Search Results

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1. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (physical AND therapy).ti,ab [Limit to: Publication Year 2009-Current]; 11243 results.
2. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; physiotherapy.ti,ab [Limit to: Publication Year 2009-Current]; 3478 results.
3. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (Physical AND Therapy AND Modalities).ti,ab [Limit to: Publication Year 2009-Current]; 330 results.
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8. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; electrotherapy.ti,ab [Limit to: Publication Year 2009-Current]; 155 results.
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12. MEDLINE; *ELECTRIC STIMULATION THERAPY/ [Limit to: Publication Year 2009-Current and English Language]; 750 results.
13. MEDLINE; 11 AND 12 [Limit to: Publication Year 2009-Current and English Language]; 4 results.
14. AMED; exp PHYSIOTHERAPY/ OR exp PHYSICAL THERAPY MODALITIES/ [Limit to: Publication Year 2009-Current]; 2069 results.
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19. CINAHL; *PHYSICAL THERAPY/; 10374 results.
20. CINAHL; *ELECTROTHERAPY/ [Limit to: Publication Year 2009-2010 and (Language English)]; 96 results.
21. CINAHL; 19 AND 20 [Limit to: Publication Year 2009-2010 and (Language English)]; 0 results.
22. HMIC; exp PHYSIOTHERAPY/ [Limit to: Publication Year 2009-Current]; 83 results.
23. HMIC; exp ELECTROTHERAPY/ [Limit to: Publication Year 2009-Current]; 2 results.
24. HMIC; 22 AND 23 [Limit to: Publication Year 2009-Current]; 2 results.
25. MEDLINE,AMED,HMIC; Duplicate filtered: [11 AND 12 [Limit to: Publication Year 2009-Current and English Language]], [14 AND 17 [Limit to: Publication Year 2009-Current]], [22 AND 23 [Limit to: Publication Year 2009-Current]]; 15 results.

1. Effects of electrical stimulation, exercise training and motor skills training on strength of children with meningomyelocele: a systematic review.

Citation: Physical & Occupational Therapy in Pediatrics, 2009, vol./is. 29/4(445-63), 0194-2638;1541-3144 (2009)

Author(s): Dagenais LM; Lahay ER; Stueck KA; White E; Williams L; Harris SR

Institution: Department of Physical Therapy, University of British Columbia, Vancouver, British Columbia, Canada.

Language: English

Abstract: This systematic review provides a critical synthesis of research regarding the effects of electrical stimulation, exercise training, and motor skills training on muscle strength in children with meningomyelocele. Nine databases were searched using terms related to meningomyelocele and physical therapy interventions. Of 298 potentially relevant citations, six met the inclusion criteria. Each was rated using the systematic review guidelines of the American Academy for Cerebral Palsy and Developmental Medicine. Two studies examined changes in quadriceps muscle torque following electrical stimulation, three investigated upper extremity exercise training, and one evaluated quadriceps strength after motor skills training. Although the limited evidence suggests improvements in strength when using these interventions, much of the evidence is of low methodological quality and all studies were published more than 10 years ago. Further research is needed regarding various strength-training interventions for children with meningomyelocele and the relationship between increased strength and improved activity and participation.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings:
Child
*Electric Stimulation Therapy
Humans
*Meningomyelocele/rh [Rehabilitation]
Muscle, Skeletal
*Physical Therapy Modalities
*Resistance Training

Source: MEDLINE

2. Medical evaluation of patients undergoing electroconvulsive therapy

Citation: New England Journal of Medicine, 2009, vol./is. 360/14(1437-1444), 0028-4793 (Apr 2 2009)

Author(s): Tess, Anjala V; Smetana, Gerald W

Publication Type: Article

Subject Headings:
ELECTRO CONVULSIVE THERAPY
DEPRESSION
MENTAL HEALTH
MENTAL DISORDERS

Source: HMIC

Full Text: Available in *selected fulltext* at *Highwire Press*
Available in *fulltext* at *ProQuest*

3. Trends in the administration of electroconvulsive therapy in England

Citation: Psychiatric Bulletin, 2009, vol./is. 33/2(61-63), 0955-6036 (Feb 2009)

