



Conference Programme

Society for Research in Rehabilitation Winter Conference
Rehabilitation in life-limiting conditions:
Supporting people to live well.

29 April 2024

Cicely Saunders Institute, King's College London
Hosted by Dr Stephen Ashford

Venue Information

Cicely Saunders Institute, King's College London
Part of the Denmark Hill Campus
Bessemer Road,
London
SE5 9PJ

Local stations -Denmark Hill & Loughborough Junction

Accommodation options if needed

Kindly sponsored by:



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The Sponsors have provided funding to support the organisation of this meeting but have had no involvement in the organisation of this meeting including the development of agenda, inviting delegates or the choice of speakers.

Guest Speakers



Prof. Heather Richardson

Philip Nichols Lecture - “Alchemy and its place in advancing palliative care”

This lecture considers how change is best realised in the field of palliative care. With a lens on rehabilitative palliative care and through a series of personal and professional reflections, Heather will make a case for a blended approach to advancing the art and science of care and support for people

facing the end of life. She will argue for a rich mix of effort focused on research and practice; for public and professional engagement; for personal, organisation and system wide intention and an unrelenting commitment to a different world in which the experience and outcomes of people who are dying or grieving are transformed. She will conclude by considering how such alchemy is best created and sustained.

Heather Richardson is the Director of Academic Learning and Action at St Christopher’s Hospice with leadership responsibilities related to education, research and policy. She previously worked as Joint Chief Executive, then CEO of St Christopher’s for a period of eight years. In the past she has held the role of National Clinical Lead for Hospice UK, and worked as Clinical Director, then Strategy Advisor to St. Joseph’s Hospice in East London. She is a general and mental health nurse and has a PhD focused on user experience of hospice care. She currently serves as an honorary professor in palliative care at Lancaster University and a senior research fellow at Harris Manchester College in Oxford. She is a member of the London Clinical Senate and a trustee of Hospice Care Kenya. In the past she has received the International Palliative Nurse of the Year award issued by the International Journal of Palliative Nursing and other awards related to her role in innovation in healthcare.



Dr. Stephen Ashford (Host)

Dr Stephen Ashford is Reader in Rehabilitation, King’s College London and a Consultant Physiotherapist, London North West University Healthcare NHS Trust. He delivers and leads the regional specialised outreach service for North West London and surrounding counties, including the management of spasticity and complex physical management encompassing management for those with a Prolonged Disorders of Consciousness. He has developed with local, national, and international colleagues a programme of research, which builds strongly on his clinical expertise in management of spasticity and the physical aspects of neurological rehabilitation.

Guest Speakers



Prof. Matthew Maddocks

Matthew is Professor of Health Services Research and Rehabilitation at King's College London and physiotherapist in palliative and end of life care. He leads a team undertaking applied clinical and health services research that advances rehabilitation and palliative care for people with serious illness, through improved management of complex symptoms including breathlessness, fatigue, weakness, and syndromes including cachexia, sarcopenia and frailty.



Dr. Lisa Brighton

Dr Lisa Jane Brighton has a BSc in Psychology from the University of Bath, and an MSc in Palliative Care and PhD in Health Services Research from King's College London. She began working at the Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation at King's College London in 2014. Lisa's research has focused on complex interventions including rehabilitation for people living with chronic respiratory disease, holistic services for people with chronic breathlessness, and communication skills training for healthcare professionals. Lisa also co-developed the first online forum for public involvement in palliative care research, and co-chaired the Cicely Saunders Institute public involvement executive group 2018-2020. From 2022-2023 Lisa completed an ESRC post-doctoral fellowship in the Department of Psychology, and has now returned to the Cicely Saunders Institute to progress her work around psychologically informed palliative care and rehabilitation.



Dr. Sabrina Bajwah

Dr Sabrina Bajwah is a Clinical Senior Lecturer in the Department of Palliative Care, Policy & Rehabilitation (King's College London). Dr Bajwah works clinically within the palliative care team at King's College NHS Foundation Trust and the Interstitial Lung Disease team at Guys and St Thomas' NHS Foundation Trust. Her research interests include Interstitial Lung Disease and interventions to manage breathlessness.



Dr. Charles Reilly

Dr Charles Reilly is a NIHR Advanced Clinical Academic Fellow, Consultant Physiotherapist in Chronic Respiratory Disease at King's College Hospital and Adjunct Senior Lecturer within the Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation, King's College London. Dr Reilly's clinical and research expertise focuses on the pathophysiology and non-pharmacological self-management interventions for chronic breathlessness in advanced respiratory disease.

Programme

| Time | Title | Name |
|-------------|--|--------------------------|
| 08.30-09.15 | Registration, poster and exhibition viewing | |
| 09.15-09.20 | Welcome | Prof. Richard Harding |
| 09.20-10.40 | Symposium 1: Rehabilitation in frailty and palliative care | |
| 09.20-09.50 | Palliative rehabilitation- what matters to people | Prof. Matthew Maddocks |
| 09.50-10.20 | Frailty-attuned' rehabilitation services for people with chronic respiratory disease | Dr. Lisa Brighton |
| 10.20-10.40 | Physical and postural management in prolonged disorders of consciousness | Dr. Stephen Ashford |
| 10.40-11.00 | Refreshments, poster and exhibition viewing | |
| 11.00-11.45 | Free paper session | |
| 11.00-11.15 | Embodied-cognition intervention for numerical deficits (acalculia) after a stroke/ brain-injury | Yael Benn |
| 11.15-11.30 | The impact of delays in transfer to specialist rehabilitation on outcomes in patients with acquired brain injury | Lloyd Bradley |
| 11.30-11.45 | Employers' needs when supporting stroke survivors returning to work: a mixed-methods study | Kristelle Craven |
| 11.45-13.30 | AGM (SRR), lunch, exhibitors and poster viewing | |
| 13.30-14.00 | Philip Nichols Lecture: <i>"Alchemy and its place in advancing palliative care"</i> | Prof. Heather Richardson |
| 14.00-15.00 | Symposium 2: Management of breathlessness for activity and quality of life | |
| 14.00-14.30 | SELF-BREATHE for Chronic Breathlessness in advanced disease | Dr. Charles Reilly |
| 14.30-15.00 | Breathlessness management in Interstitial Lung Disease (ILD) | Dr. Sabrina Bajwah |
| 15.00-15.30 | Refreshments, poster and exhibition viewing | |
| 15.30-16.30 | Free paper session | |
| 15.30-15.45 | Optimising independence and quality of life in palliative care: A consensus study adapting the Action Falls Multifactorial Falls Prevention Programme for hospices | Frances Allen |
| 15.45-16.00 | Improving clinician's treatment specification through adoption of the Rehabilitation Treatment Specification System (RTSS) | Jamie Gibson |
| 16.00-16.15 | Effectiveness of conservative non-pharmacological interventions in people with muscular dystrophies: a systematic review and meta-analysis | Enza Leone |
| 16.15-16.30 | Vestibular disorders give rise to communication difficulties in adults: results of a UK wide survey | Sylvia Taylor-Goh |
| 16.30-16.55 | Panel discussion: <i>Models of rehab delivery - managing deterioration</i> | All invited speakers |
| 16.55-17.00 | Prizes Close of conference | |



