International Centre for Allied Health Evidence

University of South Australia

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iCAHE

A member of the Sansom Institute

*i*CAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	**Hampstead BIRU**
JC Facilitator	**Michael Snigg**
JC Discipline	**Multi D**
CAT completed by:	Matt Ransom

Question

What is the effectiveness of constraint induced therapy with brain injured population?

Review Question/PICO/PACO

P: TBI/ABI – subacute/ community(stroke if none available in ABI/TBI)

I: Constraint induced therapy to improve function in upper limb after TBI. Specific information on how constraint induced therapy delivered (e.g. group based, how group set-up) and population it best suited for (e.g. severity of hemiplegia – some functional grasp?).

C: No constraint induced therapy provided as part of upper limb therapy regime

O: To have better understanding around what is current evidence supporting constraint induced therapy with brain injured population and some guidelines if available how to set this up for our patients in sub-acute in-patient and community outpatient setting.

Article/Paper

Pedlow K, Lennon S, Wilson C. Application of constraint-induced movement therapy in clinical practice: an online survey. Archives of physical medicine and rehabilitation. 2014 Feb 1;95(2):276-82.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology: Survey (Cross-sectional study)

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Centre of Evidence Based Management – Critical Appraisal of a Survey

Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the study address a clearly focused question/issue?** To investigate current knowledge and application in practice of constraint-induced movement therapy (CIMT) by therapists within the United Kingdom.
2	✓			**Is the research method (study design) appropriate for answering the research question?** Cross sectional study
3	✓			**Is the method of selection of the subjects (employees, teams, divisions, organizations) clearly described?** Under methods: Study sample A total of 2799 e-mails were sent to members of 2 specialist interest groups by the group administrators; 1239 were sent to the Association of Chartered Physiotherapists Interested in Neurology, and 1560 were sent to the College of Occupational Therapists specialist interest group in neurology.
4	✓			**Could the way the sample was obtained introduce (selection) bias?** Yes – The study question focusses on all therapists within the UK, however, the sample is of specialist groups with special interest in neurology. You would expect this sample to produce an overestimation for the use of CIMT in the UK and the use of its components. Therapists who are not members of the specialist interest groups may have used CIMT, and therefore their views are not captured in these results.
5			✓	**Was the sample of subjects representative with regard to the population to which the findings will be referred?** Specialist groups used Response rate of 69.3% for physiotherapists and 11.6% for occupational therapists
6			✓	**Was the sample size based on pre-study considerations of statistical power?**
7			✓	**Was a satisfactory response rate achieved?** Not for occupational therapists
8	✓			**Are the measurements (questionnaires) likely to be valid and reliable?** Still difficult to tell. Lots of closed questions.
9			✓	**Was the statistical significance assessed?** No
10			✓	**Are confidence intervals given for the main results?** No
11	✓			**Could there be confounding factors that haven't been accounted for?** Selection biases, response rates, population bias (320 physio's, 169 OT's), Closed questions within the survey.

12	Journal Club to discuss	**Can the results be applied to the local population? Choose relevant context issues. The following are only suggestions to prompt discussion.** **CONTEXT ASSESSMENT** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* *Others*
13		**Were all important outcomes considered?**
14		**Are the benefits worth the harms and costs?**
15		**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
16		**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
17		**What is required to implement these next steps?**

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