

[Subscribe](#)[Past Issues](#)[Translate](#) ▼[View this email in your browser](#)

Welcome to our half yearly Newsletter of 2022!

Contents of the newsletter:

- New upcoming workshops
- Recent workshops
- PhD graduations
- Continuing professional education
- Stroke Foundation learning modules
- Journal club
- Publications

Workshops 2022

2022 has already been a busy year, with more workshops planned for the second half of the year. We are fortunate to finally be able to deliver

ONLINE WORKSHOPS

JULY / AUGUST

- **Balance workshop** - 26th July & 9th Aug
- **Upper Limb retraining** - 7th, 14th & 26th July - *This workshop is now fully subscribed.*

SEPTEMBER

- **1000reps a day:** - 2nd & 16th September

NOVEMBER

- ***NEW WORKSHOP*** - **Analysis and training of walking after stroke** - 22nd Nov & 6th Dec

This new workshop allocates plenty of time to learn about clinical reasoning related to analysis and training of walking after stroke. Karl and Simone recently taught this workshop online for a group of therapists in Denmark, and will offer it again online across two x 4-hr sessions on the 22nd November and 6th December 2022 (evening time zone in Australia/ morning in Europe).

More details on online workshops to be found on our website: <http://strokeed.com/workshop-calendar/category/online/>

FACE TO FACE WORKSHOPS

JULY

- **Lower Limb Retraining** - Townsville, NSW - 15th - 17th July
- **Upper Limb Retraining**, Woy Woy, NSW - 29th - 31st July - *This workshop is now fully subscribed.*

AUGUST

- **Upper Limb Retraining**, Advanced Rehab Centre, Hurstville, NSW - 12th - 14th August

SEPTEMBER

- **Lower Limb Retraining**, Freemantle Hospital, WA - 9th -11th September
- **Upper Limb Retraining**, Concentric Rehab Centre, Perth, WA- 16th - 18th September

OCTOBER

- **Lower Limb Retraining**, Braeside Hospital, NSW- 28th - 30th October

More details on online workshops to be found on our

website: <http://strokeed.com/workshop-calendar/category/face-to-face/>

Recent workshops

Finally! Our first 3-day face to face UL retraining workshop since Mar 2020.

This year our host site was ACU Campus in Fitzroy Melbourne, with 24 therapists from around the state. OT Dr Emma Schneider was co-presenting this workshop for the first time, and we appreciate her input and experience. Thankyou to local therapists, Natasha Lannin, Liana Cahill, Belinda Woods and others who recruited and helped organise 8 stroke survivor participants . We hope to return to Melbourne in 2023.

Unusually and interestingly, 3 of the 4 volunteers on Day 1 wanted to improve their handwriting legibility so the workshop became a masterclass in handwriting assessment and retraining.

Other skills taught included typing and guitar playing.

Our next F2F UL workshop is this month in Woy Woy (NSW Central Coast) followed by one in Hurstville (Sydney) in mid August 2022, Perth WA in September, and Burwood (Sydney) in early December 2022.

First Upper limb retraining face to face workshop since March 2020



StrokeEd aims to improve the skills, knowledge and practice of clinicians internationally, so that stroke survivors receive prompt, optimal evidence-based rehabilitation. To achieve this aim, we schedule a variety of F2F and online workshops and participate in peer reviewed research. We plan 20-25 workshops per year, and conducted 139 in total over the five year period 2017-2021, with fewer in 2020.

‘Between the four members of StrokeEd, we continue publishing 9-13 studies per year’



StrokeEd Publications 2022

- **Christie, L. J**, Fearn, N., **McCluskey, A.**, Lovarini, M., Rendell, R., & Pearce, A. (2022). Cost-effectiveness of constraint-induced movement therapy implementation in neurorehabilitation: The ACTIveARM Project. *PharmacoEconomics Open*, 6, 437–450. <https://doi.org/10.1007/s41669-022-00323-9>

Sherrington, C. Brief Physical Activity Counselling by Physiotherapists (BEHAVIOUR): protocol for an effectiveness-implementation hybrid type II cluster randomised controlled trial. *Implementation Science Communications*, 3(1), 39. <https://doi.org/10.1186/s43058-022-00291-5>

- Sarkies, M.N., Hemmert, C., Pang, Y., Shiner, C.T., McDonell, K., Mitchell, R., Lystad, R.P., Novy, M., **Christie, L.** (2022). The human impact of commercial delivery cycling injuries: a pilot retrospective cohort study. *Pilot and Feasibility Studies*, 8, 116. <https://doi.org/10.1186/s40814-022-01077-1>