Abstract Booklet

(Arranged in alphabetical order by presenting author surname, by presentation type)

Free Paper Oral Presentations, pages 6 - 13

Research Poster Presentations 1 (Dinwoodie 1 & 2), pages 15 - 25

Work in Progress Posters, pages 27 - 35

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Embodied-cognition intervention for numerical deficits (acalculia) after a stroke/ brain-injury

Yael Benn¹, Berzan Cetinkaya², Maryam Hussain², Verena Christin Pavel¹, George Kountouriotis¹, Tam Dibley¹, Mark Jayes¹, Paul Conroy³

¹Manchester Metropolitan University, Manchester, United Kingdom. ²University of Manchester, Manchester, United Kingdom. ³Trinity College Dublin, Dublin, Ireland

Name of Submitter

Yael Benn

Abstract

Background: Acalculia is an acquired deficit in numerical skills affecting 30-65% of stroke/brain-injury survivors. The condition negatively impacts independence (e.g. traveling, managing money, counting medications) and wellbeing.

Despite the availability of several assessments, acalculia is not routinely screened for, and a recent systematic review identified only 15 English-language published interventions for acalculia, with a total of N=30 patients. All interventions were delivered individually (i.e., none utilised group settings), most were tailored to individual patients' deficits (only two reported 'standard' treatment), and interventions largely relied on old-fashioned 'drill' strategies.

Methods: A mixed-methods study examining the feasibility of a group-based acalculia intervention was developed using the principles of embodied-cognition (i.e., combining physical engagement with cognitive concepts). Patients (N=4) took part in six-weekly 45-minute group sessions involving games and activities with numbers, accompanied by congruent movements. Following a 4-week break, N=3 took part in three further sessions. Performance on number skills (theoretical: EC301 and functional: FNA) was collected before the intervention (T0), after six weeks (T1) and after further three weeks (T2). Qualitative data were collected 3-months post-intervention using semi-structured interviews with two patients.

Results/Findings: Substantial improvements were observed on all measures at both T1 and T2. Qualitative findings emphasised the importance of group-settings, and the positive impact of playful learning on cognition, engagement, learning, and confidence.

Discussion and conclusions: Playful group therapy integrating modern educational theories is feasible and can be effective for improving numerical skills and wellbeing. Future work should evaluate the impact of combining movement and cognitive rehabilitation to improve patients' outcomes.

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The impact of delays in transfer to specialist rehabilitation on outcomes in patients with acquired brain injury

Lloyd Bradley

Royal Hospital Neurodisability, London, United Kingdom

Name of Submitter

Lloyd Bradley

Abstract

Background

Inpatient specialist rehabilitation is both clinically and cost effective following acquired brain injury (ABI). There may be delays in transferring ABI patients from acute services to rehabilitation settings. The goal of this study was to establish the impact of these delays on patient outcomes.

Methods

A retrospective case series of 407 admissions to an ABI service comparing cohorts with moderate (≤ 100 days) and prolonged (> 100 days) waits for admission from the point of injury for their baseline status (tracheostomy, enteral feeding, prior surgical intervention, diagnostic category), complexity (PCAT), care needs (NPDS) and outcomes (change in FIMFAM, length of stay).

Results/Findings

Apart from age, there were no differences in baseline characteristics or prior interventions between moderate and long waiters. Although there was no difference in mean length of stay, moderate waiters made significantly greater functional improvements and experienced a greater reduction in their care needs than long waiters in terms of their change in mean FIMFAM (23 vs 14, $t=3.78$ $p=.00$) and NPDS (13 vs 8, $t=3.29$ $p=.00$) scores during admission.

Discussion

The similarity in baseline status suggests that the differences in outcomes between the 2 groups are not simply the result of the long waiters having already progressed and changed by the point of admission to rehabilitation. The differences in outcomes are not explained by pre-morbid interventions or medical/diagnostic status.

Conclusion

Prolonged waiting for admission to rehabilitation for patients with ABI has a negative impact on their outcome demonstrating the need to ensure rapid transfer from acute services to inpatient rehabilitation services.

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Employers' needs when supporting stroke survivors returning to work: a mixed-methods study

Kristelle Craven, Jade Kettlewell, Blanca De Dios Pérez, Caolan Senior, Katie Powers, Jain Holmes, Kathryn Radford
University of Nottingham, Nottingham, United Kingdom

Name of Submitter

Kristelle Craven

Abstract

Background

Nearly 40% of stroke survivors stop working post-stroke. Employers do not always have necessary knowledge/skills or guidance (e.g., from vocational rehabilitation [VR] providers) needed to support stroke survivors. Aim: Explore employers' needs for provision of post-stroke return-to-work (RTW) support.

Method

Participants recruited through voluntary response/purposive sampling. Quantitative survey of employers (n=50). Dependent variables included knowledge of stroke and RTW process, and perceived competency for supportive actions. Regression analyses explored relationships between demographic/contextual characteristics (e.g., age, organisation size) and total scores representing dependent variables. Interviews (n=7) with stroke survivors, employers, and occupational therapists explored factors influencing employers' RTW support for stroke survivors. Interview data were analysed using framework analysis. Findings were synthesised using the triangulation protocol.

Results/Findings

Employers' support was influenced by stroke survivors' decisions to disclose stroke-related limitations (e.g. fatigue), employers' knowledge regarding roles/responsibilities, employers' communication skills, and information provision through healthcare systems. Regression analyses demonstrated employers' knowledge of stroke and/or the RTW process was positively associated with Human Resources/Occupational Health support, working in large organisations, and/or post-stroke RTW experience. Experience was positively associated with perceived competency for supportive actions ($\beta=31.13$, $p<0.001$).

Discussion and Conclusion

Employers' RTW support for stroke survivors was influenced by personal- (e.g., stroke survivors' disclosure) and environmental-level factors (e.g., information via healthcare systems). Employers may benefit from education/guidance from VR providers or standalone resources regarding stroke, their roles/responsibilities, and appropriate ways of obtaining information on stroke survivors' rehabilitative progress/prognosis. Improving employers' RTW support could improve stroke survivors' employment rates worldwide.

