting revealed a good spread of items across the full range of respondents' scores indicating that the items provide a good operational measurement range for difficulties experienced by people with brain injury.

Discussion

This analysis demonstrated the cognitive scale does not work as a 13 item scale.

A score based on 12 EBIQ items meets the expectations of Rasch model and can be considered a valid scale for assessing personal experience of cognitive consequences of brain injury.

Conclusion

This analysis provides a platform for further parametric analysis of impact of rehabilitation.

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Poster

MUSIC THERAPY IN THE TREATMENT OF MULTIPLE SCLEROSIS: A SYSTEMATIC QUALITATIVE ANALYSIS

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Background

Music therapy with adults with acquired neuro-disability is described as a holistic treatment. In contrast, the empirical research in music therapy has demonstrated functional improvement on single variables, failing to measure its psychotherapeutic potential. Therefore, a gap exists between that which clinicians observe, and research outcomes. This study aimed to explore the experience of music therapy in adults with complex neuro-disabling conditions through qualitative methods to bridge that gap.

Method

Six participants with Multiple Sclerosis were recruited from music therapy referrals at a residential and day care facility for long-term therapy. Data were collected in 56 focused interviews after individual music therapy sessions. The primary investigator served as clinician/researcher, analyzing interview transcripts systematically using grounded theory. Analyses were triangulated with an academic supervisor, through peer debriefing with the treating multidisciplinary team, and independent clinical supervision.

Results

Within music therapy, two particular phenomena emerged revealing illness experience and management: 'Illness Monitoring' and 'Identity: changes in self-concept'. Illness monitoring is the process of monitoring subtle changes in physical abilities in different situations. Based in a physical act, it leads to emotional responses.

Discussion

Through playing and singing, participants measured their physical and cognitive performance. The therapist validated the individual's changing sense of 'self' through mutual music-making, thereby shifting self-concepts from less able and damaged identities to feelings of greater independence and ability.

Conclusion

The findings demonstrate that music therapy prompts an interaction between physical and emotional outcomes for this population. This warrants more accurate measurement in further research.

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Poster

PSYCHOLOGICAL PREDICTORS OF FUNCTIONAL USE OF POWERED WHEELCHAIRS.

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Background

A substantial proportion of patients provided with powered wheelchairs use these chairs infrequently. Previous research has found that cognitive variables were predictive of powerchair driving performance. However, predictors of rate of powerchair use were not examined. This study aimed to investigate rates of use one month after provision, and whether psychological variables were predictive of outcome.

Method

Eighty-eight patients attending the West of Scotland powerchair service (55% male; mean age=66) completed baseline assessments of mood and cognition. Rate of powerchair use was assessed a median of 38 days after powerchair delivery.

Results

Follow-up data were available for 75 participants (85%). Forty-four (63%) used their chair infrequently overall. Rates of indoor use were higher (n=23 [33%] infrequent users). After exclusion of patients reporting external barriers (environmental/illness), regression identified poorer verbal recall ($p=0.038$) and figure-copying ($p=0.031$) as significantly predictive of lower indoor use. Poorer verbal recall was also predictive of lower total use, among those with indoor/outdoor chairs ($p=0.002$).

Discussion

Although not explanatory of all outcome variance, cognitive factors significantly predicted rates of powerchair use. The inclusion of brief cognitive tasks in the screening assessment could rapidly identify patients who are most/least likely to benefit from powerchair provision.

Conclusion

Up to two-thirds of patients receiving powerchairs were found to be infrequent users after one month. Brief cognitive tests may help predict rates of use, thus allowing identification of patients requiring more support to gain maximum benefit from powerchair provision.

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USERS' AND ORTHOTISTS' PRIORITIES FOR USE OF ANKLE FOOT ORTHOSES (AFOS)

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Background

People with Charcot Marie Tooth (CMT) suffer from ankle weakness and foot drop, which limit walking ability and predispose to falling. AFOs are often prescribed as a solution but many soon discard them.

The purpose of this study was to explore users' and orthotists' perceptions of factors contributing to the quality and effectiveness of AFOs and barriers to their use.

Method

23 people with CMT recruited from Neurology Clinics in Nottingham and 7 local orthotists were invited to participate in group interviews. Using the Nominal Group Technique (Delbecq et al., 2005) participants with prior and no prior AFO experience views of the benefits, disadvantages and desirable characteristics of AFOs were explored and prioritised.

