

Hydrotherapy

Current Awareness Newsletter

Winter 2016



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Library and Information Service

library@uhbristol.nhs.uk



Training Calendar 2016

All sessions are 1 hour

December (12.00)

Fri 16th **Literature Searching**
 Mon 20th **Critical Appraisal**

January (13.00)

Tues 10th **Literature Searching**
 Wed 18th **Critical Appraisal**
 Thur 26th **Statistics**

February (12.00)

Fri 3rd **Literature Searching**
 Mon 6th **Critical Appraisal**
 Tue 14th **Statistics**
 Wed 22nd **Literature Searching**



Your Outreach Librarian – **Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Contents

.....	2
Your Outreach Librarian - Personalize.....	2
The Latest Evidence for.....	3
NICE National Institute for Health and Care Excellence	3
	3
	3
Other – Behind the Headlines, Guidance	4
Journal Tables of Contents.....	5
Exercise	6
Current Awareness Database Articles on.....	7
Advert	Error! Bookmark not defined.

The Latest Evidence

NICE National Institute for Health and Care Excellence

No new evidence

 **Cochrane Library**

No new evidence

 **UpToDate**

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

No new evidence

Other – Behind the Headlines, Guidance

No new evidence

Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

Manual Therapy

December 2016, Volume 26

<http://www.manualtherapyjournal.com/current>

Physiotherapy

December 2016, Volume 102, Issue 4

<http://www.physiotherapyjournal.com/>

BMJ

Link to articles from the last seven days and the wider archive

<http://www.bmj.com/archive>

Spine

December 2016, Volume 41, Issue 23

<http://journals.lww.com/spinejournal/pages/currenttoc.aspx>

British Journal of Sports Medicine

December 2016, Volume 50, Issue 24

<http://bjsm.bmj.com/content/current>

Exercise

Systematic Reviews

There are 7 key steps that need to be taken when carrying out a Systematic Review. Can you put them in order?

A. Quality assessment

B. Study selection

C. Synthesis

D. Data extraction

E. Define the question

F. Literature search

G. Writing up

*For assistance with carrying out a **systematic review search** or a **literature search**, please email library@uhbristol.nhs.uk.*

Answers: 1E; 2F; 3B; 4D; 5A; 6C; 7G

Current Awareness Database Articles related to Hydrotherapy Unit

Below is a selection of articles recently added to the healthcare databases, grouped in the following categories:

1. Are manual therapies, passive physical modalities, or acupuncture effective for the management of patients with whiplash-associated disorders or neck pain and associated disorders? An update of the Bone and Joint Decade Task Force on Neck Pain and Its Associated Disorders by the OPTIMa collaboration.

Author(s): Wong, Jessica J; Shearer, Heather M; Mior, Silvano; Jacobs, Craig; Côté, Pierre; Randhawa, Kristi; Yu, Hainan; Southerst, Danielle; Varatharajan, Sharanya; Sutton, Deborah; van der Velde, Gabrielle; Carroll, Linda J; Ameis, Arthur; Ammendolia, Carlo; Brison, Robert; Nordin, Margareta; Stupar, Maja; Taylor-Vaisey, Anne

Source: The spine journal : official journal of the North American Spine Society; Dec 2016; vol. 16 (no. 12); p. 1598-1630

Publication Date: Dec 2016

Publication Type(s): Journal Article Review

Abstract: In 2008, the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders (Neck Pain Task Force) found limited evidence on the effectiveness of manual therapies, passive physical modalities, or acupuncture for the management of whiplash-associated disorders (WAD) or neck pain and associated disorders (NAD). This review aimed to update the findings of the Neck Pain Task Force, which examined the effectiveness of manual therapies, passive physical modalities, and acupuncture for the management of WAD or NAD. This is a systematic review and best evidence synthesis. The sample includes randomized controlled trials, cohort studies, and case-control studies comparing manual therapies, passive physical modalities, or acupuncture with other interventions, placebo or sham, or no intervention. The outcome measures were self-rated or functional recovery, pain intensity, health-related quality of life, psychological outcomes, or adverse events. We systematically searched five databases from 2000 to 2014. Random pairs of independent reviewers critically appraised eligible studies using the Scottish Intercollegiate Guidelines Network criteria. Studies with a low risk of bias were stratified by the intervention's stage of development (exploratory vs. evaluation) and synthesized following best evidence synthesis principles. Funding was provided by the Ministry of Finance. We screened 8,551 citations, and 38 studies were relevant and 22 had a low risk of bias. Evidence from seven exploratory studies suggests that (1) for recent but not persistent NAD grades I-II, thoracic manipulation offers short-term benefits; (2) for persistent NAD grades I-II, technical parameters of cervical mobilization (eg, direction or site of manual contact) do not impact outcomes, whereas one session of cervical manipulation is similar to Kinesio Taping; and (3) for NAD grades I-II, strain-counterstrain treatment is no better than placebo. Evidence from 15 evaluation studies suggests that (1) for recent NAD grades I-II, cervical and thoracic manipulation provides no additional benefit to high-dose supervised exercises, and Swedish or clinical massage adds benefit to self-care advice; (2) for persistent NAD grades I-II, home-based cupping massage has similar outcomes to home-based muscle relaxation, low-level laser therapy (LLLT) does not offer benefits, Western acupuncture provides similar outcomes to non-penetrating placebo electroacupuncture, and needle acupuncture provides similar outcomes to sham-penetrating acupuncture; (3) for WAD grades I-II, needle electroacupuncture offers similar outcomes as simulated electroacupuncture; and (4) for recent NAD grades III, a semi-rigid cervical collar with rest and graded strengthening exercises lead to similar outcomes, and LLLT does not offer benefits. Our review adds new evidence to the Neck Pain Task Force and suggests