Author(s): Bickerton, David; Worrall, Adrian; Chaplin, Robert

Publication Type: Article

Subject Headings: ELECTRO CONVULSIVE THERAPY
PSYCHIATRIC TREATMENT
DATA COLLECTION
HOSPITAL EPISODES
HOSPITAL ACTIVITY ANALYSIS
NHS

Source: HMIC

Full Text: Available in *fulltext* at *Highwire Press*

4. Bioelectricity and microcurrent therapy for tissue healing - a narrative review

Citation: Physical Therapy Reviews, April 2009, vol./is. 14/2(104-14), 1083-3196 (2009 Apr)

Author(s): Poltawski L; Watson T

Language: English

Abstract: Background: Microcurrent therapy (MCT) uses electric currents similar to those produced by the body during tissue healing. It may be a particularly beneficial where endogenous healing has failed. Aim: To review evidence regarding microcurrent in tissue healing and the application of MCT. Methods: All peer-reviewed studies concerning microcurrent and MCT were sought, and representative literature was synthesised to indicate the scope and weight of current evidence. Results: Microcurrent appears to play a significant role in the healing process, and MCT can promote healing in a variety of bone and skin lesions. The evidence for other tissues is encouraging but presently scant. Conclusion: MCT may have unrealised potential in the treatment of dysfunctional tissue healing and deserves greater attention by researchers and clinicians.

Publication Type: Review

Subject Headings: Wound healing
physical therapy modalities
Electrotherapy
humans
Rehabilitation
Physiology

Source: AMED

Full Text: Available in *fulltext* at *EBSCO Host*

5. Bilateral upper limb training with functional electric stimulation in patients with chronic stroke.

Citation: Neurorehabilitation & Neural Repair, May 2009, vol./is. 23/4(357-65), 1545-9683;1545-9683 (2009 May)

Author(s): Chan MK; Tong RK; Chung KY

Institution: Occupational Therapy Department, Kowloon Hospital, Hong Kong.

Language: English

Abstract: BACKGROUND: The recovery rate of upper limb function after stroke is poor when compared with independent walking. Therefore, effective methods are warranted for upper limb rehabilitation. OBJECTIVE: The aim of this study was to investigate the effectiveness of functional electric stimulation (FES) with bilateral activities training on upper limb function. METHODS: This study was a double-blinded randomized controlled trial. Twenty patients were recruited 6 months after the onset of stroke and completed 15 training sessions. Participants were randomly assigned to the FES group or to the control group. Each session consisted of stretching activities (10 minutes), FES with bilateral tasks (20 minutes), and occupational therapy treatment (60 minutes). The participants used a self-trigger mechanism, with an accelerometer as a motion detector, for generating an electric stimulation pattern that was synchronized with the bilateral upper limb activities during the training. The participants in the control group received the same duration of stretching and occupational therapy training except that they just received

placebo stimulation with the bilateral tasks. The outcome measures included Functional Test for the Hemiplegic Upper Extremity (FTHUE), Fugl-Meyer Assessment (FMA), grip power, forward reaching distance, active range of motion of wrist extension, Functional Independence Measure, and Modified Ashworth Scale. RESULTS: At baseline comparison, there was no significant difference in both groups. After 15 training sessions, the FES group had significant improvement in FMA (P = .039), FTHUE (P = .001), and active range of motion of wrist extension (P = .020) when compared with the control group. CONCLUSIONS: Bilateral upper limb training with FES could be an effective method for upper limb rehabilitation of stroke patients after 15 training sessions.

Country of Publication: United States

Publication Type: Journal Article; Randomized Controlled Trial; Research Support, Non-U.S. Gov't

Subject Headings:
Adult
Aged
Arm/ir [Innervation]
*Arm/pp [Physiopathology]
Chronic Disease
Double-Blind Method
*Electric Stimulation Therapy/mt [Methods]
Female
*Functional Laterality/ph [Physiology]
Hand Strength/ph [Physiology]
Humans
Male
Middle Aged
Movement Disorders/et [Etiology]
Movement Disorders/pp [Physiopathology]
*Movement Disorders/rh [Rehabilitation]
Muscle Contraction/ph [Physiology]
Muscle Stretching Exercises/mt [Methods]
Outcome Assessment (Health Care)/mt [Methods]
*Physical Therapy Modalities
Range of Motion, Articular/ph [Physiology]
Recovery of Function/ph [Physiology]
Stroke/co [Complications]
Stroke/pp [Physiopathology]
*Stroke/rh [Rehabilitation]
Treatment Outcome

