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INFORMATION/ EDUCATION

See ***Mental Health Pocket Card for Management of Patients with Posttraumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI)***, by Johnston-Brooks, et al on page 611. 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.

How Do Fluctuations in Pain, Fatigue, Anxiety, Depressed Mood, and Perceived Cognitive Function Relate to Same-Day Social Participation in Individuals With Spinal Cord Injury?

Kuzu and colleagues examined same-day associations of pain, fatigue, depressed mood, anxiety, and perceived cognitive function with social participation in the daily lives of adults with spinal cord injury (SCI). Participants (N = 168) took part in a baseline visit followed by a 7-day home monitoring period. Each night of the 7-day home monitoring period, participants completed the end of day diaries of survey measures via a web-based survey tool. Results of multilevel modeling showed that daily increases in fatigue and depressive symptoms and decreases in perceived cognitive function were significantly related to worse same-day social participation. Daily fluctuations in anxiety and pain were unrelated to same-day social participation. This is the first study that shows within-person associations of common SCI symptoms with social participation in the daily lives of adults with SCI. Results from the current study may help to develop effective individualized treatments of symptoms and symptom impact aimed at improving social participation. ■ SEE THE FULL ARTICLE AT PAGE 385

Determining the Prevalence, Implementation Approaches, and Opinions of Above Cuff Vocalization: A Survey of Health Care Professionals

Mills and colleagues conducted an international survey to investigate the use of above cuff vocalization and how practice and opinion differs. Healthcare professionals involved in tracheostomy care or weaning (N = 243) completed a survey about tracheostomy management, prevalence, personal experiences, and barriers to use. Healthcare professionals from nine professional groups and 25 countries completed the survey, with the majority of responses from the UK (54%). Above cuff vocalization was used in 39% of services, and 60% of health care professionals who had experience with the procedure had used it with <10 people. Implementation of above cuff vocalization varied widely concerning procedures, contraindications, safety processes, professionals involved, competencies, staff training, delivery, and outcome measures. The top benefits were communication, mood, and laryngeal sensation. Complications included discomfort and strained vocal quality. The authors conclude that uptake varies internationally, and there is no standardized approach to its delivery. Serious complications are infrequent, but minor complications are common. ■ SEE THE FULL ARTICLE AT PAGE 394

Cognitive Performance After Facial Botulinum Toxin Treatment in a Cohort of Neurologic Patients: An Exploratory Study

Platho-Elwischger and colleagues investigated higher cognitive functions after mimicry changes following facial botulinum toxin injections. They tested verbal and nonverbal reasoning in patients with blepharospasm or hemifacial spasm who received botulinum toxin (BTX) treatment of facial muscles (n = 21) and patients with cervical dystonia who received BTX treatment of cervical muscles but no treatment of facial muscles (n = 30). The control participants did not receive any BTX treatment, to exclude effects of repeated testing (n = 33). The two groups receiving injections were tested before and three weeks after their treatment. The key finding is that patients who received facial botulinum toxin injections performed significantly worse in non-verbal reasoning tasks compared to those who did not receive injections. There was no correlation between toxin dose and reasoning scores. The authors conclude that potential confounders preclude any conclusion on causality. ■ SEE THE FULL ARTICLE AT PAGE 402

Effect of Severe Distal Tibia, Ankle, and Mid- to Hindfoot Trauma on Meeting Physical Activity Guidelines 18 Months After Injury

McLaughlin and colleagues examined the impact of severe lower extremity trauma on meeting Physical Activity Guidelines for Americans 18 months after injury, and performed an exploratory analysis to identify demographic, clinical and psychosocial factors associated with meeting the guidelines. The authors utilized data from the records of 328 adults with severe distal tibia, ankle and mid-to-hindfoot injuries treated with limb reconstruction. Fewer patients engaged in moderate or vigorous-intensity activity after than before injury; patients spent 404 minutes per week in combined moderate-to-vigorous-intensity activity before injury compared with 224 minutes post-injury. The adjusted odds of meeting the guidelines were lower for patients with depressive symptoms, women, and black or Hispanic patients. Patients meeting the guidelines prior to injury were more likely to meet them after injury. The authors conclude that patients spend significantly less time in moderate to vigorous-intensity physical activity following injury. Importantly, patients with depressive symptoms are less likely to meet the guidelines than patients without depressive symptoms. ■ SEE THE FULL ARTICLE AT PAGE 409