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mosAIC's Regular Reads aims to give relevant, useful information to Community Care partners for the improvement of their operations. This section features journal articles that highlight latest research findings as well as good, evidence-based and innovative practices. While the articles aim to keep Community Care partners informed of current developments in the sector, the views and opinions expressed or implied do not necessarily reflect those of AIC, its directors or editorial staff.

» Wheelchair workouts improve mobility and more

Exercise is essential for nursing home residents in wheelchairs as it increases blood circulation, spine stability, posture and flexibility. It also generates endorphins, body awareness and muscle strength, leading to higher self-esteem for a healthier and happier life. This article details exercises, the steps to follow, the fitness level of residents that is needed and the benefits it brings. They include: basic leg crosses that help to get muscles working; cardiovascular exercise that helps raise the heart rate and burns calories; strength training that focuses on building upper body strength; flexibility exercise that helps reduce pain and stiffness; chair chi that is based on the principals of Tai Chi and Qi Gong; and yoga that helps with chronic obstructive pulmonary disease or multiple sclerosis. Staff should ensure that a consistent exercise routine is tailored to wheelchair users.

Hood, C. (2014, May 29). Wheelchair workouts improve mobility and more. Long-Term Living Magazine. Retrieved July 4, 2014.

Search for the full-text article at www.ltlmagazine.com

» Exercise programs: An important therapeutic tool

Exercise programmes are being implemented in many nursing homes to make residents' bodies stronger and more flexible, and facilitate their independence. This report lists the misconceptions about exercise for the elderly: frail adults are unable to exercise; it is unwise and unsafe for the frail elderly to begin an exercise programme; frail elderly gain few benefits from exercise; and it is too difficult for most nursing homes to set up exercise programmes for the frail elderly. It explains that most research studies have shown that exercise results in many significant physiological and psychological benefits such as: lessen the degree of disability for seniors; increase muscular strength and endurance; improve joint flexibility and range of motion; improve respiratory efficiency; strengthen bone mass; relieve painful symptoms of arthritis; improve blood circulation; enable the elderly to take control of their ageing process; increase their mental alertness; and reduce feelings of frustration, loneliness and anxiety.

Exercise programs: An important therapeutic tool. (2014). Illinois Council on Long Term Care. Retrieved July 4, 2014.

Search for the full-text article at www.nursinghome.org/fam.html

Article is located under "Physical Well-Being" section.

» Preventing falls among older people with mental health problems: A systematic review

Falls are a leading cause of mortality and morbidity in older people. Those with mental health conditions are at a higher risk. This report evaluates the effectiveness of fall prevention interventions for older people with mental health problems being cared for across all settings. It analyses 17 randomised controlled trials and four uncontrolled studies to gather evidence related to fall reduction. Multifactorial, multi-disciplinary interventions and those involving exercise, medication review and increasing staff awareness appeared to reduce the risk of falls but the evidence was mixed. Environmental changes such as increased supervision or sensory stimulation to reduce agitation may be promising for patients with dementia but further evaluation is needed.



Bunn, F., et. al. (2014, February 19). Preventing falls among older people with mental health problems: A systematic review. BMC Nursing. Retrieved 1 April 2015.

Search for the full-text article at www.biomedcentral.com

» Evaluation of the prevalence of chronic kidney disease and rates of oral antidiabetic prescribing in accordance with guidelines and manufacturer recommendations in type 2 diabetic patients within a long-term care setting

This study assesses the prevalence of moderate to severe chronic kidney disease (CKD) among nursing home residents with type 2 diabetes in the United States. It examines the pattern of oral antidiabetic drug (OAD) use, their concordance with the [National Kidney Foundation](#) guideline and prescribing information (PI). It found that almost half of diabetic residents had moderate to severe CDA. A little over a quarter of residents using OAD received at least one NKF-discordant OAD; metformin being the most commonly misused OAD. Non-concordance of prescribing information was found in 58.6 per cent of the residents and highest in glipizide and metformin users. It suggests that given the high prevalence of CKD in nursing homes, physicians should evaluate residents' renal function when choosing treatment plans and review treatments regularly to check compliance with NKF guidelines of PIs.

