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Editors' Selections From This Issue: Volume 101 / Number 10 / October 2020

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Investigation of the Effects of Dual-Task Balance Training on Gait and Balance in Transfemoral Amputees: A Randomized Controlled Trial

Demirdel and colleagues investigated the effects of dual task balance training on static and dynamic balance, functional mobility, cognitive level, and sleep quality in individuals with transfemoral amputation. Participants (n=20) were assigned randomly to a single task gait and balance training group or a dual task gait and balance training group. Both groups trained for 60 minutes a day, 3 days a week for 4 weeks. The single task training group performed traditional gait and balance exercises, and the dual task training group practiced cognitive and motor tasks while performing gait and balance exercises. Balance and mobility improved in both groups, though dual task balance performance, functional mobility, and gait speed improved more in the dual task training group. Cognitive status and sleep quality improved significantly in the dual task group. The authors conclude that dual task balance training was more effective in improving the dual task performance and cognitive level. ■ SEE THE FULL ARTICLE AT PAGE 1675

Comparison of Removable Rigid Dressing and Elastic Bandage for Residual Limb Maturation in Transtibial Amputees: A Randomized Controlled Trial

Koonalinthip and colleagues investigated the effect of a removable rigid dressing (RRD) on the time to residual limb maturation compared with elastic bandage (EB) in transtibial amputees. Twenty-five people with immature residual limb were allocated to use RRD or EB to achieve residual limb maturation, and all participants in both groups were trained with the same pre-prosthetic program. Median time to residual limb maturation was significantly lower in the RRD group than in the EB group. After accounting for time since amputation, maturation time remained significantly lower in the RRD group. There was no significant difference in complications or patient satisfaction. The authors conclude that the use of RRD had a significantly shorter period to residual limb maturation when compared to the traditional EB dressing in post-operative management of transtibial amputation. Although costs are higher for RRD compared to EB, this is likely to be offset by faster healing and faster return to ambulation with prosthesis. ■ SEE THE FULL ARTICLE AT PAGE 1683

Comparison of the Effects of Vapocoolant Spray and Topical Anesthetic Cream on Pain During Intraarticular Injection of the Shoulder: A Randomized Double-Blind Controlled Trial

Moon and colleagues compared the effects of a vapocoolant spray and a eutectic mixture of local anesthetics (EMLA) cream on reducing pain during intraarticular (IA) injection of the shoulder. Sixty-three patients who underwent IA injection of the shoulder joint were randomized into the spray group, EMLA group, or placebo group. Visual analogue scores for pain during IA injection were 30.0 in the spray group, 50.0 in the EMLA group, and 53.8 in the placebo group. The spray group showed significantly better scores than the placebo group for participant satisfaction and preference for repeated use. The authors conclude that vapocoolant spray was effective in reducing pain during IA injection of the shoulder. ■ SEE THE FULL ARTICLE AT PAGE 1689

Can the Positional Release Technique Affect Central Sensitization in Patients With Chronic Tension-Type Headache? A Randomized Clinical Trial

Mohamadi and colleagues investigated whether the positional release technique (PRT) affects central sensitization in patients with chronic tension-type headache (TTH). Thirty-two people with TTH and myofascial trigger points (MTrPs) in their cervical muscles participated in either an intervention group, who received 10 treatment sessions for each of their MTrPs during 5 weeks, or a control group which used only ibuprofen. Twenty-six patients completed the study. PRT did not affect central sensitization in the patients. All other pain measures decreased in this study. Spectroscopy did not reveal any consistent changes, so the sensitivity and validity of proton magnetic resonance spectroscopy for evaluating central sensitization appears to be questionable and awaits future studies. The authors conclude that PRT is a potential treatment option with no reported side effects for patients with tension-type headache. ■ SEE THE FULL ARTICLE AT PAGE 1696