

Archives of Physical Medicine and Rehabilitation



Editors' Selections From This Issue: Volume 98 / Number 8 / August 2017

REHABCAST

The audio hub for rehabilitation medicine produced by the *Archives of Physical Medicine and Rehabilitation*, the field's top journal. Hosted by Dr. Ford Vox, each episode features in-depth interviews with scientists publishing in the journal and news briefs relevant to all rehabilitation clinicians. This month's episode discusses long-term effects of repeated injections of local anesthetic with or without corticosteroid for lumbar spinal stenosis. This podcast, and our growing collection of podcasts, is available at http://www.archives-pmr.org/content/podcast_collection.

INFORMATION/ EDUCATION

See *Cancer-Related Fatigue* by Christensen, et al on page 1717. 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 at <http://www.archives-pmr.org/content/infoeducation>.

MEASUREMENT TOOL

Measurement Tools are designed to facilitate the selection of outcome measures by trained clinicians. See this month's selection, by Datar et al, on page 1719. <http://www.archives-pmr.org/content/measurementtools>.

ARCHIVES SUPPLEMENTS—CALL FOR PROPOSALS

ACRM provides an exciting opportunity for members to be the Guest Editor of a Supplement to the *Archives of Physical Medicine and Rehabilitation*. This is a unique opportunity for an experienced rehabilitation researcher or group of researchers to compile a thematically-based Supplement. To learn more go to <http://www.acrm.org/publications/archives-of-pmr/archives-supplements/>.

ACRM 94TH ANNUAL CONFERENCE

The 94th Annual Conference of ACRM will be 23–28 October 2017 at the Hilton Atlanta. For more details on the world's largest interprofessional rehabilitation research conference, go to <http://www.acrm.org/meetings/2017-annual-conference/>.

Long-Term Effects of Repeated Injections of Local Anesthetic With or Without Corticosteroid for Lumbar Spinal Stenosis: A Randomized Trial

Friedly and colleagues examined the overall effectiveness of epidural corticosteroid injections for lumbar central spinal stenosis. Participants (N=400) received either epidural injections with corticosteroid plus lidocaine, or lidocaine alone, with the option of blinded crossover after 6 weeks. At 12 months, both treatment groups maintained initial observed improvements, with no significant differences between groups on the Roland-Morris Disability Questionnaire (RDQ), leg pain, opioid use, or spine surgery. In both groups, participants crossing over at 6 weeks had worse 12-month trajectories compared with participants who did not choose to cross over. The authors conclude that epidural injections of corticosteroid plus lidocaine offered no benefits beyond that of injections of lidocaine alone in terms of self-reported pain and function or reduction in use of opioids and spine surgery. ■ SEE THE FULL ARTICLE AT PAGE 1499

Cognitive Behavior Therapy to Treat Sleep Disturbance and Fatigue Following Traumatic Brain Injury: A Pilot Randomized Controlled Trial

Nguyen and colleagues evaluated the efficacy of adapted cognitive behavioral therapy (CBT) for sleep disturbance and fatigue in individuals with traumatic brain injury (TBI). Adults (N=24) with history of TBI and clinically significant sleep and/or fatigue complaints were randomly allocated to an 8-session adapted CBT intervention or treatment as usual (TAU). At follow-up, CBT recipients reported better sleep quality than those receiving TAU. Daily fatigue levels were significantly reduced in the CBT group. Secondary improvements were significant for depression. Large within-group effect sizes were evident across measures, with maintenance of gains 2 months after therapy cessation. The authors conclude that adapted CBT produced greater and sustained improvements in sleep, daily fatigue levels, and depression compared with TAU. ■ SEE THE FULL ARTICLE AT PAGE 1508

Intensive Early Rehabilitation in the Intensive Care Unit for Liver Transplant Recipients: A Randomized Controlled Trial

Maffei and colleagues evaluated the feasibility and tolerance of an intensive rehabilitation protocol initiated during the postoperative period in Intensive Care Unit (ICU) in liver transplant recipients. The authors compared two groups of liver transplant recipients over a period of one year: the control group (n=20) participated in the usual treatment, while the experimental 16 group (n=20) followed a protocol of early and intensive rehabilitation. Tolerance was assessed based on the number of adverse events during 20 rehabilitation sessions, and feasibility from the number of sessions discontinued. A small percentage of adverse events occurred, which were considered to be of low intensity. Patients in the experimental group sat on the edge of their beds sooner and their intestinal transit resumed more quickly than among the control group. The authors conclude that an intensive early rehabilitation for liver transplant recipients was well tolerated and feasible in the ICU. ■ SEE THE FULL ARTICLE AT PAGE 1518

Effects of Peer Mentoring on Self-Efficacy and Hospital Readmission Following Inpatient Rehabilitation of Individuals With Spinal Cord Injury: A Randomized Controlled Trial

Gassaway and colleagues investigated the effect of intensive peer mentoring on patient-reported outcomes of self-efficacy and unplanned hospital readmissions in 158 people with spinal cord injury or disease within the first 6 months after discharge from inpatient rehabilitation. Participants in the experimental group were assigned a peer mentor, who met with the participant weekly throughout the inpatient stay and made weekly contact by phone, email, or in person for 90 days after discharge. Participants were encouraged to participate in regularly scheduled peer support activities. Control group participants were introduced to peer support and were provided services only upon request. Self-efficacy in the first 6 months post-discharge was significantly higher in experimental group participants compared to control group participants. Experimental group participants also had significantly fewer unplanned hospital days. The authors conclude that this study corroborates studies in other populations demonstrating that peer support results in greater self-efficacy, improved symptom management, and/or reduced health care utilization. ■ SEE THE FULL ARTICLE AT PAGE 1526