Wu, N., Yu, X., Greene, M., & Oderda, G. (2014, February 25). Evaluation of the prevalence of chronic kidney disease and rates of oral antidiabetic prescribing in accordance with guidelines and manufacturer recommendations in type 2 diabetic patients within a long-term care setting. International Journal of Nephrology. Retrieved 1 April 2015.

Search for the full-text article at www.hindawi.com

» Prevalence and treatment of heart failure in Swedish nursing homes

This study seeks to explore the prevalence of heart failure and the risk of failure to diagnose heart failure in nursing homes in Sweden. It also examines the medication and the adherence to guidelines for the treatment of heart failure. 492 patients from 11 nursing homes were studied from 2008–2011. It was found that the subjects with higher B-type natriuretic peptide (BNP) values were older and had lower estimating glomerular filtration rate (eGFR), haemoglobin, diastolic blood pressure and body mass index. In many cases, patients with heart failure diagnoses were not treated according to guidelines. Loop diuretics were often used without concomitant ACE (angiotensin converting enzyme) inhibitors or angiotensin receptor blockers.

Bolmsjo, B., Molstad, S., Ostgren, C., & Midlov, P. (2013, November 5). Prevalence and treatment of heart failure in Swedish nursing homes. BMC Geriatrics. Retrieved January 2, 2014.

Search for the full-text article at www.biomedcentral.com

» Home remedy for fall risk

This tool identifies risk factors for falls in homes and provides information on ways to prevent falls of older adults. It highlights the Centers for Disease Control and Prevention's simple strategy for reducing in-home falls: removing the hazards that may cause a fall. This would include modifications such as removing or securing throw rugs, increasing lighting and improving bathroom safety by installing grab bars. It suggests adapting the Home Safety Self-Assessment Tool developed by the University of Buffalo in New York to fit the person's requirements. Elders' awareness on the risk of in-home falls can be done by healthcare providers along with highlighting the environmental factors that can increase the risk and home safety assessments to effectively help prevent falls. It encourages elders to regularly exercise and stay mobile inside their home to prevent the onset of disability



that often results in depression and further inactivity.

Tomita, M., & Nochajski, S. (2013, November/December). Home remedy for fall risk. *Today's Geriatric Medicine*. 6(6): 12. Retrieved January 2, 2014.

Search for the full-text article at www.todaysgeriatricmedicine.com

» **“It’s somebody else’s responsibility” – Perceptions of general practitioners, heart failure nurses, care home staff, and residents towards health failure diagnosis and management for older people in long-term care: A qualitative interview study**

This study examines the experiences and expectations of clinicians, care-facility staff and residents in interpreting suspected symptoms of heart failure (HF) and deciding whether and how to intervene. It found that there was a lack of clear lines of responsibility in providing heart failure care in care-facilities. The access to HF diagnosis and treatment was incorrectly moderated with many clinical staff expressing negative assumptions about the acceptability and utility of interventions. There was a lack of opportunity for dialogue about the balance of risks and benefits of intervention between care-facility staff and residents. Physical, social and organisational barriers did not enable residents from being involved in healthcare decisions. The study recommends the provision of onsite HF service as a potential solution.

Close, H., et. al. (2013, July 5). “It’s somebody else’s responsibility” – Perceptions of general practitioners, heart failure nurses, care home staff, and residents towards health failure diagnosis and management for older people in long-term care: A qualitative interview study. *BMC Geriatrics*. 13(69). Retrieved August 22, 2013.