that mobilization, manipulation, and clinical massage are effective interventions for the management of neck pain. It also suggests that electroacupuncture, strain-counterstrain, relaxation massage, and some passive physical modalities (heat, cold, diathermy, hydrotherapy, and ultrasound) are not effective and should not be used to manage neck pain. Copyright © 2015 Elsevier Inc. All rights reserved.

Database: Medline

2. Combining balneotherapy and health promotion to promote active and healthy ageing: the Balaruc-MACVIA-LR(®) approach.

Author(s): Blain, H; Bernard, P L; Canovas, G; Raffort, N; Desfour, H; Soriteau, L; Noguès, M; Camuzat, T; Mercier, J; Dupeyron, A; Quéré, I; Laffont, I; Hérisson, C; Solimene, H; Bousquet, J

Source: Aging clinical and experimental research; Dec 2016; vol. 28 (no. 6); p. 1061-1065

Publication Date: Dec 2016

Publication Type(s): Journal Article Review

Abstract:Scaling up and replication of successful innovative integrated care models for chronic diseases is one of the targets of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA). MACVIA-LR(®) (MALadies Chroniques pour un Vieillissement Actif en Languedoc-Roussillon) is a Reference Site of the EIP on AHA. The main objective of MACVIA-LR(®) is to develop innovative solutions in order to (1) improve the care of patients affected by chronic diseases, (2) reduce avoidable hospitalization and (3) scale up the innovation to regions of Europe. The MACVIA-LR(®) project also aims to assess all possible aspects of medicine-including non-pharmacologic approaches-in order to maintain health and prevent chronic diseases. These approaches include hydrotherapy and balneotherapy which can be of great importance if health promotion strategies are considered. Balneotherapy at Balaruc-les-Bains focusses on musculoskeletal diseases and chronic venous insufficiency of the lower limbs. Each year, over 46,000 people attend an 18-day course related to a new falls prevention initiative combining balneotherapy and education. On arrival, each person receives a flyer providing information on the risk of fall and, depending on this risk, a course is proposed combining education and physical activity. A pilot study assesses the impact of the course 6 and 12 months later. This health promotion strategy for active and healthy ageing follows the FEMTEC (World Federation of Hydrotherapy and Climatotherapy) concept.

Database: Medline

3. Underwater gait analysis in Parkinson's disease.

Author(s): Volpe, Daniele; Pavan, Davide; Morris, Meg; Guiotto, Annamaria; Iansek, Robert; Fortuna, Sofia; Frazzitta, Giuseppe; Sawacha, Zimi

Source: Gait & posture; Nov 2016; vol. 52 ; p. 87-94

Publication Date: Nov 2016

Publication Type(s): Journal Article

Abstract:Although hydrotherapy is one of the physical therapies adopted to optimize gait rehabilitation in people with Parkinson disease, the quantitative measurement of gait-related outcomes has not been provided yet. This work aims to document the gait improvements in a group of parkinsonians after a hydrotherapy program through 2D and 3D underwater and on land gait analysis. Thirty-four parkinsonians and twenty-two controls were enrolled, divided into two different cohorts. In the first one, 2 groups of patients underwent underwater or land based walking training; controls underwent underwater walking training. Hence pre-treatment 2D underwater and on land gait analysis were performed, together with post-treatment on land gait analysis. Considering that

current literature documented a reduced movement amplitude in parkinsonians across all lower limb joints in all movement planes, 3D underwater and on land gait analysis were performed on a second cohort of subjects (10 parkinsonians and 10 controls) who underwent underwater gait training. Baseline land 2D and 3D gait analysis in parkinsonians showed shorter stride length and slower speed than controls, in agreement with previous findings. Comparison between underwater and on land gait analysis showed reduction in stride length, cadence and speed on both parkinsonians and controls. Although patients who underwent underwater treatment exhibited significant changes on spatiotemporal parameters and sagittal plane lower limb kinematics, 3D gait analysis documented a significant ($p < 0.05$) improvement in all movement planes. These data deserve attention for research directions promoting the optimal recovery and maintenance of walking ability. Crown Copyright © 2016. Published by Elsevier B.V. All rights reserved.