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Optimising independence and quality of life in palliative care: A consensus study adapting the Action Falls Multifactorial Falls Prevention Programme for hospices

Trudi Cameron, [Frances Allen](#), Pip Logan
University of Nottingham, Nottingham, United Kingdom

Name of Submitter

Trudi M Cameron

Abstract

Background

Falls among hospice patients pose significant challenges including loss of confidence, serious injury and reduced quality of life. The Action Falls programme, a Multifactorial Falls Prevention intervention developed in care homes, showed a reduction in falls by 43% in a clinical trial. This study built in this success and aimed to adapt the risks and actions checklist for the unique challenges presented in hospices.

Method

The RAND UCLA appropriateness consensus method, engaged a diverse expert panel. Three iterative rounds aimed to establish consensus on the appropriateness and necessity of each of six risk categories and 51 associated actions.

Survey one: risk categories of; history, behaviour, intake, intrinsic factors, mobility, and environment and the associated actions rated for appropriateness for inclusion in an adapted list. Descriptive statistics prioritised items for discussion in the subsequent focus group.

Focus group: explored variations in survey scores and differences between end-of-life care versus symptom control. Transcript analysis informed the construction of an amended checklist for the final survey.

Final survey: a final assessment and score of appropriateness and necessity of the amended items.

Results

Thirteen experts from four hospices in the UK participated between September-November 2023. Results indicated high agreement on mobility and environment categories, while intrinsic and intake categories presented challenges, particularly in differentiating care for patients in the last days of life versus those receiving symptom control.

Discussion and conclusion

This consensus study lays the groundwork for the adaptation and implementation of an Action Falls programme, specifically tailored for the hospice setting.

Improving clinician's treatment specification through adoption of the Rehabilitation Treatment Specification System (RTSS)

Jamie Gibson, Gareth Jones

Guy's & St Thomas' NHS Foundation Trust, London, United Kingdom

Name of Submitter

Jamie Gibson

Abstract

Background

Deficiency in the quality of clinicians' rehabilitation treatment specification impairs identification of the causative elements of treatment. The standardized treatment theory language of the rehabilitation treatment specification system (RTSS) is a promising countermeasure. To date though, the clinical practice effects of trained clinicians using the RTSS are unknown.

Method

Design: Observational cohort study.

Setting: UK acute-care hospital.

Participants: Inpatient physiotherapists ($n=26$; Elective Orthopaedics, Head and Neck Surgery, Older Persons Medicine).

Interventions: Ten, one-hour, weekly teaching including lectures and case-based learning. Lectures introduced RTSS constructs and its application to case examples as well as documentation workshops & e-learning.

Outcome Measure(s): Pre-intervention, post-intervention, and two-month follow-up assessments of RTSS Adoption using frequency-count of controlled-vocabulary in case-notes; Clinical Reasoning using the Self-Assessment of Clinical Reasoning and Reflection (SACRR) tool and a Clinical Reasoning Rubric to assess case-note quality.

Results/Findings

There were modest but significant increases in median total controlled-vocabulary observed in case-notes within all clinical teams. For all PTs there was significant improvement in median (IQR) total SACCR scores [pre-intervention (96.0 (93.8-101.3)), post (102.0 (96.8-104.0)), follow-up (102.0 (97.0-105.0))] [$\chi^2(2)=9.051$, $p=0.011$], but no significant change within any team. While there were no significant differences in clinical reasoning quality according to the rubric in the Orthopaedic or Older Persons teams' case-notes, there were in the Head and Neck Team for problem lists [$\chi^2(2)=13.148$, $p=0.001$] and treatment goals [$\chi^2(2)=6.593$, $p=0.037$].

Discussion and Conclusion

The 10-week teaching program demonstrated efficacy in improving adoption and clinical reasoning in three diverse PT rehabilitation specialisms.

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Effectiveness of conservative non-pharmacological interventions in people with muscular dystrophies: a systematic review and meta-analysis

Enza Leone¹, Alison Rogers¹, Richa Kulshtrestha², Jonathan Hill³, Anand Pandyan⁴, Fraser Philp⁵

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Name of Submitter

Enza Leone

Abstract

Background:

Management of muscular dystrophies (MD) relies on conservative non-pharmacological treatments, but evidence of their effectiveness is limited and inconclusive. This systematic review and meta-analysis aimed to investigate the effectiveness of conservative non-pharmacological interventions for MD physical management.

Method:

This systematic review and meta-analysis followed PRISMA guidelines and searched MEDLINE, CINAHL, Embase, AMED and CENTRAL (inception to August 2022). Effect size (ES) and 95% confidence intervals quantified treatment effect.

Results:

Of 31,285 identified articles, 39 studies (957 participants), mostly at high risk of bias, were included. For children with Duchenne muscular dystrophy (DMD), trunk-oriented strength exercises and usual care were more effective than usual care alone in improving distal upper-limb function, sitting and dynamic reaching balance (ES range: 0.87 to 2.29). For adults with Facioscapulohumeral dystrophy (FSHD), Vibratory Proprioceptive Assistance and Neuromuscular Electrical Stimulation respectively improved maximum voluntary isometric contraction and reduced pain intensity (ES range: 1.58 to 2.33). For adults with FSHD, Limb-girdle muscular dystrophy (LGMD) and Becker muscular dystrophy (BMD), strength-training improved dynamic balance (sit-to-stand ability) and self-perceived physical condition (ES range: 0.83 to 1.00). A multicomponent program improved perceived exertion rate and gait in adults with Myotonic dystrophy type 1 (DM1) (ES range 0.92 to 3.83).

Discussion and Conclusion:

Low-quality evidence suggests that strength-training, with or without other exercise interventions, may improve perceived exertion, distal upper limb function, static and dynamic balance, gait and well-being in MD. Although more robust and larger studies are needed, current evidence supports the inclusion of strength-training in MD treatment, as it was found to be safe.

Vestibular disorders give rise to communication difficulties in adults: results of a UK wide survey

Sylvia Taylor-Goh

Sheffield Hallam University, Sheffield, United Kingdom. Relational Communication Practice Ltd, London, United Kingdom

Name of Submitter

Sylvia Taylor-Goh

Abstract

Background

The study explored how vestibular disorders affect day-to-day communication and the impact upon daily life. Despite anecdotal evidence that understanding, speaking, reading, and written communication can be affected, there is no published research in this area.

Method

A 35-item cross-sectional survey, employing both purposive and convenience sampling of UK adults with vestibular disorders. Administered electronically through Qualtrics software, the survey included closed and open items across six sections. Descriptive and correlation statistics were used to analyse the survey data.

Results

Of the 117 eligible responses, the majority were female (94/117, 80%), mean age was 54 years (SD=12.6). Among the respondents, 69/117 (54%) reported hearing loss. In terms of employment, 54/117 (45%) were working, while 37/117 (32%) were not working due to their medical condition.