Results

Non-users rated discomfort and appearance as disadvantages of AFO use whereas users rated poor design and limited choice. Among users the greatest benefits were that they enabled walking, prevented falls and increased independence.

Barriers among previous users included orthotists' failure to understand user requirements (job related), limited activities, restricted movement, discomfort (pressure sores and sweating) difficult to put on. Those with no previous experience rated discomfort, uncertainty about efficacy and limited daily activities. Users wanted custom made AFO's, which met individual activity requirements and were durable and comfortable.

Orthotists acknowledged benefits but barrier views differed from users'.

Conclusion

It is important to understand users' perceptions of AFO use for prescription to succeed. Some desirable characteristics of AFOs have been usurped by widespread thermoplastic use. Participants who were working had greater expectations of AFOs than those who were not.

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TALKING ABOUT REASONS FOR TREATMENT IN NEUROREHABILITATION: EXPLAINING, INVOLVING, AND PERSUADING

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Background

I report some results from an observational study that described and explicated how clinicians and patients communicate about why particular treatment activities are being performed or recommended. The focus will be upon recurrent features of experienced physiotherapists' explanations to patients within neurorehabilitation sessions.

Method

Forty-six physiotherapy sessions were video-recorded in two English neurorehabilitation units. These involved seventeen inpatients, and 12 physiotherapists with 2-20 years experience at senior level in neurorehabilitation. An established social-scientific methodology, conversation analysis, was used. It entails detailed transcription, inductive and deductive analysis.

Results

One recurrent way of conveying reasons involved therapists initiating assessment of aspects of the patient's body / performance just before making a related treatment recommendation. They used various practices to encourage and pursue patients' responses. In another pattern, therapists dealt with patients' negative self-assessments in such a way as to persuasively convey good reasons for participating in physiotherapy 'nevertheless'. Generally, when talking about reasons, the therapists regularly used 'discourse markers' - such as 'so', 'because' - which helped make reasoning more clear. Explanations encompassed both abstract and more patient-related reasons for why treatments were being performed.

Discussion

Detailed examination of clinical communication can illuminate the practical methods entailed in various activities inherent to rehabilitation - such as involving patients, motivating them, and persuading them to change their behaviour.

Conclusion

Making explicit those practices that are usually tacit, aims toward enabling clinicians to reflect upon, improve, and teach clinical communication. Work is currently underway to collect and comparatively analyse recordings involving inexperienced therapists.

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THE EVALUATION OF A TRANSITIONAL COMMUNITY STROKE SCHEME

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Background

The disruption caused to the individual and their families following a stroke event and their need for long-term support has been reported over many years. A key aim of stroke rehabilitation is integration; achieving and measuring this is often challenging. This project aimed to develop and evaluate a community support scheme for stroke survivors

Method

A single blind randomized controlled trial, was carried out within a community setting. 244 individuals within 2 years of a first or recurrent stroke consented to participate. The experimental intervention involved attendance at a scheme, held twice a week for 8 weeks, consisting of exercise, interactive education and goal setting. These were run by exercise instructors and trained volunteers, supported by a physiotherapist and psychologist, respectively. The control group received standard care. The outcome assessor was blinded to allocation. The Subjective Index of Physical and Social Outcome (SIPSO), Frenchay Activities Index (FAI) and Rivermead Mobility Index (RMI) were the main outcome measures, assessed at baseline, 9 and 26 weeks.

Results

Using an intention to treat analysis there was no statistically significant difference between the groups for any of the primary outcome measures at either 9 or 26 weeks assessments. However there were significant within group improvements over time for both SIPSO (Baseline: 22.7 (7.7), 26wks: 25.4 (8.1)) and FAI (Baseline: 18.4 (9.8), 26 wks: 20.1 (10.5)).

Discussion

The within group findings are interesting and require further investigation. The findings from a parallel qualitative study will be available shortly.

Conclusion

Providing quantitative evidence for complex community interventions remains challenging.

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THE RAPID RESOLUTION OF DEPRESSIVE AND ANXIETY SYMPTOMS AFTER AMPUTATION

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Background

: Amputation requires major life adjustments and not surprisingly, depression and anxiety symptoms are commonly reported. However there are few longitudinal studies looking at this particularly in the immediate aftermath of limb loss. We assessed the presence of depression and anxiety symptoms immediately after amputation and again after a period of inpatient rehabilitation.