Database: Medline

4. Balneological outpatient treatment for patients with knee osteoarthritis; an effective non-drug therapy option in daily routine?

Author(s): Özkuk, Kağan; Gürdal, Hatice; Karagülle, Mine; Barut, Yasemin; Eröksüz, Rıza; Karagülle, Müfit Zeki

Source: International journal of biometeorology; Oct 2016

Publication Date: Oct 2016

Publication Type(s): Journal Article

Abstract: This study aims to compare the effects of balneological treatments applied at consecutive and intermittent sessions without interfering with their daily routine in patients with knee osteoarthritis. This is a randomized, controlled, single-blind clinical trial. Fifty patients diagnosed with knee osteoarthritis were included. The patients were divided into two groups. All patients were given a total of ten sessions of balneological treatment consisting of hydrotherapy and mud pack therapy. Group 1 received consecutive treatment for 2 weeks, while group 2 received intermittent treatment for 5 weeks. Local peloid packs at 45 °C were applied for 20 min, after a tap water (38 °C) bath. Evaluations were conducted before, after treatment, and at 12th week of post-treatment by Pain (VAS), Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), and Short Form-36 (SF-36). Both balneological treatment regimens of knee osteoarthritis had statistically significant clinical effects as well as effects on the quality of life. Patients' well-being continued at 3 months, except for joint stiffness (WOMAC), role-emotional (SF-36), and vitality (SF-36) in group 1 and for mental health (SF-36) in both groups. Both patient groups had improved compared to baseline. However, at 3 months after the treatment, the well-being of group 2 was unable to be maintained in terms of role-physical (SF-36) parameter, while the well-being of group 1 was unable to be maintained in terms of pain, WOMAC (pain, physical functions, total), and SF-36 (physical functioning, role-physical, pain, role-emotional, and mental health) variables, compared to data obtained immediately after treatment. Our study suggests that traditional and intermittent balneological therapies have similar efficacy in patients with knee osteoarthritis.

Database: Medline

5. The Use of Recovery Strategies Among Participants of the Bupa Great North Run: A Cross-Sectional Survey.

Author(s): Henderson, Sarah; Smith, Tina; Alexanders, Jenny; Shaw, Thomas; Smith, Lois; Nevill, Alan; Anderson, Anna

Source: Journal of sport rehabilitation; Sep 2016 ; p. 1-21

Publication Date: Sep 2016

Publication Type(s): Journal Article

Abstract: To investigate half marathon runners' frequency of use of recovery strategies, perceptions regarding the most beneficial recovery strategy and reasons for using recovery strategies. Cross-sectional survey. 186 participants of the 13.1 mile BUPA Great North Run 2013. A questionnaire was developed which required participants to indicate how frequently they used twelve different recovery strategies, identify which recovery strategy they believed to be most beneficial and rank six reasons for using recovery strategies in order of importance. Data was analysed using a Friedman non-parametric ANOVA and additional non-parametric tests. All participants used recovery strategies. Stretching was the most commonly used recovery strategy ($p < 0.001$), whereas the use of nutritional supplements was the most commonly selected most beneficial recovery strategy. Over 50% of respondents indicated that they never used strategies such as kinesio tape (80%), hydrotherapy (78%) or ice baths (71%). A significant difference was observed between reasons for using recovery strategy ($\chi^2(5) = 292.29, p < 0.001$). Reducing muscle tightness (rank 4.87) and reducing injury (rank 4.35), were the most frequently chosen most important reasons for using recovery strategies, minor sex and age differences in the responses were identified. Recovery strategy usage appears to be widespread among half marathon runners; however disparities exist between the frequency of use and perceived effectiveness of different recovery strategies. Further research in this area is needed to facilitate the development of recovery strategy guidelines which are both evidence-based and practically relevant.

