



Archives of Physical Medicine and Rehabilitation

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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. Our growing collection of podcasts, is available at http://www.archives-pmr.org/content/podcast_collection.

INFORMATION/ EDUCATION

See *A Guide to Understanding the Benefits of a Multidisciplinary Team Approach to Amyotrophic Lateral Sclerosis (ALS) Treatment*, by Driskell, et al on page 583. 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>.

COGNITIVE REHABILITATION TRAINING

Based on the *ACRM Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*, this introductory training teaches evidence-based interventions for impairments of executive functions, memory, attention, hemispatial neglect, and social communication. Go to <http://www.cognitiverehabilitation.org/> for details.

ACRM 2019 CALL FOR PROPOSALS

Plan now to submit and be a part of the world's largest rehabilitation event happening in Chicago this year. Details at <https://acrm.org/meetings/2019-annual-conference/>.

ACRM SOCIAL MEDIA

ACRM and the Archives have a robust social media program. Go to <https://acrm.org/resources/social-media/> to see a complete listing of all of our accounts. Use these interfaces to connect, reach out to nonmember colleagues, and nurture the inclusive culture of ACRM.

The Effects of Movement-to-Music (M2M) and Adapted Yoga on Physical and Psychosocial Outcomes in People With Multiple Sclerosis

Young and colleagues investigated the effects of two exercise training interventions on physical and psychosocial outcomes in people with multiple sclerosis (MS). People (N=81) with MS participated in either a movement-to-music (M2M) group, an adapted yoga (AY) group, or a waitlist control group. The M2M and AY groups completed three 60-minute exercise sessions per week for 12 weeks. Post hoc analyses indicated significant improvements in the Timed Up and Go and Six Minute Walk Tests in M2M compared to controls, while no significant differences were observed when comparing AY to controls. No significant group differences were found on Five Times Sit-to-Stand Test, fatigue or pain interference. The authors conclude that movement-to-music may be a useful and enjoyable exercise form for people with MS in improving mobility and walking endurance. ■ SEE THE FULL ARTICLE AT PAGE 391

Improvement of Upper Limb Motor Control and Function After Competitive and Noncompetitive Volleyball Exercises in Chronic Stroke Survivors: A Randomized Clinical Trial

Najafabadi and colleagues investigated the effects of volleyball exercises on the functional performance and motor control of the upper limbs in chronic stroke survivors. Forty-eight people participated in either competitive (n=16) or non-competitive (n=16) volleyball exercise groups, or a control (traditional rehabilitation only) group (n=16). Both volleyball groups participated in 60 minutes of volleyball per day plus 30 minutes per day of traditional rehabilitation, 3 days per week for 7 weeks. Volleyball training resulted in more efficient spatiotemporal control of reach and grasp functions, as well as less dependence on feedback control as compared to the control group. Moreover, the competitive volleyball exercise group exhibited greater improvement in both functional performance and motor control levels as compared to the other groups. The authors conclude that volleyball team exercises, especially in a competitive format, resulted in enhancing the efficacy of the pre-programming and execution of reach and grasp movements, as well as a shift from feedback to feedforward control of the affected upper limb in chronic stroke survivors. ■ SEE THE FULL ARTICLE AT PAGE 401

Employment Stability in the First 5 Years After Moderate to Severe Traumatic Brain Injury

DiSanto and colleagues investigated employment stability and predictive factors of employment stability in working-age individuals after moderate to severe traumatic brain injury (TBI). The authors examined data from individuals enrolled in the Traumatic Brain Injury Model Systems-National Database since 2001, aged 18 to 59, with employment data at two or more follow-up interviews at years 1, 2, and 5 (N=5,683). Multinomial regression analyses identified predictive factors of employment stability, including younger age, white race, less severe injury, pre-injury employment, higher annual earnings, male sex, higher education, transportation independence post-injury, and absence of anxiety or depression symptoms at 1-year post-TBI. The authors conclude that employment stability serves as an important measure of productivity post-TBI. Potentially modifiable factors may include transportation access, compensation for residual cognitive deficits, and improved mental health status. ■ SEE THE FULL ARTICLE AT PAGE 412

Return-to-Work Barriers Among Manual Workers After Hand Injuries: 1-Year Follow-up Cohort Study

Marom and colleagues examined the time of return to work (TRTW) in relation to multivariable predictors among male manual workers after hand injury over a 12-month follow-up. One hundred seventy-six participants completed the study. At the end of the study, 75.3% participants returned to work. The median TRTW was 94 days. In the final model, only compensation factors and education contributed significantly to overall return to work, but when separate analyses were performed, decreased level of self-efficacy, higher workplace demands, pain level, emotional response to trauma, reduced physical hand capability, and higher level of disability were significantly associated with delayed TRTW. Subjects who did not RTW during the first nine months were at risk for long-term disability. The authors recommend developing treatment programs for those who are at risk for not returning to work, taking these factors into consideration. ■ SEE THE FULL ARTICLE AT PAGE 422