Search for the full-text article at www.biomedcentral.com

» **A preliminary study of aged care facility staff indicates limitations in awareness of the link between depression and physical morbidity**

It is important to understand the complex inter-relationship between depression and physical illness in order to plan and provide quality health care services for older persons and reduce suffering and early mortality. This study assessed the awareness and knowledge of aged care staff of the link between physical morbidity and depression. Responses to the survey questions demonstrated gaps in knowledge about the relationship between depression and physical health. The need for regular ongoing training to improve knowledge and awareness of this relationship is indicated. Treatment of physical health issues which is essential in reducing the risk for depression in older persons in aged care environments could be optimised by improved staff training.

Atkins, J., Naismith, S. L., Luscombe, G. M., & Hickie, I. B. (2013). A preliminary study of aged care facility staff indicates limitations in awareness of the link between depression and physical morbidity. *BMC Geriatrics*. Retrieved May 2, 2013.

Search for the full-text article at www.biomedcentral.com

» **Can progressive resistance training twice a week improve mobility, muscle strength, and quality of life in very elderly nursing-home residents with impaired mobility? A pilot study**

This study determines the effects of progressive resistance training on mobility, muscle strength, and quality of life in nursing-home residents with impaired mobility. It studied 15 nursing home residents aged 77 years and older with impaired mobility in Berlin, Germany. After an eight-week progressive resistance exercise programme conducted twice a week, mobility

was assessed using the Elderly Mobility Scale; muscle strength by the “eight-repetition maximum”; and quality of life using the Short Form-36 Health Survey. It was found that there was considerable improvement in mobility and muscle strength among the residents after the programme.

Krist, L., Dimeo, F., & Keil, T. (2013, April 23). Can progressive resistance training twice a week improve mobility, muscle strength, and quality of life in very elderly nursing-home residents with impaired mobility? A pilot study. (2013, April 23). *Clinical Interventions in Aging*. Retrieved May 2, 2013.

Search for the full-text article at www.dovepress.com

» Does the care dependency of nursing home residents influence their health-related quality of life?-A cross-sectional study

This research studied 11 German nursing homes from the period April 2008 to December 2009 to analyse if the care dependency of nursing home residents influenced their health-related quality of life (HRQOL) and described the HRQOL of nursing home residents at the time of admission. HRQOL was measured with the Nottingham Health Profile (NHP) in the six domains “Physical Mobility”, “Energy”, “Pain”, “Social Isolation”, “Emotional Reaction” and “Sleep”. Care dependency was evaluated using the Care Dependency Scale, age, sex, cognitive status and diseases. The study found that the level of care dependency had no influence on the HRQOL from the nursing home residents’ perspective except for the “sleep” domain where high care dependency residents have a lower score compared to moderate and low care dependency residents. In the “pain” domain, women had a significantly lower HRQOL compared to men.

Tabali, M., Ostermann, T., Jeschke, E., Dassen, T., & Heinze, C. (2013, March 11). Does the care dependency of nursing home residents influence their health-related quality of life?-A cross-sectional study. *Health and Quality of Life Outcomes* 2013. 11(41). Retrieved March 11 2013.

Search for the full-text article at www.hqlo.com

» Factors associated with falls among older adults living in institutions

Those prone to falls in nursing homes have multiple diseases. These include urinary incontinence, anti-depressant use, multiple medication use and arrhythmias. This finding was based on a research in Spain involving 733 long-term care residents. They noted that the risk of falls increases from people with no disease or one disease only to those with two or more diseases. Beyond that, the risk plateaus. It was also surmised that some falls prevention programmes were ineffective due to the fact that the factor “number of diseases” is hard to militate against. However, other primary factors such as urinary incontinence and the use of anti-depressants are easier to control.

Damian, J., Pastor-Barriuso, R., Valderrama-Gama, E., & de Pedro-Cuesta, J. (2013, January 15). Factors associated with falls among older adults living in institutions. *BMC Geriatrics*. 13(6). Retrieved March 11, 2013.