Most respondents reported experiencing more than one vestibular disorder. Vestibular Migraine was the most frequent diagnosis (46/117, 39%), then Meniere's Disease (31/117, 27%), and PPPD (30/117, 26%). Concomitant medical conditions included Anxiety (34/117, 29%), Migraine (34/117, 29%), Depression (21/117, 18%), and Neurological Conditions (25/117, 20%). Only (5/117, 4%) had seen a speech and language therapist.

Communication difficulties were pervasive, affecting the majority of respondents (111/117, 95%). Specifically, 108/117 (97%) reported difficulties with understanding, 100/117 (90%) with talking, 81/117 (73%) with reading, and 71/117 (61%) with written communication. These difficulties significantly impacted daily life, affecting activities, social interactions, mood, and mental health for between 76% and 87% of the respondents.

Conclusion

Heightened awareness regarding the impact of vestibular disorders on communication and participation is crucial for both affected individuals and clinicians.

Research Poster Presentations

Research Poster Presentations (Dinwoodie 1 & 2) pages 15 - 25

1. *The narrative intersectionality as a rehabilitation approach for disadvantaged groups.*

Amani Alnamnani

2. *Providing a more person-centred approach to neurorehabilitation: the value and impact of healthcare professionals who have heard life-altering medical news.* **Neil Bindermann**

3. *My A-T Pack: a qualitative exploration of the views and perspectives of families to coproduce a family-owned pack relevant to the lives of children and young people living with Ataxia telangiectasia.*

Munira Khan

4. *Life after long COVID: Investigating EuroQol (EQ-5D) as a Candidate Patient Reported Outcome Measurement (PROM) Tool.* **Sarah Lake**

5. *Usability and content validity of five different non-immersive gamified home-based exercises for stroke survivors reported by expert physiotherapists.* **Hatem Lazem**

6. *Speech and language therapy for persons aged 80 years and over: what can real-world data tell us?* **Kathryn Moyse**

7. *Anxiety, Depression and Health-Related Quality of Life among Breast Cancer Patients in Tertiary Hospitals in Rivers State, Nigeria.* **Temitope Esther Olamuyiwa**

8. *Music.ALS: Music Therapy to Improve Breathing, Speech, Swallowing and Cough in Amyotrophic Lateral Sclerosis.* **Alex Street**

9. *Hand rehabilitation designs should consider people with poor hand function due to spasticity: An observational study.* **Chioma Wodu**

10. *Perceived low dose of hand rehabilitation in the early stages after a stroke: A Qualitative study.* **Chioma Wodu**

The narrative intersectionality as a rehabilitation approach for disadvantaged groups

AMANI ALNAMNAKANI, Hussain Albarqi
Ministry of Health, Riyadh, Saudi Arabia

Name of Submitter

AMANI ALNAMNAKANI

Abstract

Background

Rehabilitation is a highly person-centred health strategy, meaning that the interventions selected for each individual are targeted to their needs and preferences. Disadvantaged groups experience a higher risk of social exclusion, discrimination and violence than the general population due to their multiple identities. They have socially recognized races, genders and religious traditions, and these factors interact in dynamic and interconnected ways to shape their experiences with disability. However, considering the impact of such intersections is overlooked. The aim was to explore how using the narrative intersectionality approach in rehabilitation can improve the quality of life for disadvantaged disabled people.

Method

Multiple narrative interviews were utilised with Zara, a niqab-wearing HIV-positive woman. Data were analysed by a narrative intersectionality approach which explored how Zara experienced her multiple identities at the HIV clinic.

Findings

Zara described experiencing stigma which led her to miss her appointments and the medicine that she described would save her life. If healthcare providers had engaged Zara in conversation they would have discovered that her problem related to her intersectional identities, as a niqab-wearing HIV-positive woman, and the stigma associated with the neglected category of her identity when sitting in the waiting room, not the quality of the service or the medicine itself.

Conclusion

Using the narrative intersectionality approach in the assessment and intervention practices through the rehabilitation process can consider the complex challenges faced by people living at the intersection of multiple identities in their everyday lives. This understanding could result in providing more person-centred rehab and improve patients' quality of life.

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Providing a more person-centred approach to neurorehabilitation: the value and impact of healthcare professionals who have heard life-altering medical news.

Neil Bindemann, Anita Rose

Person-Centred Neuroscience Society, London, United Kingdom

Name of Submitter

Neil Bindemann

Abstract

Background

Receiving a diagnosis of a life-altering medical condition or experiencing a physical trauma can lead to adverse effects on a person's wellbeing. Addressing a person's wellbeing is a fundamental aspect of a rehabilitation service. Wellbeing is unique to individuals, as is the experience of a neurological change regardless of the diagnosis or nature of the physical trauma. Therefore, we could hypothesize it is likely that the same diagnosis or injury will affect people differently. Furthermore, it is argued that giving a life-altering diagnosis is a traumatic experience, not only for the person receiving the news but also for the person giving the news. Such hypotheses suggest the need of a more person-centred care approach when breaking bad news. To explore this further a group of healthcare professionals (HCPs) who had received a diagnosis of a neurological condition were interviewed about their experience. Being HCPs meant they also could reflect on their experience of breaking difficult news, making this research unique.

Method

HCPs, diagnosed with a neurological condition, were invited to a "Zoom roundtable". A qualitative interview approach was utilised, and the transcript was analysed for themes.

Results

Themes raised during discussion were: False Optimism: Hope, Language, Honesty, Shared Responsibility, Preparation, Empower, Safe, Realistic, Time, Individualistic, Engaged, Empathy. These occurred in both the experience of receiving and in giving a diagnosis/prognosis.

Various practical steps in providing more person-centred rehab services were generated.

Conclusion

The results from this research acknowledges the significance of learning from people who have experiences of receiving and hearing life-altering medical news.

My A-T Pack: a qualitative exploration of the views and perspectives of families to coproduce a family-owned pack relevant to the lives of children and young people living with Ataxia telangiectasia.

Munira Khan¹, Dr Lisa Bunn¹, The A-Team Collaborative²

¹University of Plymouth, Plymouth, United Kingdom. ²<https://osf.io/edzn3/>, United Kingdom, United Kingdom

Name of Submitter

Munira Khan

Abstract

Background: Ataxia Telangiectasia (A-T) is a rare genetic condition, primarily affecting the neurological, immunological, and pulmonary systems. In the absence of a cure, people living with A-T require coordinated multidisciplinary care to manage their complex needs. This often leads to families working with a range of different professionals, and feeling burdened by the amount of information and coordination of care that they have to manage. With the aim to coproduce a family-owned healthcare pack to promote person-centered care and self-management, this study explored the views of families to coproduce 'My A-T Pack'.

Methods: A qualitative research study design was employed, using focus groups with two children and eight parents of children and young people with A-T. Data was analysed using the Framework Method. The final themes and subthemes were inferred by reviewing the data matrix framework and connecting conceptually related ideas and categories.

