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Editors' Selections From This Issue: Volume 101 / Number 9 / September 2020

TOP PAPERS IN THE ARCHIVES

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REHABCAST

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INFORMATION/ EDUCATION

See *Hearing and Vision Impairment in People With Dementia: A Guide for Clinicians*, by Leroi, et al on page 1667. 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 <https://www.archives-pmr.org/content/infoeducation>.

ACRM 2020

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Efficacy and Safety of MT10107 (Coretox) in Poststroke Upper Limb Spasticity Treatment: A Randomized, Double-Blind, Active Drug-Controlled, Multicenter, Phase III Clinical Trial

Lee and colleagues compared the efficacy and safety of MT10107 (Coretox) with onabotulinum toxin A (Botox) in patients with post-stroke upper limb spasticity. A total of 220 patients with post-stroke upper limb spasticity received a single injection of either MT10107 (Coretox group) or onabotulinum toxin A (Botox group). MT10107 showed a non-inferior efficacy compared with onabotulinum toxin A, as the 95% confidence interval for between-group differences was -0.10 to 0.27 and the upper limit was less than the non-inferiority margin of 0.45 . Modified Ashworth scale scores for all muscles and Disability Assessment Scale scores showed a significant improvement at all time points in both groups, with no significant between-group difference. No significant between-group differences were observed regarding response rate, global assessment of treatment, and safety measures. The authors conclude that MT10107 showed no significant difference in efficacy and safety compared with onabotulinum toxin A in post-stroke upper limb spasticity treatment. ■ SEE THE FULL ARTICLE AT PAGE 1485

Cost-Benefit Analysis From the Payor's Perspective for Screening and Diagnosing OSA During Inpatient Rehabilitation for Moderate to Severe TBI

Recent work has highlighted prevalent obstructive sleep apnea (OSA) after traumatic brain injury (TBI). Nakase-Richardson and colleagues analyzed the cost-benefit of four screening approaches for sleep apnea in 214 people with moderate to severe TBI. All levels of determining sleep apnea risk and diagnosis (prediction/screening tools, portable diagnostic study, level 1 polysomnography) were included in the trial and analyses. Phased modeling approaches using screening measures resulted in greater cost savings and benefit relative to the portable diagnostic approach and initial use of laboratory-quality polysomnography. The authors conclude that diagnostic cost savings were demonstrated across all phased approaches and OSA severity levels, with the most cost-beneficial approach varying by incidence of OSA. ■ SEE THE FULL ARTICLE AT PAGE 1497

Predictors of Discharge Settings After Total Knee Arthroplasty in Medicare Patients

Welsh and colleagues examined the factors associated with acute hospital discharge to the three most common post-acute settings following Total Knee Arthroplasty (TKA): inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and directly back to the community. The authors examined a national cohort ($N=1,189,286$) of 100% Medicare Part A data files from 2009-2011. Using IRF discharge as the reference, patients who received a bilateral procedure had lower odds of both SNF and community discharge; patients with more comorbidity had lower odds for community discharge and higher odds for SNF discharge; and patients who received their TKA from hospitals with lower TKA volumes had lower odds of SNF and community discharge. The authors conclude that clinical populations within Medicare beneficiaries systematically vary across the three most common discharge settings following TKA. This information improves our understanding of which patient or clinical factors influence post-acute care settings following TKA. ■ SEE THE FULL ARTICLE AT PAGE 1509

Differential Effects of Time to Initiation of Therapy on Disability and Quality of Life in Patients With Mild and Moderate to Severe Ischemic Stroke

Askew and colleagues assessed the impact of time to acute therapy on health-related quality of life (HRQoL) and disability after ischemic stroke. In the sample of 553, the median number of days from hospital admission to acute therapy consult was 2 days. Multivariable linear and logistic regression models indicated that for those with NIHSS score <5 , longer time to therapy consult was associated with worse Barthel Index scores, executive function T-scores, and general cognitive concerns T-scores at 1-month. In those with NIHSS score >5 , longer time to therapy initiation led to increased disability and lower extremity mobility T-scores at 1 month. The authors conclude that longer time to initiation of acute therapy has differential effects on post-stroke disability and HRQoL up to 1-month after ischemic stroke and TIA. The effect of acute therapy consult is larger for those with mild deficits, while the effect of acute therapy treatment is greater for those with moderate to severe deficits. Minimizing time to therapy consults and treatments in the acute hospital period might improve outcomes after ischemic stroke and TIA. ■ SEE THE FULL ARTICLE AT PAGE 1515