-
- Janssen H Bird ML, Luker J, **McCluskey A**, Blennerhassett J, Ada A, Bernhardt J & Sprat NJ (2022 online early). Stroke survivors' perceptions of the factors that influence engagement in activity outside dedicated therapy sessions in a rehabilitation unit: A qualitative study. **Clinical Rehabilitation**, DOI: 10.1177/02692155221087424

-
- Lannin NA, Ada L, English C, Ratcliffe J, Faux S, Palit M, Gonzalez S, Olver J, **Schneider S**, Crotty & Cameron ID. (2022). Long-term effect of additional rehabilitation following botulinum toxin-A on upper limb activity in chronic stroke: the InTENSE randomised trial. **BMC Neurology**, 22, 154.

-
- Lin I, **Glinsky J**, Dean C, Graham P, & **Scrivener K** (2022). Effectiveness of home-based exercise for improving physical activity, quality of life and function in older adults after hospitalisation: A systematic review and meta-analysis. **Clinical Rehabilitation**, First published May 6, 2022. <https://doi.org/10.1177/02692155221095936>

-
- English, C., Ceravolo, M. G., **Dorsch, S.**, Drummond, A., Gandhi, D. B., Halliday Green, J., ... & Savitz, S. (2022). Telehealth for rehabilitation and recovery after stroke: State of the evidence and future directions. *International Journal of Stroke*, 17474930211062480.



The StrokeEd Collaboration is pleased to have been associated with 3 recent PhD graduations. The following occupational therapy graduates were co-supervised by Dr Annie McCluskey.

1) Occupational therapist **Dr Lauren Christie** graduated on 20th April 2022 with a PhD from the University of Sydney. Along with supervisors Dr Meryl Lovarini and Dr Alison Pearce, StrokeEd collaborator Dr Annie McCluskey had the pleasure of guiding Lauren through her postgraduate studies.

All involved learned a lot about delivering CIMT, how to sustain change and about economic analysis.

Annie reports how she enjoyed watching Lauren grow from a clinician researcher at Bankstown-Lidcombe Hospital 10 yrs ago, to first publishing a QI study in 2011, then taking the plunge and enrolling in an MSc then PhD. A bonus was getting a project completed that Annie herself had always wanted to undertake. Being a PhD supervisor brings many benefits.

Fellow Allied Health at St Vincent's Health Network, Sydney.

She joined the StrokeEd team in 2021 as an associate member and teaches across several workshops.

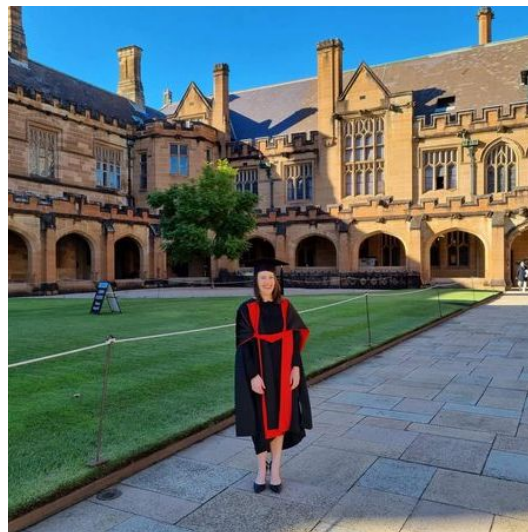
Thesis title: Factors influencing the implementation and sustainability of upper limb constraint-induced movement therapy (CIMT) programs for people with stroke and traumatic brain injury.

(CIMT is used to promote arm and hand recovery by prescribing an intensive 'boot camp' for individuals over 2 weeks, while they wear a mitt on their stronger hand, to 'force use' of the weaker hand. CIMT seems to drive neuroplasticity, and provides benefit at any time post injury - months even years later).

Lauren completed several studies which are now published or under review :

- an international survey of CIMT use, knowledge and confidence (n= 169 OTs and PTs) published in the Aust OT Journal 2019
- An international qualitative study interviewing 11 therapists with experience delivering CIMT multiple times, to explore how they started and kept running programs despite staffing changes etc (pre-COVID) - J of Health Org and Mgt, 2021.
- description of a behaviour change intervention targetting 9 teams of OTs, PTs and assistant (n=52) in Sydney South West LHD to teach how to deliver CIMT, keep it running despite multiple barriers, and improve outcomes for their clients. Under review.
- before and after study to establish whether CIMT programs could be implemented and sustained over 2 years (yes, they could be), with feedback from thousands of file audits. Big changes in the % of clients being offered CIMT for the first time (52-73%) and receiving a cimt program (27-46% of eligible people). Under review.
- An economic analysis of the costs and cost effectiveness of CIMT delivery and the behaviour change package . Individual 1:1 CIMT costs a mean of \$1,233 per participant, and \$936 pp when attending a group CIMT program. It is cost effective for improving UL function. (PharmacoEconomics 2022)

educated about CIMT, seeing measurable changes day to day in their arm, the structure and social support from staff and family.