Results: Three themes (and 21 subthemes) were generated: 1) accessing, managing, organising, and sharing information with others, 2) pack content, and 3) design features; offering an insight to families' needs and views.

Conclusion: This study gathered views and perspectives of children with A-T and their families for the development of a healthcare pack. This study supports the idea that the pack has potential as an information sharing and record keeping resource, and as a means to support communication between families and professionals for coordinated care. This study is an important contribution to the current understanding of families' experiences of managing care and the need for a more robust and organised system of management.

Life after long COVID: Investigating EuroQol (EQ-5D) as a Candidate Patient Reported Outcome Measurement (PROM) Tool

Sarah Lake¹, Harsha Master², Dan Bowyer², Melissa Heightman³, Andrew Bateman¹

¹School of Health and Social Care, University of Essex, United Kingdom. ²Hertfordshire Community NHS Trust, Hertfordshire, United Kingdom. ³Long COVID program, NHS England, United Kingdom

Name of Submitter

Sarah Lake

Abstract

Background

Selection of assessment scales for long COVID has been complicated by the novelty of the condition. This has hindered the establishment of routine data collection by service providers. We examined data collected using the EQ-5D. We sought to establish baseline and discharge profiles and if it could be useful in long COVID clinics generally.

Method

A long COVID clinic in Hertfordshire implemented EQ-5D as a baseline and final assessment. Analyses as proposed by Devlin et al, including Health State Density Curves, profile frequency and index score calculations, enabled comparison to existing datasets from other conditions.

Results

Over three years, N=621 people were assessed on two assessment occasions. 'Usual activities' was identified as the dimension most affected by long COVID (M=2.76 at initial assessment). This domain showed the greatest improvement over the course of care, the percentage of people reporting minimal or no problem increasing from 34.2% to 68.5%. The health utility index mean score climbed from 0.615 to 0.735 indicating a general overall improvement in quality of life.

Discussion and conclusion

The results showcase the adaptability of EQ-5D within long COVID clinic settings by demonstrating ability to provide insights into effects of the condition as well changes while under the care of a clinic. This dispels initial uncertainties regarding its effectiveness as it didn't exhibit any floor or ceiling effects and was consistent with published datasets. Disruption in "Usual Activities" provides a focal point for future rehabilitative efforts, especially considering the observation of improvement in this dimension. Future research into subgroups and demographics will follow

Usability and content validity of five different non-immersive gamified home-based exercises for stroke survivors reported by expert physiotherapists

Hatem Lazem^{1,2}, Abi Hall¹, David Harris³, Maedeh Mansoubi¹, Sallie Lamb¹, Carlos Bandeira de Mello Monteiro⁴, Helen Dawes¹

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Name of Submitter

hatem youssef mohammed lazem

Abstract

Background: Gamified exercises can be effective in telerehabilitation. This study explores the potential of repurposing established gaming systems, by evaluating with neurological physiotherapists, the usability and content validity of five gamified exercise platforms for stroke rehabilitation.

Method: Eleven physiotherapists from five countries experienced in neurorehabilitation participated online. They evaluated five non-immersive games, previously assessed in non-stroke populations, to improve upper limb functions and trunk control after stroke. Usability was assessed using the System Usability Scale (SUS). Content validity and suitability were evaluated through a bespoke state evaluation questionnaire against eight criteria using a Likert scale with open-ended questions and analysed using average content validity index (CVI-AVE), item content validity index (I-CVI), and qualitative content analysis.

Results/Findings: Physiotherapists perceived the usability of three games as good to excellent, median SUS=80%, and poor for two games SUS<68%. Three of the five games were suitable and valid to be part of stroke telerehabilitation CVI-AVE>0.8. Item analysis demonstrated that safety of exercises, suitability for balance training from a standing position, and suitability for upper limb training were valued highest in the five games, (mean I-CVI=0.96, 0.83, 0.90 respectively). Items suggested for improvement were clear instruction, accuracy of movement detection and hand recognition, exercise safety, movement quality, virtual features, and designing variety of exercise scenarios with automated progression to keep the patient motivated and adherent to their home rehabilitation program.

Discussion and Conclusion: Games developed for other conditions can be adapted and repurposed for use after stroke. Physiotherapists can use and deliver most of the games as stroke telerehabilitation tools.

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Speech and language therapy for persons aged 80 years and over: what can real-world data tell us?

Kathryn Moyse¹, Pamela Enderby², Sarah Lambert¹, Judith Broll¹

¹RCSLT, London, United Kingdom. ²University of Sheffield, Sheffield, United Kingdom

Name of Submitter

Kathryn Moyse

Abstract

Background

The NHS Long Term Plan makes commitments to supporting older people living with frailty and multiple long-term conditions.

One way to explore rehabilitation provision to these patients is the collection of real-world data (RWD).

The Royal College Speech and Language Therapists Online Outcome Tool (ROOT) supports speech and language therapy (SLT) services to collect data on individuals receiving services. This RWD provides evidence about usage, variation and potential benefits of service provision.

Method

Datasets for persons aged 80 years and older were extracted from the ROOT and descriptively analysed.

Results/Findings

The ROOT contains data on over 77,000 people, 1561 of whom are aged 80 years or older. The findings show that:

- The primary focus of SLT rehabilitation for most people was dysphagia (73.5%).
- 60.3% of people had at least two medical diagnoses recorded.
- Stroke was the most common primary medical diagnosis (17.5%), followed by 'unspecified dementia' (11.3%) and Parkinson Disease (6.2%).
- 81.1% of people improved in one or more domains of the Therapy Outcome Measure (impairment, activity, participation or well-being).

Discussion

RWD from the ROOT indicate that:

- This population is complex, with high levels of multimorbidity.
- Primarily, SLT rehabilitation is focused on managing eating, drinking and swallowing needs.
- SLT input can have a positive impact on at least one of the four TOM domains.

There are implications for education and training of the workforce, and the design and delivery of services.

Conclusion

The ROOT enables the SLT profession to examine the profile and outcomes of non-selected patients, thereby complementing the research evidence.

