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Demystifying the evidence: Strategies for integrating research into adult rehabilitation settings

Lisa Juckett, MOT, OTR/L, CHT
February 27, 2018

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Learner Outcomes

- 1) Recognize the role of implementation science as it relates to adult rehabilitation in occupational therapy practice
- 2) List resources that can help guide practitioners' decisions to adopt specific evidence-based practices
- 3) Identify evidence-based strategies for how practitioners can integrate research into practice

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Today's course

- 1) Overview of implementation science
- 2) Development of evidence-based practices
- 3) Implementation of evidence-based practices
- 4) Resources for practitioners
- 5) Integrating research into practice
- 6) Q&A

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Evidence-based practice

- Definition: “the conscientious, explicit and judicious use of current **best evidence** in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett, 1996).
- What is “best evidence?”
 - Meta-analyses
 - Systematic reviews
 - Critically appraised topics
 - Randomized controlled trials

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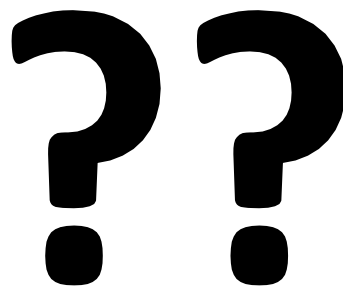
Overview of implementation science

- “The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice...to improve the quality and effectiveness of health services and care” (Eccles & Mittman, 2006, para 2).
- In other words: *studying how to move research into practice!*
- Outcomes studied in implementation science: *adoption, acceptability, feasibility, fidelity, costs, sustainability*

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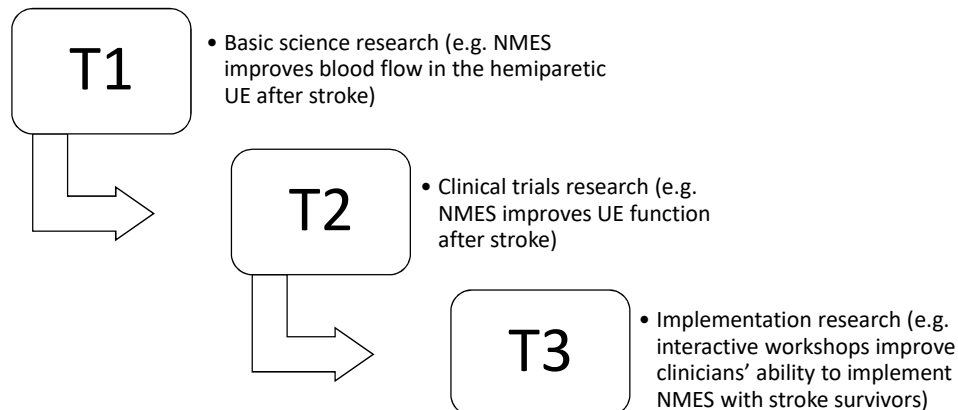
Overview of implementation science

- Related terminology
 - Knowledge translation
 - Research-to-practice gap
 - Practice-based evidence
 - Evidence-supported interventions
 - Evidence-informed practices
 - Knowledge diffusion
 - Implementation research
 - Research utilization



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Overview of implementation science



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Development of EBPs

- Again...what is an EBP in the OT profession?
 - Interventions that are found to be effective through rigorous research
 - Meta-analyses
 - Systematic reviews
 - Critically-appraised topics
 - Randomized controlled trials
- Examples: Repetitive task practice; constraint-induced movement therapy; mental practice; aerobic and resistive exercise for arthritis (pain); A Matter of Balance (falls)

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Implementation of EBPs

- Depending on the setting, implementation of research into practice varies
- Barriers = time, resources (staff, funding, equipment), lack of training, difficulty locating research, difficulty interpreting research, lack of support, personal perceptions of interventions, organizational factors
- Facilitators = access to online resources, interactive workshops, site “champions,” managerial support, positive experiences with EBP, manualized protocols

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Access points

- Google Scholar
- Web of Science
- CINAHL
- PubMed
- MEDLINE
- PSYCHInfo
- AgeLine



