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See ***At-Home Exercise Guide for People with Chronic Kidney Disease***, by Ribeiro, et al on page 1053. 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.

Effects of the Robot-Assisted Gait Training Device Plus Physiotherapy in Improving Ambulatory Functions in Patients With Subacute Stroke With Hemiplegia: An Assessor-Blinded, Randomized Controlled Trial

Thimabut and colleagues investigated the effects of a robot-assisted gait training device (RAGTD) plus physiotherapy versus physiotherapy alone in improving ambulatory functions in subacute stroke patients with hemiplegia. Twenty-six people with hemiplegia took part in 30 training sessions that included conventional physiotherapy training and ambulation training. The RAGTD group (n=13) received robotic training as well as ground ambulation training. The control group (n=13) received only ground ambulation training. Comparisons of outcomes between the training groups after adjusting for age and gender showed that the RAGTD group had a significantly higher FIM-walk score than control at the end of the 15th session, and the RAGTD group also scored higher than controls on the Barthel Index for Activities of Daily Living (ADL). The authors conclude that RAGTD plus physiotherapy showed early improvements in walking ability and Barthel ADL index compared to the ground level training plus physiotherapy in subacute stroke patients with hemiplegia. ■ SEE THE FULL ARTICLE AT PAGE 843

For-Profit and Not-For-Profit Inpatient Rehabilitation in Traumatic Brain Injury: Analysis of Demographics and Outcomes

Lamm and colleagues studied differences in traumatic brain injury patient characteristics and outcomes by inpatient rehabilitation facility profit status. They examined individual discharges (n = 53,630) from 877 distinct rehabilitation facilities for calendar years 2016 through 2018. Patients at for-profit facilities were significantly older, with lower admission FIM scores, shorter lengths of stay, and higher discharge FIM scores; for-profit facilities had higher rates of community discharges, but also had higher rates of readmission. The finding that for-profit facilities admit older patients who are reportedly less functional on admission and more functional on discharge, with higher rates of community discharge but higher readmission rates than not-for-profit facilities, is an unexpected and potentially anomalous finding. In general, older, less functional patients who stay for shorter periods of time would not necessarily be expected to make greater functional gains. The authors conclude that these differences should be examined to determine if differences in patient selection, coding/billing, or other unreported factors underlie these differences. ■ SEE THE FULL ARTICLE AT PAGE 851

Electrical Dry Needling Plus Corticosteroid Injection for Osteoarthritis of the Knee: A Randomized Controlled Trial

Wang and colleagues investigated the effects of electrical dry needling (DN) plus corticosteroid injection (CSI) on pain, physical function, and global change in patients with osteoarthritis of the knee (KOA). Sixty patients with KOA participated in either an electrical dry needling plus corticosteroid injection (electrical-DN+CSI) group or a CSI group. The CSI group received glucocorticoid injection only once during the trial, and the electrical-DN+CSI group received glucocorticoid injection combined with 4 sessions of electrical-DN. Baseline characteristics and measurements were similar in the two groups. The group-by-time interaction effect was significant for all variables. The electrical-DN+CSI group achieved a more significant reduction in pain intensity and more significant improvement in dysfunction than the CSI group at 3 months. The median Global Rating of Change score for the CSI group was +3, while that for the electrical-DN+CSI group was +4. The authors conclude that electrical-DN therapy at myofascial trigger points combined with CSI is more effective at alleviating pain, improving dysfunction, and global change than CSI alone for patients with KOA. ■ SEE THE FULL ARTICLE AT PAGE 858

Effect of a Fascial Therapy Treatment on Quality of Life in Patients With Hemophilic Elbow Arthropathy: A Randomized Controlled Trial

Cuesta-Barriuso evaluated the effect of fascial therapy on the perceived quality of life, pain intensity and joint health in people with hemophilia. Participants with hemophilia (N = 69) took part in an experimental group or were assigned to a control group with no intervention. The fascial therapy consisted of three consecutive weeks with one 50-minute session per week. The mean values of the physical and mental components of the Short Form Health Survey scale (SF-36) improved after the intervention in the experimental group, as did the scores for pain intensity and joint health. There were differences in the intergroup effect in the physical role variables, emotional role and mental component, and in the intensity of pain and joint health such that the improvement in the experimental group was significant. The authors conclude that a fascial therapy protocol for patients with hemophilic elbow arthropathy can improve elbow pain, elbow joint health, and perceived quality of life. ■ SEE THE FULL ARTICLE AT PAGE 867