Anxiety, Depression and Health-Related Quality of Life among Breast Cancer Patients in Tertiary Hospitals in Rivers State, Nigeria

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Name of Submitter

Temitope Esther Olamuyiwa

Abstract

Background: Depression and anxiety are common among people with life-limiting illnesses; when symptoms are undiagnosed, they are likely to suffer poor quality of life. This study assessed the relationship between the level of anxiety, depression, HRQOL among women with breast cancer. **Methods:** This was a descriptive longitudinal study, conducted over a period of 8 months among 254 breast cancer patients in tertiary hospitals in Rivers State, Nigeria. They were assessed at diagnosis, 4 months, 8 months using HADS subscales and the EORTC QLQ-C30 and QLQ-BR23 Questionnaire. p-value was set at ≤ 0.05 . **Results:** HADS Subscales scores were relatively high. The level and mean of anxiety (67.3%, 8.93 ± 3.85), (68.9%, 9.02 ± 3.81), (66.4%, 8.87 ± 3.87) at baseline, 4 months, 8 months respectively. The level and mean of depression (60.2 %, 7.44 ± 3.91), (63.0%, 7.83 ± 4.19) and (60.3%, 7.64 ± 4.20) at baseline, 4 months, 8 months respectively; the mean HRQOL 4.39 ± 0.88 , 4.33 ± 0.89 and 5.45 ± 0.50 respectively. There was a statistically significant difference in mean anxiety between 4 months and 8 months and in the mean level of depression over time. There was a negative relationship between HRQOL and anxiety at baseline and 4 months ($r = -.334$, $.316$, $p = 0001$) and depression ($r = -.458$, $.391$, $.259$, $p = .0001$), indicating patients with anxiety and depression had lower health-related QOL. **Discussion and Conclusion:** It is imperative to include an assessment of anxiety and depression at diagnosis and during management which will necessitate inclusion of basic interventions to reduce mental health problems among breast cancer patients with a view to improving their QOL.

Music.ALS: Music Therapy to Improve Breathing, Speech, Swallowing and Cough in Amyotrophic Lateral Sclerosis

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Name of Submitter

Alisa T. Apreleva Kolomeytseva

Abstract

Background

Respiratory dysfunction and bulbar dysfunction, such as dystussia (disordered cough), dysphagia (difficulty swallowing) and dysarthria (motor speech disorder), have a major impact on mental health, quality of life and longevity in amyotrophic lateral sclerosis (ALS). Non-invasive ventilation, gastrostomy feeding and medications such as riluzole, edaravone and relyvrio, are the only methods to decrease the rate of functional decline. In the absence of a curative treatment, a wider range of rehabilitative options has to be considered, increasing quality of life and slowing the disease progression.

Method

Music therapy (MT) is the clinical application of music and its elements to improve human health. The innovative home-based music therapy protocol was designed to sustain bulbar and respiratory functions of persons with early and mid-stage onset ALS. It was delivered to seven participants twice-weekly for six weeks as a part of a 16-week ABA mixed methods study. Feasibility data (recruitment, retention, adherence, tolerability, self-motivation and personal impressions) and 34 biomedical outcome parameters for bulbar and respiratory changes were assessed.

Findings

The data analysis suggests that the protocol was safe to use in early- and mid-stage ALS. Mean trends for most biomedical outcome parameters demonstrate that the participants' bulbar and respiratory functions were sustained or improved during the treatment period.

Discussion and conclusion

The study protocol was feasible, though minor modifications of the recruitment criteria and biomedical outcome measures can be recommended. A pilot study utilising the modified protocol is called for, followed by a randomised controlled trial to assess the clinical effectiveness of the innovative MT treatment.

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Hand rehabilitation designs should consider people with poor hand function due to spasticity: An observational study

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Name of Submitter

Chioma Wodu

Abstract

Background

The functional use of the hand is affected in 75% of those who suffer a stroke as a result of lingering mobility impairment. There are several rehabilitation technologies that aim to improve the functions of the hand in stroke survivors. In this study, we observed how stroke survivors with poor hand function interacted with some of these hand technologies.

Method

Twenty-nine (29) participants included in this study engaged in an eight-week rehabilitation intervention at a technology-enriched rehabilitation gym. The participants spent 50 to 60 minutes of the two-hour session in the upper limb gym at least twice a week. Each participant communicated their rehabilitation goals, and an action research arm test (ARAT) was used to categorize their levels of hand impairment (poor, moderate, and, good). Participants with poor hand function were observed interacting with three rehabilitation devices focusing on hand function; Gripable™, Neuroball™, and Peg board.

Results

Of the twenty-nine ((n=29) participants, 10/29 (34%) had poor hand function, 17/29 (59%) had moderate hand function, and 2/29 (7%) had good hand function. Of the 10 with poor hand function, 8/10 (80%) could not interact with any of the hand-based technologies. This was either due to the presence of muscle tone/stiffness or weakness.

Conclusions

Not all stroke survivors with impairments in their hands can make use of the available hand rehabilitation technologies. With spasticity observed as impeding the usage of hand rehabilitation technologies, there is a need for hand rehabilitation device designs to consider people with poor hand function as a result of spasticity.

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Perceived low dose of hand rehabilitation in the early stages after a stroke: A Qualitative study

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Name of Submitter

Chioma Wodu

Abstract

Introduction

One aspect that is impaired in stroke survivors is the functional mobility of their upper limb/hand. This study is aimed at examining if stroke survivors are provided with adequate opportunities for upper-limb/hand rehabilitation in the early stages after stroke.

Method

This qualitative study used a one-on-one semi-structured interview method. A total of 9 Rehabilitation Professionals (RP) (physiotherapist n=6, occupational therapist n=3), mostly recruited from the distribution list of the Scottish Stroke Allied Health Professional Forum (SSAHPF) participated. Interviews were held either in person or via videoconferencing, recorded, and recordings transcribed verbatim. Interview questions were approved by the Department Ethics Committee. All transcribed data were analyzed using thematic analysis, with an inductive approach where themes were determined based on the data.

Results

The 9 RP with an average length of practice years of 24.7 ± 9.8 and 16.44 ± 9.19 experience in stroke/neurological rehabilitation, when asked about the availability of adequate opportunities for hand rehabilitation, noted that priority is not given to hand rehabilitation. The reasons for the low dose of hand rehabilitation in the earlier days after a stroke in an In-Patient setting were associated with rehabilitation goals/ priorities of stroke survivors, RP or rehabilitation clinic, inadequate resources, increase in stroke prevalence. In the outpatient settings, it was attributed to the cost of private rehabilitation and poor knowledge of relevant rehabilitation devices.

Conclusion

Hand rehabilitation during the early days after a stroke should be prioritized and stroke survivors be educated on the relevant rehabilitation devices they can use to support self-rehabilitation before discharge

Work in Progress Posters

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Standardising the Management of Neurogenic Bowel Dysfunction: An Individualised Approach

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Name of Submitter

Anastasia Adams

Abstract

Background:

Neurogenic bowel dysfunction (NBD) refers to faecal incontinence, constipation and disordered defecation secondary to neurological disease. NBD can significantly reduce quality of life with impacts on physical, psychological, and social function, and can be time-consuming and resource-intensive for patients and nursing staff. This multidisciplinary-led QIP on the Charing Cross Neurorehabilitation Unit (CNRU) aimed to understand challenges in optimising bowel care and standardise bowel management with a simplified protocol.