Database: Medline

6. Alternate hot and cold application in the management of heel pain: A pilot study.

Author(s): Arankalle, Dhananjay; Wardle, Jon; Nair, Pradeep M K

Source: Foot (Edinburgh, Scotland); Sep 2016; vol. 29 ; p. 25-28

Publication Date: Sep 2016

Publication Type(s): Journal Article

Abstract: Despite a long-standing tradition of naturopathic physical therapy and hydrotherapy use in the treatment of musculoskeletal conditions, neither naturopathy, nor specific aspects of hydrotherapy have been tested for efficacy in the treatment of heel pain. Patients ($n=20$) were assigned to standard naturopathic physiotherapy care (NPC) with two adjuvant therapy groups: a control group (therapeutic ultrasound, $n=10$), or alternating compresses ($n=10$). Pain scores were measured before and after treatment using Visual Analog Scale (VAS) and foot functionality was measured using the Foot Function Index (FFI). FFI reduced from 46.97 to 31.98 ($p=0.005$) among normal protocol patients and from 49.72 to 21.35 ($p<0.001$) among patients receiving the alternating compress protocol. Average VAS pain intensity in the seven days of treatment decreased from 3.53 to 2.53cm ($p<0.001$) among patients receiving NPC and from 4.09 to 2.61cm ($p<0.001$) amongst those receiving NPC plus alternating compresses. There was no significant difference in pain score reduction between the two groups ($p=0.206$), but patients with alternating compresses as part of their treatment had significant improvements in foot functionality ($p=0.007$). Naturopathic physical therapy significantly improves foot functionality and pain scores in heel pain. Additionally, alternating compresses improve foot functionality scores. Copyright © 2016 Elsevier Ltd. All rights reserved.

Database: Medline

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

Lower Limb

Shoulder

Lower back

Hip and Knee Arthritis



What is OpenAthens?

OpenAthens is a way of authenticating that you have permission to access our subscription e-resources. To access our electronic resources you will need a UH Bristol Athens username/password.

How can I get an Athens login?

Click [here](#) to complete the online registration form. You will need to register using a Trust PC and a UH Bristol email address. Once you have successfully completed the form, you will be sent an email to your UH Bristol account with an authentication link.

I have an Athens account from another Trust/University. Do I still need a UH Bristol account?

You will need a UH Bristol account to access our local subscription resources. You can either update the settings of your existing account by logging in and selecting 'change organisation', or you can set up a new UH Bristol account by clicking [here](#) (you will need to register using a Trust PC and a UH Bristol email address).

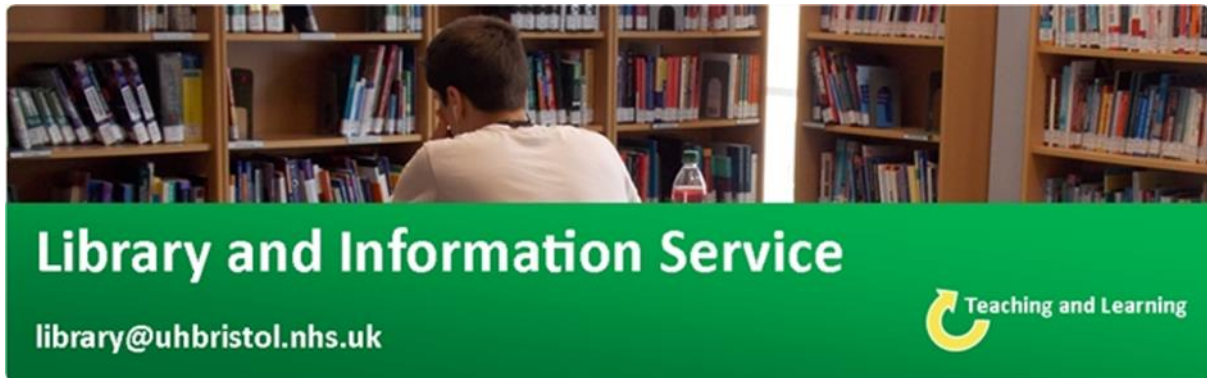
My Athens account has expired. What should I do?

You can register for a new account [here](#).

I have forgotten my Athens Username / Password. How can I reset it?

Password: If you are on a Trust PC, follow the link to https://register.athensams.net/nhs/forgotten_password.php.

Username and password: You should email athens.sdhct@nhs.net with your full name, full work address, work telephone number and the email address you used to register for the account. In the email subject line put 'Forgotten username and password'. It may take up to five working days to receive your username and a reset password.



Library Opening Times

Staffed hours: 8am-5pm, Mon-Fri

Swipe-card access: 7am-11pm 7 days a week

Level 5, Education and Research Centre

University Hospitals Bristol

Contact your outreach librarian:

Helen Pullen