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Resources for practitioners

- Free Medical Journals; www.freemedicaljournals.com/htm/index.htm
- Medical Journals from around the world; www.medical-journals.com
- Highwire Press; <http://highwire.stanford.edu>
- Directory of Open Access Journals; www.doaj.org
- BioMed Central; www.biomedcentral.com
- Medline/PubMed; www.ncbi.nlm.nih.gov/PubMed
- Find Articles; www.findarticles.com
- Cochrane Abstracts; <http://www.cochrane.org/search/site/reviews>
- Cochrane Library; www.cochrane.org/index_practitioners.htm
- Occupational Therapy Critically Appraised Topics; www.otcats.com
- Turning Research Into Practice; www.tripdatabase.com/index.html
- OTseeker; www.otseeker.com
- Cumulative Index to Nursing and Allied Health Literature; www.cinahl.com/index.html
- Physiotherapy Evidence Database; www.pedro.fhs.usyd.edu.au/
- American Occupational Therapy Association; www.aota.org/Educate/Research.aspx
- Bandolier; www.jr2.ox.ac.uk/bandolier/index.html
- Center for Reviews and Dissemination; www.crd.york.ac.uk/CRDWeb/search.aspx?
- Joanna Briggs Institute CONECT; www.jbiconnect.org/ot/home/index.php
- AgeLine® Database; www.aarp.org/research/ageline/ free
- Evidence-Base Review of Stroke Rehabilitation; www.ebrsr.com/index_home.html
- Center for International Rehabilitation Research; <http://cirrie.buffalo.edu/search/index/php>
- National Rehabilitation Information Center's REHABDATA; www.naric.com/search/rehab
- SUMSearch; <http://sumsearch.uthscsa.edu>
- Educational Resources Information Center; www.eric.ed.gov/
- OTDBASE; www.otdbase.com
- Campbell Collaboration; www.campbellcollaboration.org/
- Critically Appraised Topics—UBC & McMaster; www.mrsc.ubc.ca/site_page.asp?pageid=98

Adapted from: Lin, S. H., Murphy, S. L., & Robinson, J. C. (2010). Facilitating evidence-based practice: Process, strategies, and resources. *American Journal of Occupational Therapy*, 64, 164–171. <https://doi.org/10.5014/ajot.64.1.164>

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- Taking a deeper look...
 - Cochrane Abstracts; <http://www.cochrane.org/search/site/reviews>
 - Cochrane Library; www.cochrane.org/index_practitioners.htm
 - Turning Research Into Practice; www.tripdatabase.com/index.html
 - American Occupational Therapy Association; www.aota.org/Educate/Research.aspx
 - Evidence-Base Review of Stroke Rehabilitation; www.ebrsr.com/index_home.html

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continued

Cochrane Trusted evidence. Informed decisions. Better health.

Search: "occupational therapy"

29 search results for "occupational therapy"

Current search: "occupational therapy" **Reset**

Filter your results:

Health topics: **Cochrane Reviews** Resources Handbooks & Manuals Training & Workshops News All Cochrane files

Sort by: **Relevance** Hide descriptions ☐ Subscribe to this search

Occupational therapy for rheumatoid arthritis

Does occupational therapy help people with rheumatoid arthritis? To answer this question, scientists analysed 38 studies. The studies tested over 1700 people who had rheumatoid arthritis. People were either counselled, trained in skills or taught to move or do daily chores with less pain, taught to protect their joints, given splints, taught to use assistive devices, or had no therapy. Not all studies were high quality but this Cochrane Review provides the best evidence about occupational therapy that we have today.

Occupational therapy as supportive treatment for people with multiple sclerosis

Multiple sclerosis (MS) is a chronic disease of the nervous system which affects young and middle-aged adults. MS causes

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continued

Cochrane Trusted evidence. Informed decisions. Better health.

Search: "occupational therapy"

Occupational therapy for rheumatoid arthritis

Published: 26 January 2016

Authors: Swales J (UK), Baker J (UK), Uthman A (UK), Schunemann HJ (UK), Aklonis J (UK), van den Broek P (UK)

Primary Review Group: Musculoskeletal Group

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To answer this question, scientists analysed 38 studies. The studies tested over 1700 people who had rheumatoid arthritis. People were either counselled, trained in skills or taught to move or do daily chores with less pain, taught to protect their joints, given splints, taught to use assistive devices, or had no therapy. Not all studies were high quality but this Cochrane Review provides the best evidence about occupational therapy that we have today.

What is occupational therapy and how could it help rheumatoid arthritis?

Rheumatoid arthritis is a disease in which the body's immune system attacks its own healthy tissues. The attack happens mostly in the joints of the feet and hands and causes redness, pain, swelling and heat around the joint. People with rheumatoid arthritis can find it difficult to do daily chores such as dressing, cooking, cleaning and working. Occupational therapists can give advice on how to do every day activities with less pain or advice on how to use splints and assistive devices.