Method:

An audit was conducted including admissions between 01/09/23-30/11/23. This quantified the prevalence of NBD among CNRU patients and evaluated current standards of bowel management compared to Multidisciplinary Association of Spinal Cord Injury Professional (MASCIP) guidelines. Knowledge of NBD and awareness of guidelines was assessed via nursing surveys.

Results/Findings:

Out of 42 patients admitted, 71% experienced bowel problems, including in patients with spinal cord injury (87.5%), peripheral nerve disorders (80%), and stroke (74%). Surveys found that 60% of nursing staff did not feel confident in their knowledge of NBD and its management.

Discussion and Conclusion:

This highlighted the need for teaching and user-friendly guidance. After 3 weeks of teaching, repeat surveys revealed 100% of nursing staff felt confident in their knowledge of NBD. Personalised bowel plans were developed with illustrations and easy-to-understand language for patients, caregivers and nursing staff. This is currently being implemented with plan for impact evaluation including patient-reported outcomes via the Neurogenic Bowel Dysfunction Score. If effective, these plans will be integrated into routine practice on the unit with possibility to extend to other Neuroscience departments within the Trust and guide national policy.

Pilot study to evaluate MUSic therapy In Complex Specialist neuro-rehabilitation (MUSICS).

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Name of Submitter

Sara Ajina

Abstract

Background: Evidence suggests music interventions can enhance neuroplasticity and wellbeing after brain injury as well as return of speech, motor skills, and cognition. While music interventions are identified as important by patient and carer groups, they are rarely commissioned due to lack of clinical/cost effectiveness evidence.

Primary objective: What is the impact of addition of music therapy compared to usual care during specialist inpatient rehabilitation on: Primary Outcome: Functional independence (FIM_FAM), care costs; Secondary Outcome: Quality of life, well-being, social interaction, psychological distress, pain, communication confidence.

Secondary Objective: To explore how patients engage with and experience music therapy on their rehabilitation journeys, and how it can retain its “ripple effect” in the context of a clinical trial.

Method: Two-year mixed methods Randomised Control Trial comparing 15 hours ‘Music Therapy’ to non-music ‘Control Therapy’ (usual care). 75 patients with severe neurological injury identified on admission to NRU. Randomisation post-baseline FIM_FAM, matched for age, gender, diagnosis, time since neurological injury, baseline level of function.

Quantitative study: Pre and post-intervention primary and secondary outcome measures.

Qualitative sub-study: Audio and video recordings of music therapy sessions, field and clinical notes, semi-structured interviews, focus groups with patients, carers, and staff.

Preliminary finding: Data collection is in-progress, however preliminary qualitative research findings will be available in January 2024, with an indication of emerging themes in relation to Secondary Objective.

Discussion/Conclusion: ANCOVA (general linear model) will be used to analyse quantitative data for a difference in outcome measures. These findings hope to inform future provision of music therapy in specialist neurorehabilitation.

Acceptability of an online support group to improve physical activity for people with Huntington's disease: a qualitative study

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Name of Submitter

Shu Xiaoyi

Abstract

Background: Huntington's disease (HD) is a progressive degenerative neurological condition. Sustaining physical activities for individuals with HD poses multiple difficulties around physical and psychological engagement. To address this, the Chinese Huntington's Disease Association implemented a social media-based activity log intervention, achieving 200-400 sign-ins monthly over two years. This study aims to assess acceptability of the intervention by conducting focus groups.

Method: This study is being conducted and reported in accordance with the Consolidated Criteria for Reporting Qualitative Research. Electronically signed informed consent is being obtained from all participants.

Participants are people from HD families who either have had a positive genetic test for HD (premanifest or manifest), or who have a family member for whom they provide physical, psychological or practical support. People with or supporting someone with juvenile HD were excluded. We aim to interview 15 individuals in 4-5 groups. The interview guide is designed based on Sekhon's Theoretical Framework of Acceptability, consisting of seven domains.

Audio-recorded interviews will be transcribed verbatim, anonymised and imported to qualitative data management software (NVivo). Five-step Framework Analysis adapted from Ritchie and Spencer (1994) will be applied for qualitative data analysis. Data will be collected and initially analysed in Mandarin. The analytical framework with indexed data will be translated to English. Data charting, mapping and describing will be completed in English.

Conclusion: The findings of focus group interviews will provide perspectives on the strengths and barriers of current interventions as well as opportunities to integrate other aspects of healthy lifestyle for individuals with HD in China.

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Improving the Discharge Process and Transition between Inpatient Hospital Setting and the Community for Adults on a Level 1 Neuro-rehabilitation Unit

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United Kingdom

Name of Submitter

Hannah Li

Abstract

Background: Individually tailored discharge planning coordinated by multi-disciplinary teams has been found to improve patient outcomes with respect to length of stay, hospital readmissions and patient and caregiver satisfaction. Currently, patients discharged from the neurorehabilitation unit are seen 3-6 months post-discharge. Acknowledging feedback from the team and patients/carers, we are exploring the benefits of early contact with our service, 2 weeks following discharge.

This service evaluation aims to: 1) Initiate a 2-week post discharge 'wellbeing check' for patients, 2) evaluate whether this improves the patient and/or carer experience of discharge, 3) collect information on the potential issues which arise in the immediate transition to the community to inform our future practice.

Methods: We are in the process of collecting data from 10 patients through a proforma designed as a 2-week post discharge wellbeing check phone call. A second proforma has been designed to evaluate the experience of patients and/or carers 3 months post-discharge. The same 10 patients will be contacted, as well as 10 patients who did not receive the well-being check phone call prior to its implementation.

Findings: Preliminary findings have identified recurring themes including, difficulties navigating community services, handover of bladder and bowel management to carers, dissatisfaction with the change in intensity of therapy sessions, lack of understanding of the indications for medication, and a lack of awareness of available support groups through voluntary organisations.

Discussion: We hope that our findings will highlight weaknesses in our current discharge processes, indicating potential changes to improve the transition from neurorehabilitation to the community.

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Unlocking Rehabilitation Insights: Discussing the Data Dashboard for Quantitative Analysis

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Name of Submitter

Sarah Lake

Abstract

Background

A lack of accessible quantitative data in rehabilitation means that professionals working with a patient do not always have access to shared information, creating a disjointed foundation of knowledge surrounding best-practice. Analysis made possible by that data has become staple practice in other fields. A software application (Goal Manager®) designed to organise routinely collected data was the subject of a recent Innovation award fund to establish potential data needs and use cases for a Data Dashboard.

Method

Focus group discussions were held with 13 rehabilitation professionals to establish data needs and potential use cases for the Data Dashboard.

Findings

Preliminary thematic analysis of meeting transcripts identified six main themes: 1) The fundamental nature of outcome tracking, 2) Standardisation of therapeutic dosage and accountability, 3) Intuitive treatment plans, 4) The contextual importance of holistic care, 5) The individualistic nature of reporting needs, and 6) Attitudes towards technology. Participants indicated that analysis of rehabilitation processes had many potential applications, including service-wide monitoring, obtaining funding support, and legal considerations.