2) Congratulations to occupational therapist **Dr Caitlin Hamilton** from Queensland, who graduated on 21 April 2022 with a PhD from the University of Sydney. Another proud PhD supervisor day for StrokeEd collaborator Dr Annie McCluskey, along with supervisors Dr Meryl Lovarini and Dr Leanne Hassett.

Caitlin was awarded a full-time PhD scholarship to complete her studies. She continues working post-PhD at the University of Qld as a research assistant. Annie reports learning a great deal during the course of Caitlin's PhD particularly about qualitative systematic reviews.

Thesis title: Experiences of using feedback-based technologies in Physical Rehabilitation.

Publications included:

- A qualitative systematic review of therapists experiences of using technologies to improve mobility outcomes during rehab (Disability & Rehab 2019) and protocol for the study methods (Open J of Therapy & Rehab, 2016)
- A qualitative study of patient and therapist experiences of using affordable feedback based technology to improve mobility outcomes (Clinical Rehab 2018)
- Mixed methods study if the useability of affordable feedback based



3) Congratulations to ***Dr Angela Vratsistas-Curto*** who graduated on 25th May 2022 with a well earned PhD / Doctor of Philosophy from the University of Sydney. Another proud supervisor day for StrokeEd collaborator Dr Annie McCluskey, along with supervisors Prof Cathie Sherrington and Dr Anne Tiedemann.

Publications during Angela's candidature included:

(1) Vratsistas-Curto A, McCluskey A, Sherrington C (Accepted, 27 July 2019). Dosage and predictors of arm exercise and practice during inpatient stroke rehabilitation: An inception cohort study. *Disability & Rehabilitation*, 1-9. DOI:10.1080/09638288.2019.16352

(2) Vratsistas-Curto, A., Sherrington, C., & McCluskey A. (2018). Responsiveness of four measures of upper limb motor performance and the Functional Independence Measure in acute stroke rehabilitation. *Clinical Rehabilitation*, 32(8), 1098-1107. DOI: 0.1177/026921551877831

(3) Vratsistas-Curto, A, McCluskey, A., & Schurr K. (2017). Use of audit, feedback and education increased guideline implementation in a multidisciplinary stroke unit. *BMJ Open Quality*. 6:e000212. doi:10.1136/bmjopen-2017-000212

(4) Vratsistas-Curto, A., Tiedemann, A., Treacy, D., Lord, S., Sherrington, C. (2018). External validation of approaches to prediction of falls during hospital rehabilitation stays and development of a new simpler tool. *Journal of Rehabilitation Medicine* 50(2), 216-222.

review). Trajectories of arm recovery early after stroke: An exploratory study using latent class growth analysis.

Continuing professional development

During the second half of 2021, Kate completed a unit of study (remotely) at Columbia University, New York. This unit was part of the Master of Education in Motor Learning degree

(<https://www.tc.columbia.edu/biobehavioral-sciences/motor-learning-and-control/degrees--requirements/motor-learning-edm/>).

The unit titled 'Motor Learning' covered key areas in motor control and learning. The unit was taught by Prof Richard Magill author of the textbook Motor Control and Learning. There was significant knowledge to be taken from the unit around the control of movement and strategies to promote motor learning. Of interest was the focus on learner engagement and motivation, not just a critique of performance. As part of the unit Kate completed an assignment reviewing the latest evidence about the effect of hand or therapist support on skill learning – look out for some interesting discussing of this in upcoming lectures and workshops.

Stroke Foundation - learning module on cognitive assesment

New from the (Australian) Stroke Foundation - free learning module for allied health professionals.

This suite of five modules focuses on cognition after stroke (Module A), and on using / interpreting the Oxford Cognitive Screen (OCS) to assess post-stroke cognitive impairments (Modules B to E).

The OCS licence (and screening tools for approved versions) are freely available for publicly funded clinical and research use.

If you plan on using the OCS at your site, you will need an OCS licence and the OCS screening materials relevant to your country.