How well does it work?

A high quality study showed that people could do daily chores better after having occupational therapy with learning, advice and counselling. Two high quality

Cochrane Crowd

Become a citizen scientist

Cochrane evidence in other languages

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The screenshot shows the continueded.com website with a search bar containing "occupational therapy". Below the search bar, it displays "3,684 results for 'occupational therapy' by quality". A list of four guideline summaries is shown, each with a title, author, and a link to the full text. The first guideline is "Guideline Summary: Occupational therapy practice guidelines for home modifications" by the American Occupational Therapy Association, Inc. The second is "Guideline Summary: Occupational therapy practice guidelines for adults with neurodegenerative diseases" by the American Occupational Therapy Association, Inc. The third is "Guideline Summary: Occupational therapy practice guidelines for driving and community mobility for older adults" by the American Occupational Therapy Association, Inc. The fourth is "An Occupational Therapy intervention for residents with stroke-related disabilities in UK Care Homes (OTCH): cluster randomised controlled trial with economic evaluation" by the OTCH group. On the right side, there is a sidebar with "Evidence type" and "Clinical Area" filters, and a "Become a member" section.

The screenshot shows the detailed guideline summary page for "Occupational therapy practice guidelines for home modifications" by the American Occupational Therapy Association, Inc. The page includes a "Developer" section with the organization's name and a "Source" section with the URL. It also features a "Recommendations" section with "Major Recommendations" and a "Recommendations for Occupational Therapy Interventions for Home Modifications" section. On the right side, there is a sidebar with "About NGC Guideline Summaries" and "New on NGC" sections.

continued

Major Recommendations

Note from the National Guideline Clearinghouse: In addition to the evidence-based recommendations below, the guideline includes extensive information on the evaluation process and intervention strategies for home modifications.

Definitions for the strength of recommendations (A–D, S) and levels of evidence (I–IV) are provided at the end of the “Major Recommendations” field.

Recommendations for Occupational Therapy Interventions for Home Modifications

Home Modifications to Prevent Falls

- Multicomponent interventions (home modifications and other fall prevention interventions) that include occupational therapy to reduce falls (A)
- Single-component intervention (home modification) including occupational therapy to prevent falls (A)
- Multicomponent interventions not including occupational therapy to prevent falls (S)

Home Modifications to Improve Functional Performance

- Home modification interventions to improve function in frail older adults (A)
- Home modification interventions to improve function for older adults aging with physical disabilities (C)
- Home modification interventions at discharge for postoperative hip repair (C)
- Home modification interventions for people with low vision to improve quality of life (C)
- Intensive, tailored home modification interventions to improve functional performance for community-dwelling adults with arthritis (S)

New on NGC

GUIDELINE SUMMARIES

0011014 - 0011014
Adapted: American Society of Clinical Oncology clinical practice guideline updates

0011014 - 0011014
Clinical Pharmacogenetics Implementation Consortium (CPIC) guideline for pharmacogenetics-guided warfarin dosing 2017 update

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HOME | PRACTICE | REHABILITATION & DISABILITY

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Health & Wellness
Mental Health
Productive Aging
Rehabilitation & Disability
Rehabilitation & Disability Evidence-Based Practice Resources
Occupational Therapy's Distinct Value in Rehab & Disability
Driving
Animal Assisted Therapy and Assistance Dogs
Other
Apps

Rehabilitation & Disability

AOTA has identified Rehabilitation, Disability, and Participation as a key practice area in the 21st century.

Rehabilitation is at the core of occupational therapy and addresses the needs of persons with injuries, illnesses, or deficits in occupational performance due to other causes.

Overall, the goal of rehabilitation is to help our clients, regardless of condition or setting, return to participation in the activities that they need and want to do. To achieve this, clinical practice will increasingly reflect the application of current research, evidence, and critical reasoning to achieve better outcomes.

We hope the resources below will help you in your practice. If you have additional questions, try posing them on OTConnections, a community for occupational therapy practitioners just like you. If you are an AOTA member, you are already signed up with OTConnections! Just use your member login and password for the AOTA Web site to access OTConnections.

Tips for Living

TIPS For Living Life To Its Fullest

Fact Sheets on the Role of OT

AOTA Fact Sheets

Continuing Education

• Occupational Therapy's Unique Contributions to Cancer Rehabilitation Earn 4 CEU (5 NBCOT PD) per contact hour. AOTA Members \$140

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continued

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Announcements

The latest AOTA Official Documents are now available.