Method

105 successive admissions to an amputee rehabilitation ward completed HAD (Hospital Anxiety and Depression Scale) on admission and discharge. Rates of depression and anxiety were compared between admission and discharge as well as any associated features.

Results

At admission, 28(26.7%) and 26(24.8%) had symptoms of depression and anxiety respectively. This dropped to 4(3.8%) and 5(4.8%) by time of discharge, a median of 21 days later and was statistically significant as was the association of depression and anxiety symptoms together. Patient stay was longer in those with symptoms ($p<0.05$). There was no difference for level of amputation, success of limb-fitting, age or gender. Depressive symptoms were associated with presence of other medical conditions ($p<0.01$) and anxiety scores with living alone ($p<0.05$)

Discussion

Depression and anxiety are common after amputation (20-41%) and thought to remain elevated for up to 10 years. We have found that in fact, levels of both depression and anxiety resolve rapidly. It is possible that a period of rehabilitation teaching new skills and improving patient independence and mobility may modify the previous bleak outlook of amputees.

Conclusion

Depression and anxiety symptoms resolve rapidly after amputation.

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VALIDATION OF THE MEMORY AND BEHAVIOUR PROBLEMS CHECKLIST FOR USE IN ACQUIRED BRAIN INJURY

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Background

The Memory and Behaviour Problems Checklist (MBPC) is a carer-rated measure of (a) frequency of problem behaviours (b) distress caused to carers by behaviours. Although originally developed and validated for dementia, its items are relevant to acquired brain injury (ABI). In a postal survey of ABI carer experiences, the MBPC was compared with an equivalent but less sensitive validated measure, the Head Injury Behaviour Scale (HIBS).

Method

The MBPC and HIBS were included in consecutively numbered questionnaire booklets posted to carers recruited from voluntary organisations and a rehabilitation unit. To minimise bias, they were alternately presented in odd and even-numbered booklets.

Results

Participants comprised 222 carers of adults with TBI (49%), strokes (26%), infections (18%), other (7%). Proportions of carers endorsing each of the 25 MBPC behaviours ranged from 22-84%. The 20 HIBS behaviours were endorsed by 31-72%; thus all behaviours were relevant for a fifth or more respondents. Total behaviour scores between measures correlated well ($r=0.70$, $P<0.001$), as did total distress scores ($r=0.78$, $P<0.001$). Carer distress correlated well with Burden Interview scores on both MBPC ($r=0.72$, $P<0.001$) and HIBS ($r=0.68$, $P<0.001$).

Discussion

The MBPC equated with the HIBS in a diverse ABI group. Its greater sensitivity could be advantageous for intervention studies. This sample does not necessarily represent the wider population; further validation is recommended.

Conclusion

Use of the MBPC to measure problem behaviours and corresponding carer distress in ABI is supported.

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EVALUATION OF THE DAISY CHAIN: A COMMUNITY BASED SERVICE FOR PEOPLE WITH DEMENTIA

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Background

Specialist dementia care services have been encouraged by greater understanding of the needs of people with dementia and health and social service policies. We evaluated a community dementia service in Nottingham, to establish whether high quality care was being delivered and the necessary conditions for doing so.

Method

Systems methodology (Checkland et al, 1999) was used to describe the service. Using non-participant observation over 6 months, two researchers observed all aspects of the service. Two focus groups were held with staff. Semi-structured interviews were conducted with people who referred to (9), managed (2), and used the service (14 family carers) and with the service coordinator. Case notes of service users were also examined. Data were transcribed and analysed by two researchers and an independent investigator using the framework approach (Ritchie and Spencer, 2002).

Results

High quality dementia care required skilled leadership, team working and care workers trained in rehabilitation techniques, working flexibly and communicating effectively. Care was person centred and staff shared an ideology: maintaining Personhood.

Indicators of success included reduced carer strain, improved well being and an acceptable home life for patients.

Although established as a crisis intervention (intermediate care) service to prevent unwanted admission to institutional care, Daisy Chain typically managed the transition from community to institutional living. Although valued by those who used and referred to it, as an intermediate care service it failed.

Discussion

High quality dementia care requires specialist skills and resources, and may be undermined by Intermediate care policies.

Conclusion

Dementia services may be better driven by long term conditions policies.

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