Search for the full-text article at www.biomedcentral.com

» The relationship between pain and disruptive behaviors in nursing home residents with dementia

Persons with dementia lose the ability to process information and are less likely to express pain in typical ways. This study investigates the effect of pain on disruptive behaviour in nursing home residents with dementia. It examined the following



variables: pain, wandering, aggression, agitation, cognitive impairment, activities of daily living impairments and demographic characteristics. It found that residents with more severe pain were more likely to display aggressive and agitated behaviour and less likely to display wandering behaviour. Effective pain management may help reduce aggression and agitation and promote mobility in residents with dementia.

Ahn, H., & Horgas, A. (2013, February 11). The relationship between pain and disruptive behaviors in nursing home residents with dementia. *BMC Geriatrics*. 13(14). Retrieved March 11, 2013.

Search for the full-text article at www.biomedcentral.com

» The effect of foot massage on long-term care staff working with older people with dementia: A pilot, parallel group, randomized controlled trial

Caring for dementia sufferers can have a detrimental effect on the physical and emotional well-being of long-term care facility staff, with many experiencing increased stress levels and burnout. Massage has been shown to be one way of helping nurses manage stress. This article seeks to establish the effectiveness of massage for care staff looking after the elderly who are afflicted with dementia in long-term care facilities.

Moyle, W., Cooke, M., Dwyer, S. T., Murfield, J., Johnston, A., & Sung, B. (2013, February 18). The effect of foot massage on long-term care staff working with older people with dementia: a pilot, parallel group, randomized controlled trial. *BMC Nursing*. 12(5). Retrieved March 11, 2013.

Search for the full-text article at www.biomedcentral.com

» Effectiveness of an exercise program on postural control in frail older adults

This study investigates the effects of an exercise programme with a focus on postural control exercises in frail older adults. 26 older adults from the Falls Unit, University Hospital Mutua Terrassa, Barcelona, Spain, participated in this single-group study. Volunteers' postural control was evaluated using the Timed Up and Go Test (TUG) and the Guralink test battery, and their static and dynamic posturography were evaluated. The evaluations included an educational session and two weekly one-hour sessions over eight weeks. The study finds that the programme used was safe and was able to promote some improvement in postural control, especially in the anteroposterior direction and in the base support.

Alfieri, F. M., et. al. (2012, December 18). Effectiveness of an exercise program on postural control in frail older adults. *Clinical Interventions in Aging*. Retrieved January 2, 2013.

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» Postural control in elderly women with osteoporosis: Comparison of balance, strengthening and stretching exercises. A randomised controlled trial

This study undertook a randomised, controlled trial to compare the efficacy of balance training associated with muscle strengthening or stretching, relative to no intervention, in the postural control of elderly women with osteoporosis. The sample consisted of 50 women aged 65 years or older, with osteoporosis, randomised into one of three groups: strengthening group, stretching group and control group. Results suggest that interventions in both the strengthening and stretching groups are effective in improving postural control when compared to the control group, and the strengthening group was superior to the stretching group in knee extension strength and in directional control.



Rodrigues, R. M. (2012, November). Postural control in elderly women with osteoporosis: Comparison of balance, strengthening and stretching exercises. A randomised controlled trial. *Clinical Rehabilitation*. Retrieved January 2, 2013.

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» The effects of a long-term care walking program on balance, falls and well-being

This study randomly assigned residents of long-term care facilities into one of three intervention groups: Usual Care Group; Interpersonal Interaction Group; and Walking Programme Group. Assessments were completed at baseline, two and four months during intervention, and two and four months post-intervention. The study found that despite the challenges, insights could be garnered regarding benefits of a walking programme as well as practical intervention implications. Improved resident quality of life, psychosocial function, functional abilities and fewer falls all have the potential to lead to favourable financial and healthcare system outcomes over the longer term.

Vanina, P. M., et. al. (2012, December 18). The effects of a long-term care walking program on balance, falls and well-being. *BMC Geriatrics*. Retrieved January 2, 2013.