Research abstracts from the AOTA 2017 Annual Conference & Generational Celebration are available! Note that this supplement contains only **abstracts** of research presentations at the AOTA Annual Conference & Expo; readers should contact abstract authors for additional information.

Thinking of submitting to AJOT? Be sure to read the information at this issue and

March/April 2018 Featured Articles:

Using the New Postacute Care Quality Measures to Demonstrate the Value of Occupational Therapy
Sharmila Senath, Jeremy Furness, Christine Weiler

Interventions for Women With Substance Abuse Issues: A Scoping Review
Wen Lippert, Margaret Ramsay, Andrea Duncan, Chely Malchowski, Jane A. Davis

Mirror Therapy and Task-Oriented Training for People With a Paralel Upper Extremity
Séverine Bédard, Julie Smith, Sarah Bédard, Kathryn Caruso, Michelle Delouche, Brittany Earl, Kathryn Hemmerton, Jill Humphrey

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continued

Community Mobility and Driving (36)

Musculoskeletal Impairments (36)

Assessment Development and Testing (32)

Advocacy (28)

Alzheimer's Disease and Dementia (27)

Traumatic Brain Injury (18)

Vision (18)

Contestual Vision (14)

Early Intervention (14)

Home Accessibility/Environmental Modification (13)

Work and Industry (11)

Multidisciplinary Practice (14)

Telehealth (14)

Attention Deficit Hyperactivity Disorder (13)

Assistive Technology (12)

Tags

review (174)

review, systematic (115)

Research Article | December 2017

Effectiveness of Cognitive and Occupation-Based Interventions for Children With Challenges in Sensory Processing and Integration: A Systematic Review

Ben Puffer, Gloria Holte Clark, Marian Arsenman

Tags: children, child, social context, informal, evolution, functioning, sensory integration, review, systematic, emotional control, outcome measures, self control, cognitive interventions, sensory processing

Am J Occup Ther. 2017; 72(5):520-537. doi: 10.5014/ajot.2017.72.520

Includes Supplemental Content

Editorial | October 2017

State of the Journal, 2017

Lore Lippert

Tags: health, rehabilitation, review, systematic, occupational therapy, journal impact factor

Am J Occup Ther. 2017; 72(5):518-520. doi: 10.5014/ajot.2017.72.518

Research Article | August 2017

Effectiveness of Interventions for Caregivers of People With Alzheimer's Disease and Related Major Neurocognitive Disorders: A Systematic Review

Caroline Weller Puffer, Barry Carman, Susan E. Conner, Kate Gillet, Tracy Lippert, Bonnie Lippert

Tags: alzheimer's disease, caregivers, quality of life, review, systematic, assessment effectiveness, high neurocognitive disorder