NSW Health has a statewide licence for all NSW Health sites to use the OCS-AU. Theses OCS modules can be completed on My Health Learning, so it is recorded in your Health Education Record. Please refer to the Agency for

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

These modules were developed through a collaboration of:

Colette Sanctuary (Stroke OT, OCS-AU Project Officer), Luisa Hewitt (Stroke Speech Pathologist, OCS-AU Project Officer) and Dr Di Marsden (Manager, Stroke Projects and Education), Hunter Stroke Service, Hunter New England Local Health District, NSW, Australia

Stroke Network, NSW Agency for Clinical Innovation, NSW, Australia

Associate Professor Nele Demeyere (Senior Clinical Neuropsychologist), Oxford University, UK, who, along with her colleagues, developed the Oxford Cognitive Screen.

Joe Hughes (Creative Producer, Director), Magpie Creative, NSW, Australia.

For more information visit: https://informme.org.au/modules/cognition-and-cognitive-screening?fbclid=IwAR2dZk0lqtdh_DEriPwxh9C2T4rrwCEoEGYoNYbUgvPKicBXUuxvarJeKIY

Journal Club

In this newsletter, Annie introduces journal articles that she has recently been reading and shared with StrokeEd followers.

SMART goals / goal setting

The (over)use of SMART goals for physical activity promotion: A narrative review and critique

Christian Swann ^a, Patricia C. Jackman ^b, Alex Lawrence^a, Rebecca M. Hawkins ^b, Scott G. Goddard ^a, Ollie Williamson^{a,b}, Matthew J. Schweickle ^c, Stewart A. Vella ^c, Simon Rosenbaum ^d and Panteleimon Ekkekakis ^e

^aFaculty of Health, Southern Cross University, Coffs Harbour, Australia; ^bSchool of Sport and Exercise Science, University of Lincoln, Lincoln, UK; ^cGlobal Alliance for Mental Health and Sport, School of Psychology, Faculty of Social Sciences, University of Wollongong, Wollongong, Australia; ^dSchool of Psychiatry, Faculty of Medicine, University of New South Wales, Sydney, Australia; ^eDepartment of Kinesiology, Iowa State University, Ames, Iowa, USA

ABSTRACT

The SMART acronym (e.g., Specific, Measurable, Achievable, Realistic, Timebound) is a highly prominent strategy for setting physical activity goals. While it is intuitive, and its practical value has been recognised, the scientific underpinnings of the SMART acronym are less clear. Therefore, we aimed to narratively review and critically examine the scientific underpinnings of the SMART acronym and its application in physical activity promotion. Specifically, our review suggests that the SMART acronym: is not based on scientific theory; is not consistent with empirical evidence; does not consider what type of goal is set; is not applied consistently; is lacking detailed guidance; has redundancy in its criteria; is not being used as originally intended; and has a risk of potentially harmful effects. These issues are likely leading to sub-optimal outcomes, confusion, and inconsistency. Recommendations are provided to guide the field towards better practice and, ultimately, more effective goal setting interventions to help individuals become physically active.

ARTICLE HISTORY

Received 3 May 2021
Accepted 23 December 2021

KEYWORDS

exercise; goal-setting; health; motivation; psychology

This article caught my eye recently on Twitter. I have taught students and therapists how to write SMART goals for many years. After reading this article by Christian Swann, I won't be advocating the use of SMART goals. Use of this acronym is not based on research but on ISLAGIATT ("it seemed like a good idea at the time"). There are also multiple interpretations of the acronym.

This narrative review searched for articles up to Aug 2020 (and included 147 studies) to: (i) address key questions relating to the use of SMART goals in physical activity promotion; (ii) help practitioners, researchers, and organisations make more informed decisions around whether to use the SMART heuristic to set goals, and what limitations to be aware of if they do choose to use it; and (iii) present a starting point for discussion, and suggestions, on how the field might move beyond its current reliance on setting SMART goals for physical activity promotion.

What did they find? The SMART acronym is not a theory-based strategy...nor is it underpinned by a framework...nor does the acronym explain how goals are supposed to work. The SMART acronym is not more or less likely to be effective than interventions based on other goal-setting theories.

little need for both terms..and the terms 'realistic' and 'achievable' arguably refer to redundant ideas. Therefore, 2/5 SMART criteria are not necessary and could create confusion.

Probably the most important finding is this: "Overall, there is evidence to suggest that inappropriately set goals, including SMART goals, may have risks of inferior physical activity outcomes, as well as harmful effects on important psychological predictors of long-term engagement in physical activity". We might be setting people up for failure, increasing anxiety and stress due to fear of failure and under performing.

Instead the authors refer to setting learning goals and/or performance goals based on goal setting theory.