Search for the full-text article at www.biomedcentral.com

» Whole-body vibration in addition to strength and balance exercise for falls-related functional mobility of frail older adults: A single-blind randomized controlled trial

Falls are a leading cause of morbidity and mortality in older people. This study investigates the effects of whole-body vibration in addition to an exercise programme on functional mobility and related outcomes for frail older fallers. A total of 38 frail older fallers performed the exercise with whole-body vibration (vibration group) and 39 without (exercise group). The programme involved a 60 minute supervised exercise class three times weekly for eight weeks. The study finds that the addition of whole-body vibration to strength and balance exercise resulted in greater improvements in functional mobility than exercise alone.

Pollock, R. D., Finbarr, M., & Newham, D. J. (2012, October). Whole-body vibration in addition to strength and balance exercise for falls-related functional mobility of frail older adults: A single-blind randomized controlled trial. *Clinical Rehabilitation*. Retrieved November 12, 2012.

Search for the full-text article via National Library Board's digital library - <http://eresources.nlb.gov.sg>

» Maximum walking speeds obtained using treadmill and overground robot system in persons with post-stroke hemiplegia

The aim of this study was to determine the capacity of stroke survivors to reach faster speeds than their self-selected maximum walking speed (SMWS) while walking on a treadmill belt or while being pushed by a robotic system or the "push mode". 18 chronic stroke survivors with hemiplegia were involved in the study. The study calculated their self-selected comfortable walking speed (SCWS) and SMWS overground using a five-metre walk test. Then, they were exposed to walking at increased speeds on a treadmill and while in "push mode" in an overground robotic device, the KineAssist. The results showed that maximum walking speed in the "push mode" was 13 per cent higher than the maximum walking speed on the treadmill and both were higher than the maximum walking speed overground.



Capo-Lugo, C. E., Mullens, C. H., & Brown, D. A. (2012, October 11). Maximum walking speeds obtained using treadmill and overground robot system in persons with post-stroke hemiplegia. *Journal of NeuroEngineering and Rehabilitation*. Retrieved November 6, 2012.

Search for the full-text article at www.jneuroengrehab.com

» Towards more effective robotic gait training for stroke rehabilitation: A review

This research paper determines ways in which robot-driven technology could be improved in order to achieve better outcomes in gait rehabilitation. It details the adverse effects of stroke on gait and the different rehabilitative training methods and therapies that exist. It reviews the existing robotic gait training technology and the training outcomes in various groups of stroke patients – acute, subacute and chronic groups. It finally analyses how robot-assisted gait therapy can be improved.

Pennycott, A., Ureta, V., Wyss, D., Vallery, H., Klamroth-Marganska, V., & Riener, R. (2012, September 7). Towards more effective robotic gait training for stroke rehabilitation: A review. *Journal of NeuroEngineering and Rehabilitation* 2012. 9(65). Retrieved September 7, 2012.

Search for the full text article at www.jneuroengrehab.com

» Effects of circuit training as alternative to usual physiotherapy after stroke: Randomised controlled trial

This study analyses the effect of task-oriented circuit training compared with usual physiotherapy in terms of self-reported walking competency for patients with stroke discharged from a rehabilitation centre to their own home. It undertook a randomised controlled trial with follow-up to 24 weeks. The setting was a multicentre trial in nine outpatient rehabilitation centres in the Netherlands and the participants were patients with stroke who were able to walk a minimum of 10 minutes without physical assistance and were discharged from inpatient rehabilitation to an outpatient rehabilitation clinic. The study found that task-oriented circuit training could safely replace usual physiotherapy for patients with stroke who were discharged from inpatient rehabilitation to the community and need further training in gait and gait-related activities as outpatients.

Port, I. G. L., Wevers, L. E. G., Lindeman, E., & Kwakkel, G. (2012, May 10). Effects of circuit training as alternative to usual physiotherapy after stroke: Randomised controlled trial. *BMJ*. Retrieved June 25, 2012.