Am J Occup Ther. 2017; 72(5):518-520. doi: 10.5014/ajot.2017.72.518

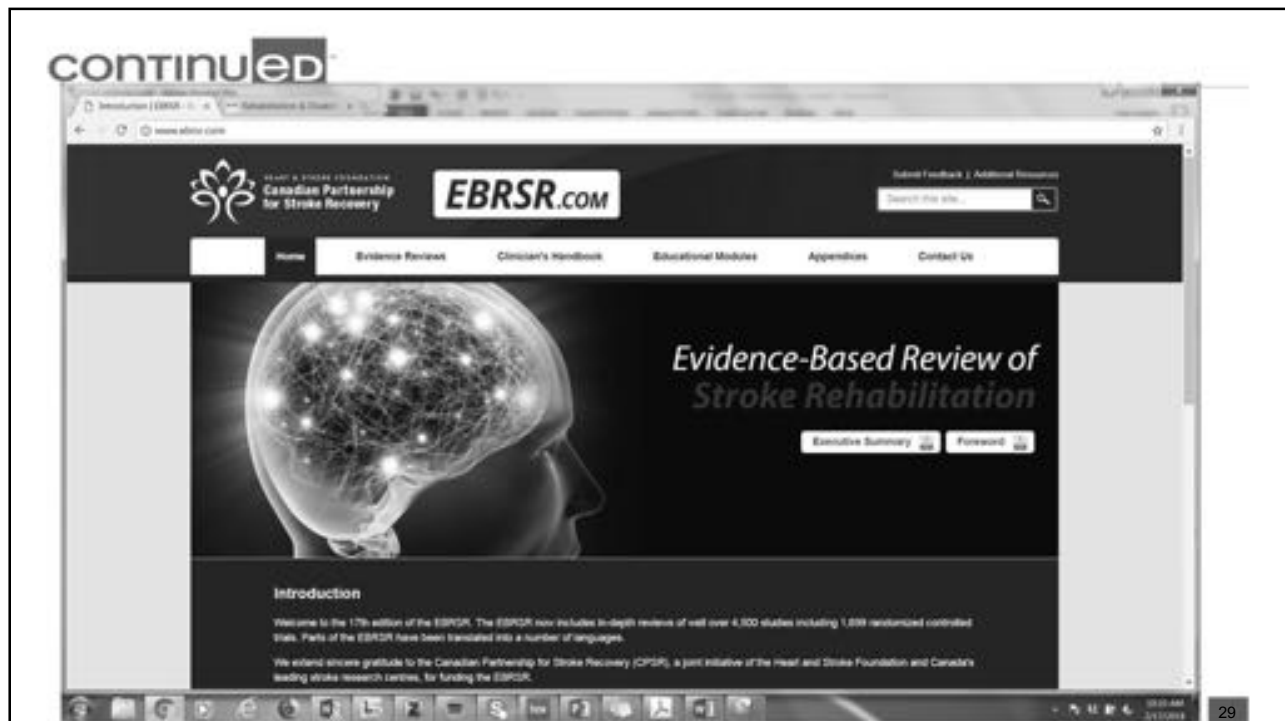
Includes Supplemental Content

Research Article | August 2017

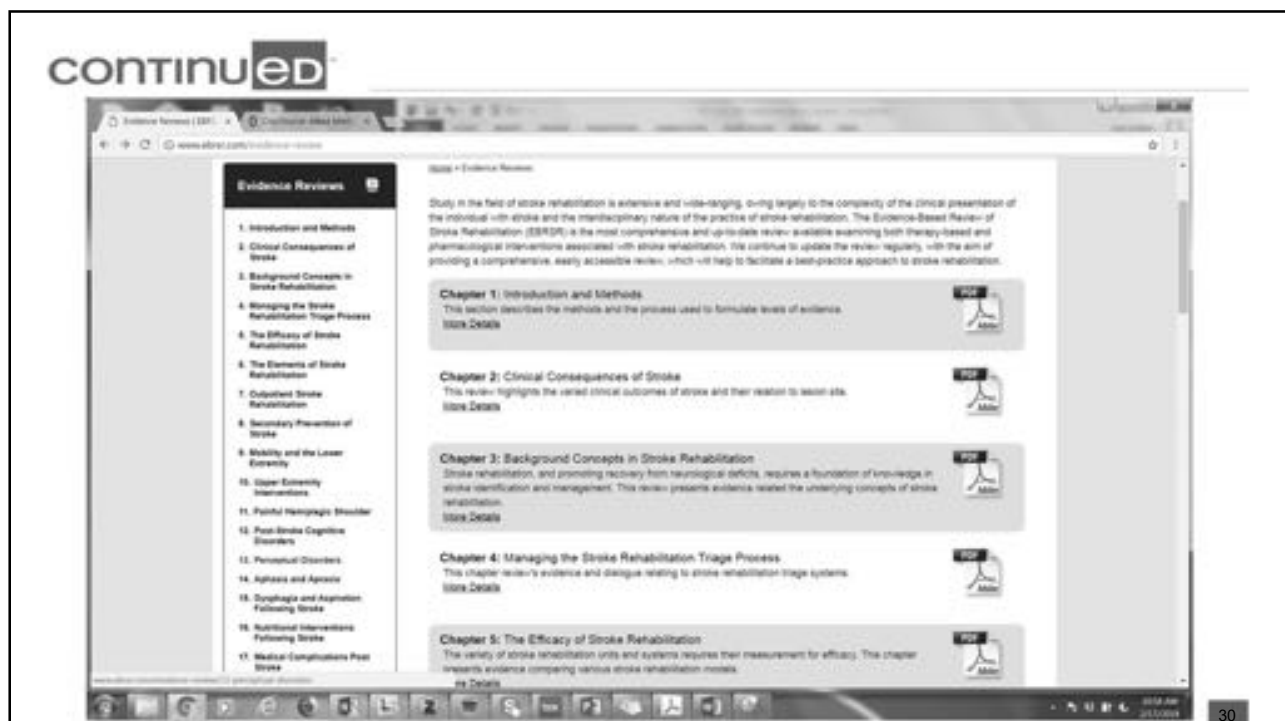
Effectiveness of Occupational Therapy Interventions to Enhance

