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Editors' Selections From This Issue: Volume 97 / Number 6 / June 2016

NEW ACRM SUPPLEMENT

Archives has published an ACRM sponsored supplement with our June issue: **Rehabilitation Following Surgical Reconstruction to Restore Function to the Upper Limb in Tetraplegia: A Changing Landscape**. This supplement was organized by guest editor, M. Elise Johanson, DPT, and includes 12 full articles authored by Johanson and colleagues. This supplement has published in print and online at <http://www.archives-pmr.org/supplements>.

TWO NEW AUTHOR PODCASTS

David Stock, PhD, speaks on the featured article *Determinants of Admission to Inpatient Rehabilitation Among Acute Care Survivors of Hypoxic-Ischemic Brain Injury: A Prospective Population-Wide Cohort Study* by Stock et al. (See the full article at page 885.) M. Elise Johanson, DPT, speaks about the new ACRM supplement, **Rehabilitation Following Surgical Reconstruction to Restore Function to the Upper Limb in Tetraplegia: A Changing Landscape**. These 2 new podcasts, and our full collection of author podcasts, are available at http://www.archives-pmr.org/content/podcast_collection.

INFORMATION/ EDUCATION

See *Physical Activity Recommendations for the Aging Brain: A Clinician-Patient Guide* by Heyn et al on page 1045. Information/Education pages are designed to provide consumer-friendly information on topics relevant to rehabilitation medicine and may be reproduced for noncommercial use for health care professionals. Previously published pages are available *free of charge* at <http://www.archivespmr.org/content/infoeducation>.

EXPERT PEER REVIEWERS

The editors appreciate those who participate in the peer review process for *Archives*. See page 1041 of this issue for a list of those who reviewed manuscripts for the period October 2015 through March 2016. "Thank You!"

Effects of Leg-Press Training With Moderate Vibration on Muscle Strength, Pain, and Function After Total Knee Arthroplasty: A Randomized Controlled Trial

Bily and colleagues examined the effects of a time-saving leg-press training program with moderate vibration on strength parameters, pain, and functional outcomes of patients after total knee arthroplasty (TKA) in comparison with functional physiotherapy. Fifty five patients with TKA were randomly allocated into 1 of 2 groups: isokinetic leg-press training combined with moderate vibration, or functional physiotherapy. Both groups received therapy twice a week for 30 minutes, for a period of 6 weeks. Participants in both groups improved significantly in leg muscle strength of the operated leg as measured on a knee dynamometer and a leg press. No statistically significant difference was found between the groups. The authors conclude that isokinetic leg-press training with moderate vibration and functional physiotherapy are both effective in regaining muscle strength and function after TKA; however, isokinetic leg-press training is considerably less time consuming. ■ SEE THE FULL ARTICLE AT PAGE 857

Additional Effects of a Physical Therapy Protocol on Headache Frequency, Pressure Pain Threshold, and Improvement Perception in Patients With Migraine and Associated Neck Pain: A Randomized Controlled Trial

Bevilaqua-Grossi and colleagues evaluated the effect of physical therapy on the treatment of migraines. Fifty women diagnosed with migraine were randomized into 2 groups: a control group that received medication, and a physiotherapy plus medication group. The physiotherapy plus medication group received 8 sessions of physical therapy over 4 weeks. Both groups reported a significantly reduced frequency of headaches, and the current study failed to demonstrate additional benefits of physical therapy with regard to migraine frequency and intensity. However, the authors observed greater patient satisfaction with treatment in the physiotherapy plus medication group. Physical therapy also improved craniocervical sensitivity. The authors conclude that although physical therapy may not promote improvement in migraine treatment, it may increase the cervical pressure pain threshold and enhance patient satisfaction. ■ SEE THE FULL ARTICLE AT PAGE 866

Toward the International Classification of Functioning, Disability and Health (ICF) Rehabilitation Set: A Minimal Generic Set of Domains for Rehabilitation as a Health Strategy

Prodinger and colleagues developed a comprehensive set of the ICF categories as a minimal standard for reporting and assessing functioning and disability. The specific aims were to specify the domains of functioning recommended for an ICF Rehabilitation Set and to identify a minimal set of environmental factors (EFs) to be used alongside the ICF Rehabilitation Set when describing disability across individuals and populations with various health conditions. The authors performed a secondary analysis of existing data from 9264 people using regression methods and expert consultations. The ICF Rehabilitation Set and the minimal set of EFs proposed in this study can serve as the starting point to develop practical tools toward establishing comparability of a minimal set of data on disability across studies and countries. ■ SEE THE FULL ARTICLE AT PAGE 875

Determinants of Admission to Inpatient Rehabilitation Among Acute Care Survivors of Hypoxic-Ischemic Brain Injury: A Prospective Population-Wide Cohort Study

Adult-onset hypoxic-ischemic brain injury (HIBI) is a sparsely studied nontraumatic brain injury caused by a deficient supply of oxygen to the brain. Stock and colleagues investigated demographic and acute care clinical determinants of admission to inpatient rehabilitation (IR) among patients with HIBI. This population-wide prospective cohort study used Canadian Institutes for Health Information data from Ontario, Canada. Patients (N=593) who survived their HIBI acute care episode, were at least 20 years old, and who were discharged from acute care between the 2002 and 2010 fiscal years were included in the study. Younger age, being a man, lower comorbidity burden, longer length of stay of preceding acute care episode, and shorter duration in special care were most predictive of admission to IR. Women had an almost 2-fold lower incidence of admission to IR, which requires further investigation. ■ SEE THE FULL ARTICLE AT PAGE 885