Source: MEDLINE

6. Sense of coherence and psychiatric morbidity in terms of anxiety and depression in patients with major depression before and after electric convulsive treatment

Citation: Scandinavian Journal of Caring Sciences, June 2009, vol./is. 23/2(375-9), 0283-9318 (2009 Jun)

Author(s): Langius-Eklof A; Samuelsson M

Language: English

Abstract: The specific aim of this study was to explore if the Sense of Coherence (SOC) Scale reflects and overlaps with standardized psychiatric assessments of depression and anxiety leading to the main hypothesis that the degree of depression decreases while the SOC scores remain stable. Fifteen patients with a diagnosis of major depression according to Axis I in DSM-IV and planned electric convulsive treatment (ECT) participated in the study. The clinician-rated instruments, Montgomery Asberg Depression Rating Scale (MADRS) and Global Assessment of Function (GAF), and the self-assessment instruments such as SOC and the Comprehensive Psychopathological Rating Scale-Self Rating Scale for Affective Syndromes (CPRS-S-A) were used before and after the treatment. The patients showed statistically significant improvements in clinician-rated depression ($p < 0.001$) and functional status ($p < 0.001$), and in self-rated anxiety ($p =$

0.001) and depression (p = 0.003). There was no significant improvement in SOC (p = 0.213). No significant correlations were found between the SOC scores and any of the measures except for GAF after treatment (r = 0.57, p = 0.039); the lower the SOC scores the greater was the functional dysfunction. In conclusion, the SOC Scale seems not to be a measure of psychopathology in terms of depression or anxiety merely.

Publication Type: Journal Article

Subject Headings:
Mental disorders
Anxiety disorders
depressive disorder
Nursing care
humans
Electrotherapy
Methods

Source: AMED

Full Text: Available in *fulltext* at *EBSCO Host*

7. Inclusion of thoracic spine thrust manipulation into an electro- therapy/thermal program for the management of patients with acute mechanical neck pain: A randomized clinical trial

Citation: Manual Therapy, June 2009, vol./is. 14/3(306-13), 1356-689X (2009 Jun)

Author(s): Iglesias JG; Penas CF; Cleland JA; Sendin FA; Cerro LP; Sanchez RM

Language: English

Abstract: Our aim was to examine the effects of a seated thoracic spine distraction thrust manipulation included in an electrotherapy/thermal program on pain, disability, and cervical range of motion in patients with acute neck pain. This randomized controlled trial included 45 patients (20 males, 25 females) between 23 and 44 years of age presenting with acute neck pain. Patients were randomly divided into 2 groups: an experimental group which received a thoracic manipulation, and a control group which did not receive the manipulative procedure. Both groups received an electrotherapy program consisting of 6 sessions of TENS (frequency 100 Hz; 20 mm), superficial thermotherapy (15 mm) and soft tissue massage. The experimental group also received a thoracic manipulation once a week for 3 consecutive weeks. Outcome measures included neck pain (numerical pain rate scale; NPRS), level of disability (Northwick Park Neck Pain Questionnaire; NPQ) and neck mobility. These outcomes were assessed at baseline and I week after discharge. A 2-way repeated-measures ANOVA with group as between-subject variable and time as within-subject variable was used. Patients receiving thoracic manipulation experienced greater reductions in both neck pain, with between-group difference of 2.3 (95% CI 2-2.7) points on a 1 l-NPRS, and perceived disability with between-group differences 8.5 (95% CI 7.2-9.8) points. Further, patients receiving thoracic manipulation experienced greater increases in all cervical motions with between-group differences of 10.6 degrees (95% CI 8.8-12.5 degrees) for flexion; 9.9 degrees (95% CI 8.1-11.7 degrees) for extension; 9.5 degrees (95% CI 7.6-11.4 degrees) for right lateral-flexion; 8 degrees (95% CI 6.2-9.8 degrees) for left lateral-flexion; 9.6 degrees (95% CI 7.7-11.6 degrees) for right rotation; and 8.4 degrees (95% CI 6.5-10.3 degrees) for left rotation. We found that the inclusion of a thoracic manipulation into an electrotherapy/ thermal program was effective in reducing neck pain and disability, and in increasing active cervical mobility in patients with acute neck pain.