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continued

Upper Extremity Interventions

www.sfn.org/continued/continued/20-upper-extremity-interventions

2. Clinical Consequences of Stroke
3. Background Concepts in Stroke Rehabilitation
4. Managing the Stroke Rehabilitation Triage Process
5. The Efficacy of Stroke Rehabilitation
6. The Elements of Stroke Rehabilitation

EXPAND FOR MORE +

Clinician's Handbook

Educational Modules

Upper extremity complications are common following stroke and may be seriously debilitating. Regaining mobility in the upper extremities is often more difficult than in lower extremities, which can seriously impact the progress of rehabilitation. A large body of research exists around upper extremity complications but debate continues regarding the timing of treatment and adequate prognostic factors. This review provides current information regarding upper extremity interventions. Topics include robotic devices for movement therapy, virtual reality technology, specificity treatment, EMG biofeedback, electrical stimulation, brain stimulation, drugs and medical interventions, alternative and complementary medicine, hyperbaric oxygen therapy, and hand edema treatment. Neurodevelopmental upper extremity therapy techniques are reviewed along with other therapy options including repetitive task-specific training, sensorimotor interventions, splinting, and constraint-induced movement therapy.

For evidence tables, please click here

Keywords:
Repetitive task-specific training, constraint-induced movement therapy, physical therapy, spasticity, brachial plexus, robotics, electrical stimulation, TMS, FES, EMG, neural imaging, virtual reality, sensorimotor, hand splinting, hand edema

Authors:
Narine Faray MD, Andrea Cassi MD, Jonathan Bernick MD, Magdalena Hlaskova MD, CF, David J. Jackson MD, PhD, CF, Sean Dwyer MD, Mark Seiden MD, Jayne Kravitz PhD, John Chan MD, Robert Tassat MD

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Upper Extremity Interventions

Continued

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continued

Chapter 10: Upper Extremity Interventions

www.sfn.org/continued/continued/20-upper-extremity-interventions-with-keypoints.pdf

Key Points

- Attempts to regain function in the affected upper extremity should be limited to those individuals already showing signs of some recovery.
- Neurodevelopmental techniques are not superior or inferior compared with other therapeutic approaches in treatment of the hemiparetic upper extremity.
- Bilateral arm training may not be superior over unilateral arm training at improving upper limb motor function when supplemented with rhythmic auditory cueing, electrical stimulation, or when offered alone.
- Additional upper extremity therapy or home-based training does not appear to be superior to conventional therapy for improving upper limb motor function.
- Strength training may help improve grip strength following stroke.
- Due to the variation in the treatment protocols, it is unclear whether repetitive task specific training in combination with additional treatments improves upper extremity function.
- Trunk restraint may improve some aspects of upper limb motor function but not others (i.e., elbow extension, reaching trajectory, trunk displacement).
- Sensorimotor stimulation may improve sensory discrimination; however, it is uncertain whether it improves upper extremity functioning.
- Mental practice may result in improved upper limb motor function after stroke.
- Splinting may not improve motor function or reduce contractures in the upper extremity.
- Evidence for constraint induced movement therapy (CIMT) is inconclusive in the acute stage of stroke; however, it may be beneficial at improving daily use of the impaired extremity in the chronic phase of stroke.
- Modified constraint induced movement therapy (mCIMT) may improve upper extremity function in the acute/chronic stages of stroke.
- Mirror therapy may be an effective method of upper limb rehabilitation, especially when used in conjunction with other upper limb interventions.
- It is unclear whether or not feedback therapy improves upper limb motor function.
- Evidence for the use of action observation for upper limb rehabilitation is conflicting.
- Further research is needed to determine the benefits of music therapy on upper limb motor function.
- More research is needed to determine the benefits of some hybrid/combined approaches on movement.

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Integrating research into practice

What has worked in the past?

- Interactive, hands-on workshops
- Audit and feedback procedures
- Educational meetings
- EBP mentors/champions
- Manualized protocols
- Resource/material access

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Integrating research into practice

- Successful implementation of research into practice involves ALL key players
 - Practitioners
 - Patients/family
 - Team members (PT, SLP, Nursing, SW, MD)
 - Administrators
 - Payers

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- Implementation teams—interdisciplinary teams whose efforts address how to effective integration research into practice

Passive implementation
“Letting it happen”

Implementation teams
“Making it happen”

14% of EBP
in 17 years

80% of EBP
in 3 years

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Thank you!
Questions?
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continued

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