Followers might also want to listen to Amanda Baker's recorded lecture on the StrokeEd Website (go to Resources -> Lectures) for more information and videos about goal setting in rehabilitation.

Happy reading!

<https://www.tandfonline.com/.../10.../17437199.2021.2023608>

Thickened fluids and swallowing problems

Short Communication

Second update of a systematic review and evidence-based recommendations on texture modified foods and thickened liquids for adults (above 17 years) with oropharyngeal dysphagia

Tina Hansen ^{a, *}, Anne Marie Beck ^b, Annette Kjaersgaard ^c, Ingrid Poulsen ^{d, e}

^a Physical Medicine & Rehabilitation Research – Copenhagen, Department of Occupational Therapy and Physiotherapy, Copenhagen University Hospital Amager and Hvidovre, 2650, Hvidovre, Denmark

^b Unit for Dietetics and Nutrition Research, Copenhagen University Hospital Herlev and Gentofte, 2730, Herlev, Denmark

^c Hammel Neurorehabilitation Centre and University Research Clinic, Aarhus University, 8450, Hammel, Denmark

^d Department of Clinical Research, Copenhagen University Hospital Amager and Hvidovre, 2650, Hvidovre, Denmark

^e Research Unit Nursing and Health Care, Health, Aarhus University, 8000, Aarhus C, Denmark

ARTICLE INFO

Article history:
Received 15 February 2022
Accepted 26 March 2022

Keywords:
Mortality
Quality of life
Aspiration
Pneumonia
Dehydration
Nutritional status
Oral intake
Patient preferences

SUMMARY

Background & aims: It is well known that oropharyngeal dysphagia (OD) challenges eating, drinking, and swallowing by penetration to the airway. In clinical practice, thickening agents in liquid and texture modified diets are used to reduce pneumonia and secure nutritional status. The scientific evidence on this OD management is, however, limited. In 2016 we updated an original clinical guideline on OD in adults. Based on the strength of the evidence of two randomized control trials (RCTs), we provided a weak clinical recommendation against the use of thickening agents for liquid and none for diet. In the hope of finding new scientific evidence, we aimed to update the clinical guideline by examining the evidence if thickening of liquid and diet 1) improve survival and quality of life, 2) reduce the occurrence of aspiration risk and pneumonia, 3) improve dehydration, nutritional status, and mealtime performance, and 4) relate to patient preferences and intervention adherence.

Methods: We performed a systematic review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist. We first searched systematic reviews and meta-analyses, and secondly, the primary literature of RCTs. We undertook the search in PubMed, Embase, CINAHL, Cochrane Database of Systematic Reviews, and Cochrane Central Register of Controlled Trials from January 1, 2015, to May 19, 2021. The quality of the evidence was evaluated using the revised Cochrane risk-of-bias tool and the GRADE (Grading of Recommendations: Assessment, Development and Evaluation) approach.

Results: One new study was included, resulting in a total of three RCTs, of which two were already included in our former guideline. The three studies focused on the thickening of liquid, but no change of the former weak recommendation against the thickening of liquid could be made due to the quality of evidence evaluation.

Conclusion: There is no convincing evidence that thickened liquid or texture modified diet prevents death or pneumonia nor improves the quality of life, nutritional status, or oral intake in individuals with OD. There is a need for future studies to examine the effect and discuss outcome measures in OD management with thickening agents.

© 2022 The Author(s). Published by Elsevier Ltd on behalf of European Society for Clinical Nutrition and Metabolism. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Oropharyngeal dysphagia (OD), i.e., problems with eating, drinking, and swallowing, can carry profound physical, social, and psychological burdens on health and quality of life (QoL) [1].

* Corresponding author.
E-mail address: tina.hansen.18@regionh.dk (T. Hansen).

Recently published research by colleagues in Denmark to share with speech pathology / OT colleagues and stroke survivors/ people with swallowing problems :

“Conclusion, there is no convincing evidence that thickening liquids or textures modified diet prevents death or pneumonia nor improves quality of life, nutritional status or oral intake of the person with dysphagia”

Thankyou Annette Kjaersgaard & team



Copyright © 2022 StrokeEd, All rights reserved.

You are receiving this email because you opted in via our website and/or attended a previous workshop.

Our mailing address is:

StrokeEd

[Subscribe](#)

[Past Issues](#)

[Translate](#) ▼

Australia

[Add us to your address book](#)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#).

This email was sent to <<Email Address>>
[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)
StrokeEd · 12 Kerslake Ave · Regents Park, Nsw 2143 · Australia

