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Editors' Selections From This Issue: Volume 96 / Number 1 / January 2015

AUTHOR PODCAST

Dimitrios Skempes PT, MPH discusses the Special Communication article, *Health-Related Rehabilitation and Human Rights: Analyzing States' Obligations Under the United Nations Convention on the Rights of Persons with Disabilities*. The article addresses a rights-based approach to rehabilitation and offers a framework to assist in the evaluation of national rehabilitation strategies. Podcasts are available at http://www.archives-pm.org/content/podcast_collection. See this article on page 163.

MEASUREMENT TOOL

See *Measurement Characteristics and Clinical Utility of the Capabilities of Upper Extremities Among Individuals With Spinal Cord Injury* by Weisbach et al on page 177 of this issue. Measurement Tools, from the Rehabilitation Measures Database, are designed to facilitate the selection of outcome measures by clinicians. Previously published Tools are available *free* of charge at <http://www.archives-pmr.org>.

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Effect of Cryotherapy After Elbow Arthrolysis: A Prospective, Single-Blinded, Randomized Controlled Study

Yu and colleagues investigated the effect of cryotherapy after elbow arthrolysis on elbow pain, blood loss, analgesic consumption, range of motion, and long-term elbow function. Fifty-nine patients were randomized to a cryotherapy group or to a control group that received standard care. Visual analog scale (VAS) scores were significantly lower in the cryotherapy group during the first 7 postoperative days, both at rest and in motion. Less sufentanil was consumed by the cryotherapy group than the control group for pain relief. The authors found no significant differences between the 2 groups in VAS scores at 2 weeks or 3 months after surgery. No significant differences were found in blood loss, range of motion, or elbow function between the 2 groups. The authors conclude that cryotherapy is effective in relieving pain and reducing analgesic consumption for patients with elbow arthrolysis; however, more research is needed. ■ SEE THE FULL ARTICLE AT PAGE 1

Resistance Training Reduces Disability in Prostate Cancer Survivors on Androgen Deprivation Therapy: Evidence From a Randomized Controlled Trial

Winters-Stone and colleagues investigated whether functionally based resistance exercise could improve strength, physical function, and disability among prostate cancer survivors on androgen deprivation therapy. They also explored the potential mediators of changes in outcomes from exercise. Fifty-one prostate cancer survivors were randomized to either a moderate-to-vigorous intensity resistance training group or a control group (stretching) for 1 year. The authors found that resistance training led to more improvement in muscle strength, improved self-reported function, and a reduction in self-reported disability when compared to stretching. Findings from this study contribute to the growing body of evidence that exercise should be part of clinical care in older men with advanced prostate cancer. Moreover, the design and implementation of exercise programs should be considered. The authors conclude that strengthening muscles using functional movement patterns may be an important feature of this type of exercise program. ■ SEE THE FULL ARTICLE AT PAGE 7

Sedentary Behavior in the First Year After Stroke: A Longitudinal Cohort Study With Objective Measures

Tieges and colleagues quantified longitudinal changes in sedentary behavior after stroke to ascertain whether reducing sedentary behavior should be a new therapeutic target. The authors followed 96 patients with stroke over 1 year and found that stroke survivors were highly sedentary, spending on average 81% of each day in sedentary behavior. Longitudinal changes in sedentary behavior were estimated using linear mixed effects models. Higher stroke severity and less functional independence were associated cross-sectionally with more sedentary behavior. Patterns of sedentary behavior did not change over the first year after stroke; stroke survivors were highly sedentary and remained so a year after stroke independent of their functional ability. The authors conclude that reducing sedentary behavior might be a potential new therapeutic target in stroke rehabilitation. ■ SEE THE FULL ARTICLE AT PAGE 15

Is Physical Behavior Affected in Fatigued Persons With Multiple Sclerosis?

In this explorative study, Blikman and colleagues performed a detailed analysis of physical behavior in fatigued persons with multiple sclerosis (MS). Twenty-three patients were selected from a randomized controlled trial and matched by age and sex to healthy, non-fatigued controls. Accelerometer data showed that ambulatory, fatigued persons with MS do differ from healthy controls not only in terms of physical activity level, but also in other physical behavior dimensions. The MS patients spent more time in a sedentary state and less time in moderate-to-high-intensity activity when compared to the control group. They also had a different distribution of sedentary and active periods; the MS patients were less physically active in the morning and evening and had relatively longer sedentary periods as well as fewer and shorter periods of higher-intensity activity. Prospective studies are needed to confirm these results. ■ SEE THE FULL ARTICLE AT PAGE 24