



# Archives of Physical Medicine and Rehabilitation

Editors' Selections From This Issue: Volume 96 / Number 3 / March 2015

## Author Podcast

In this month's podcast, Patricia Noritake Matsuda, PT, PhD, DPT, discusses the article, *Falls Among Adults Aging With Disability* (page 464). This podcast, and our collection of author podcasts, is available at [http://www.archives-pmr.org/content/podcast\\_collection](http://www.archives-pmr.org/content/podcast_collection).

## Measurement Tool

See *Measurement Characteristics and Clinical Utility of the Walking Index for Spinal Cord Injury* by Kahn and Tefertiller on page 565. These Tools, from the Rehabilitation Measures Database, are designed to facilitate selection of outcome measures by clinicians. See other published Tools *free of charge* at <http://www.archives-pmr.org>.

## Information/Education

See *Fatigue and Traumatic Brain Injury* by Bell on page 567. These pages are designed to provide consumer-friendly information on topics relevant to rehabilitation medicine. See other pages *free of charge* at <http://www.archives-pmr.org/content/infocducation>.

## Reporting Guidelines

*Archives* is among a number of PM&R and general medicine journals requiring reporting guidelines with manuscript submissions. See *Elevating the Quality of Disability and Rehabilitation Research: Mandatory Use of the Reporting Guidelines* by Chan et al ([http://www.archives-pmr.org/article/S0003-9993\(13\)01307-5/fulltext](http://www.archives-pmr.org/article/S0003-9993(13)01307-5/fulltext)). See

**Information for Authors** for submission requirements (<http://www.archives-pmr.org/content/authorinfo>). For the latest on guidelines see the **EQUATOR Network** (<http://www.equator-network.org>).

## Epidural Steroids for Lumbosacral Radicular Syndrome Compared to Usual Care: Quality of Life and Cost Utility in General Practice

Spijker-Huiges and colleagues compared the efficacy and cost-effectiveness of usual care versus usual care plus segmental epidural steroid injection (SESI) for patients with acute lumbosacral radicular syndrome (LRS). Patients in the acute phase of LRS (N=50) were randomized to a control group or to a group that received an SESI (80mg of triamcinolone in normal saline) in addition to usual care. Patients were followed up for 1 year. Both groups experienced a significant increase in quality of life, especially in the physical domains of the Medical Outcomes Study 36-Item Short-Form Health Survey. However, the authors conclude that societal costs could be saved against a negligible loss of utility by implementing SESIs as an additional pain treatment in LRS. Further research will be necessary to elucidate which patient subgroups might benefit the most from SESIs, as well as to examine costs of complications and adverse effects. ■ SEE THE FULL ARTICLE AT PAGE 381

## Improving Motor Control in Walking: A Randomized Clinical Trial in Older Adults With Subclinical Walking Difficulty

In this pilot study, Brach and colleagues tested the proposed mechanism of action of a task-specific motor learning intervention by examining its effect on measures of the motor control of gait. Forty older adults with subclinical gait deficits were randomized to either a motor learning intervention group or to a standard impairment-based intervention group. The motor learning group participated in task-oriented motor learning as well as a standard exercise program; both interventions included strength training. After 12 weeks, participants in the motor learning group showed greater improvements in some indicators of motor control of walking than those in the standard exercise program group. The authors conclude that task-oriented motor learning exercise is a promising intervention for improving timing and coordination deficits related to mobility difficulties in older adults. However, further study is needed. ■ SEE THE FULL ARTICLE AT PAGE 388

## Computer-Assisted Training as a Complement in Rehabilitation of Patients With Chronic Vestibular Dizziness—A Randomized Controlled Trial

Smaerup and colleagues compared a computer-assisted home exercise program with conservative home-training using printed instructions in the rehabilitation of elderly patients with vestibular dysfunction. Sixty-three patients with chronic dizziness due to vestibular dysfunction were randomly assigned to either rehabilitation in a clinic followed by computer-assisted home exercises, or to rehabilitation in the clinic followed by home exercises performed according to printed instructions. Both groups improved significantly during 16 weeks of rehabilitation. Neither *t* tests nor repeated-measures analysis of variance demonstrated any significant differences between the 2 groups, leading the authors to conclude that the computer-assisted support program that was used in this study was not more effective than printed instructions. ■ SEE THE FULL ARTICLE AT PAGE 395

## Smoking and Physical Activity: Examining Health Behaviors and 15-Year Mortality Among Individuals With Multiple Sclerosis

Turner and colleagues examined 2 modifiable health behaviors and their relationship to mortality among individuals with multiple sclerosis (MS). Data were obtained on 2994 participants from the Veterans Affairs MS National Data Repository and all-cause mortality was examined for the 15-year period from 1999 through 2013. Among this group there were 1500 deaths during the study period. Cox proportional hazard analyses were conducted to examine the association between smoking and physical activity and mortality. After adjusting for demographic factors, physical functioning, mental health, and comorbid medical conditions, the authors found that baseline smoking was associated with greater mortality and that higher levels of baseline physical activity were associated with lower mortality. These modifiable health behaviors can play an important role in improving the lives of people with MS, and they should be targets of assessment and intervention. ■ SEE THE FULL ARTICLE AT PAGE 402