Discussion and conclusion

Discussions demonstrated potential use of the Data Dashboard in rehabilitation contexts, providing the necessary accessibility to comprehensive data currently lacking within the discipline. Subsequently, the development of the Dashboard will be aligned with the data requirements identified by rehabilitation professionals. Regarding the resource-constrained nature of many service environments currently, the Dashboard was recognised as having potential to save time and money. There was endorsement for the potential of the Dashboard in research, considering the need for more real-world research to guide the future delivery of services.

Testing the validity and reliability of field tests of exercise capacity in a population with and without Chronic Obstructive Pulmonary Disease (COPD)

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Name of Submitter

Rhona Martin-Smith

Abstract

BACKGROUND: Chronic obstructive pulmonary disease (COPD) affects millions of people in the UK. Since the COVID-19 pandemic, there has been a demand for alternative Pulmonary Rehabilitation (PR). Digital innovations are enabling PR to be delivered in residential settings using teleconferencing and wearable sensors. To enable more effective home-based PR it is important to develop exercise capacity. The aim of this research is to test the validity and reliability of field tests of exercise capacity using wearable sensors in a population with and without COPD.

METHOD: 50 healthy and 50 individuals with COPD are being recruited to take part in an exercise testing session to assess exercise capacity. Participants will undergo a selection of lab-based and field/home-based test including; 6minute walk test (6MWT), incremental shuttle walk test (ISWT), 6minute step test (6MST), 5-rep sit to stand (5REP STS), 1minute STS, 1minute Squat test (1minST), 1minute walk on the spot (1minWOTS), 1minute bent leg raises (1minBLR) and 4meter gait speed test (4MGST). Participants will have measures of heart rate and blood oxygen saturation taken throughout using a wearable sensor on their upper arm (Waire Health Cdetect) and a pulse oximeter on their finger (Masimo) and perceived exertion (Borg scale). Participants will have lung function measured using spirometry (NDD EasyOne PC) to classify severity of COPD.

RESULTS: 40/50 healthy participants have been tested to date.

DISCUSSION/CONCLUSION: Results will determine which home-based tests are most strongly correlated with lab-based tests. This will assist with testing exercise capacity in home environments for the design of home-based PR using teleconferencing.

Enhancing Rehabilitation for Children with Cerebral Palsy: Integrating Virtual Reality Tasks with Physiotherapy

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Name of Submitter

Wiktorja Ozarek

Abstract

Background: This study aims to enhance rehabilitation strategies for children with cerebral palsy (CP) by integrating virtual reality (VR) tasks with physiotherapy interventions. The research seeks to address the motor and memory skill deficits commonly observed in children with CP, with a focus on improving functional outcomes and quality of life.

Method: Children aged 6-17 diagnosed with bilateral CP (GMFCS levels III-IV) participate in a twelve-session training program over four weeks. The training utilises either the Trunk-Support-Trainer (TruST) or Static Trunk Support, combined with VR tasks designed using Unity. The study employs a motor learning-based approach with goal-directed activities and individualised sessions tailored to fit within school schedules.

Results: This study presents preliminary findings regarding the effectiveness of comprehensive physiotherapy in enhancing motor function and seated postural control. The research involved evaluating participants immediately following a series of structured training sessions. Initial observations revealed significant improvements in both gross and fine motor function, accompanied by notable enhancements in seated postural control. Furthermore, ongoing assessment of long-term outcomes is underway to elucidate the sustainability of these gains over time. The study highlights the potential of physiotherapy as an effective intervention for individuals with motor impairments, with implications for rehabilitation strategies and clinical practice. Further research is warranted to comprehensively understand the enduring benefits of such interventions.

Discussion/ Conclusion: Integrating VR tasks with physiotherapy represents a promising approach to enhance rehabilitation outcomes for children with CP. Future steps include further refinement of VR interventions and continued evaluation of their effectiveness in improving functional abilities and quality of life.

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Communication between families and health care professionals in the preparation for discharge of adults post acquired brain injury - A mixed methods case study

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University of Derby, Derby, United Kingdom

Name of Submitter

Kirsty Simpson

Abstract

Background

Effective communication prior to discharge is known to improve outcomes such as treatment adherence, lower hospital readmissions, and higher patient satisfaction, however there is a dearth of research on communication prior to discharge after ABI.

Research in discharge communication in populations of elderly adults and family caregivers is more abundant with this populations care duties often mirroring that of those with an ABI. This body of research emphasises the importance of family caregiver inclusion in discharge planning and the families own personal needs at point of discharge with a direct correlation between patient and family satisfaction with discharge planning and positive health outcomes.

It is therefore important to understand the discharge communication for family members of patients with an ABI. A comprehensive overview of current processes would give insight into where practices are effective and where they can be improved.

Method

This ethnographic instrumental case study will take place at Nottingham University Hospital Neurosurgical wards and will employ mixed methods including observations, interviews, and surveys. It will commence with ward observations, then interviews with HCPS and FMs. Findings from the observations and interviews will inform a survey which will help in assessing aspects that impact effective HCP communication.

Results/Findings

N/A.

Discussion/conclusion

Findings will increase our understanding of the facilitators and barriers to effective communication with FMs of a patient with an ABI. The views of FMs and HCPs will inform recommendations for future practice and the development of appropriate protocol and training to support this health care communication after an ABI.

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Working with the ‘Life Thread’ approach to support families after traumatic brain injury: WIP

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Name of Submitter

Charlie Whiffin

Abstract

- Background

When a traumatic brain injury (TBI) is sustained by a close relative, families are pulled into a frightening world of trauma, loss and negative change. These losses are felt acutely, and family members have little to relieve their trauma, resolve their grief or prevent their suffering. This study aims to identify the promise of the ‘Life Threads’ approach in supporting family member well-being and adjustment post-TBI.

- Methods

An exploratory qualitative study using focus groups and individual unstructured interviews. Participants will have the opportunity to work with the ‘Life Thread’ materials and use this to reflect on their own experiences since their relative’s TBI. We will use a non-random purposive variation sample of 20 family members of relatives with any severity TBI, sustained at least two years prior, age at injury 18 years or older.

- Results/Findings

Ethical approval has been obtained.

- Discussion

This study will tell us about the clinical potential of supporting family members to tell their story through the ‘Life Threads’ approach and if this is beneficial for their wellbeing and adjustment post-injury. If appropriate we will then be able to design a larger feasibility trial to determine if and how the ‘Life Threads’ approach could be integrated into professional practice.

- Conclusion

Given the emerging evidence advocating the use of narrative approaches with people who have sustained TBIs we predict that attending to the narrative changes felt and experienced by family members will create opportunities to work in more positive ways to support them post-injury.