Search for the full-text article at www.bmj.com/thebmj

» Enhancing physical activity in older adults receiving hospital based rehabilitation: A phase II feasibility study

Low activity levels and poor mobility outcomes are found in older adults receiving inpatient rehabilitation. Increased physical activity may improve their mobility. This study evaluates the feasibility of a randomised controlled trial (RCT) of enhanced physical activity in older adults receiving rehabilitation. To determine the most appropriate measure of mobility, three measures were trialled: the Timed Up and Go; the Elderly Mobility Scale; and the de Morton Mobility Index. The study showed that the de Morton Mobility Index was most feasible. In addition, the study found that a larger multi-centre RCT to establish whether this intervention is cost-effective and improves mobility was warranted.



Said, C. M., Morris, M. E., Woodward, M., Churilov, L., & Bernhardt, J. (2012, June 8). Enhancing physical activity in older adults receiving hospital based rehabilitation: A phase II feasibility study. *BMC Geriatrics*. Retrieved June 25, 2012.

Search for the full-text article at www.biomedcentral.com

» **Effects of comprehensive geriatric assessment and targeted intervention on mobility in persons aged 75 years and over: A randomised controlled trial**

The effect of a comprehensive geriatric assessment and individually tailored intervention on mobility in older people is assessed in this study. It also explores the effectiveness of geriatric interventions among a subgroup of persons with musculoskeletal pain. 781 Finnish persons aged 75-98 years were assigned to an intervention or control group of a three-year geriatric development project. The result found that the comprehensive geriatric assessment and individually tailored multifactorial intervention had a positive effect on mobility, underlining their importance in health promotion and disability prevention in older people.

Lihavainen, K., Sipila, S., Rantanen, T., & Kauppinen, M. (2012, April). Effects of comprehensive geriatric assessment and targeted intervention on mobility in persons aged 75 years and over: A randomised controlled trial. *Clinical Rehabilitation*. Retrieved June 25, 2012.

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» **How can we improve targeting of frail elderly patients to a geriatric day-hospital rehabilitation program?**

This paper provides a retrospective cohort analysis over a period of five years of patients admitted to the Geriatric Day Hospital (GDH) programmes in Montreal, Canada. It aims to identify potential predictors of rehabilitation outcome for the elderly patients. The patients were measured using various measurement tools such as Barthel Index, Older American Resources and Services, Folstein Mini Mental Status Exam, Timed Up & Go, Grip Strength, and European Quality of Life – 5 Dimensions. The findings revealed that the GDH rehabilitation programme was effective when it came to improving the patient's physical performance.

Pereira, S., Chiu, W., Turner, A., Chevalier, S., Joseph, L., Huang, A. R., & Morais, J. A. (2010). How can we improve targeting of frail elderly patients to a geriatric day-hospital rehabilitation program? *BMC Geriatrics*. Retrieved April 7, 2011.

Search for the full text article at www.biomedcentral.com

» **Parkinson's safety net**

This article reflects the growing importance of physiotherapy in helping Parkinson's patients in the Netherlands and the various physiotherapy initiatives that are developed in the country. In 2002, the Parkinson's Center Nijmegen was set up and a select group of physiotherapists, speech therapists and occupational therapists were trained in Parkinson care. ParkinsonNet enabled the therapists to see many more Parkinson patients, learn from them and fine-tune their skills. It also created a network of professionals who could consult with each other. Fysio Online was started by Zorggroep Almere. It provides patients with information on physiotherapy via their website. The first physiotherapy treatment guidelines for cervical dystonia are currently being drawn up by physiotherapists and clinicians at the Amsterdam and Nijmegen Academic Medical Centers.

Tony Sheldon. (2011, March 16). Parkinson's safety net. Chartered Society of Physiotherapy. Retrieved April 7, 2011.

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