Publication Type: Journal Article

Subject Headings:
Neck pain
Spinal disease
physical therapy modalities
Thoracic vertebrae
humans
Acute disease
Rehabilitation
Electrotherapy

Source: AMED

8. Effect of thermal water and adjunctive electrotherapy on chronic low back pain: A double-blind, randomized, follow-up study

Citation: Journal of Rehabilitation Medicine, January 2010, vol./is. 42/1(73-9), 1650-1977 (2010 Jan)

Author(s): Kulisch A; Bender T; Nemeth A; Szekeres L

Language: English

Abstract: Objective: The aim of this study was to evaluate the effectiveness of thermal mineral water, compared with tap water in the treatment of low back pain. Methods: This randomized, double-blind, controlled, follow-up study included 71 patients who underwent 20-minute dally treatment sessions with medicinal water or with tap water, both at a temperature of 34 degrees C, on 21 occasions. Both groups underwent additional adjunctive electrotherapy. Outcome measures were visual analogue scale scores, Schober's sign, Domjan's signs, Oswestry disability and Short Form-36 questionnaire. The study parameters were administered at baseline, immediately after treatment, and after 15 weeks. Results: After treatment, there was a significant improvement in all parameters in the thermal water group. This improvement was still evident after 15 weeks. The improvement in the control group was less substantial compared with baseline values. Comparison of the 2 treatments revealed a statistically significant difference in 3 outcome parameters (visual analogue scale scores III, IV and Schober's index). In the subset of patients who completed the study according to the protocol, the greater efficacy of treatment with thermal water was also confirmed by the other study parameters. Conclusion: In the group treated with thermal water, improvement occurred earlier, lasted longer and was statistically significant.

Publication Type: Randomized Controlled Trial

Subject Headings: Electrotherapy
Low back pain
humans
Chronic disease

Source: AMED

9. Use of electrical stimulation and exercise to increase muscle strength in a patient after surgery for cervical spondylotic myelopathy.

Citation: Physiotherapy Theory & Practice, February 2010, vol./is. 26/2(134-42), 0959-3985;1532-5040 (2010 Feb)

Author(s): Pastor D

Institution: Rehabcare Group, Troy, Missouri 63379, USA. pastorsbus@aol.com

Language: English

Abstract: Current literature offers little research on the restoration of function in patients following anterior decompression surgery for cervical spondylotic myelopathy. This case report describes the functional outcomes for a physical therapy program using a protocol of alternate day electrical stimulation to hip and knee extensor muscles along with exercise. The protocol, designed to increase lower extremity strength necessary for ambulation in a patient who was status post anterior cervical decompression and fusion surgery, consisted of treatment sessions five times per week for 6 weeks and included electrical stimulation [medium frequency alternating current (MFAC)] in conjunction with active range of motion exercises, followed by functional mobility training and gait training. Outcome measures included Manual Muscle testing, the Functional Independence Measure (FIM), and the Walking Index for Spinal Cord Injuries (WISCI). Improvement was demonstrated in all three measures following the use of the treatment regimen, suggesting there may be a benefit to the use of electrical stimulation and exercise to increase lower extremity strength and improve gait outcomes in this population. Definitive conclusions regarding the correlation between this treatment protocol and the outcomes achieved are limited by

the case report design. Carefully designed research studies are needed to demonstrate the effectiveness of the protocol.

Country of Publication: England

Publication Type: Case Reports; Journal Article

Subject Headings:
Activities of Daily Living
Aged, 80 and over
Cervical Vertebrae
*Decompression, Surgical
*Electric Stimulation Therapy
Female
Gait
Humans
Lower Extremity
*Muscle Strength
*Muscle, Skeletal/ir [Innervation]
*Physical Therapy Modalities
Range of Motion, Articular
Recovery of Function
Spinal Cord Compression/et [Etiology]
Spinal Cord Compression/pp [Physiopathology]
*Spinal Cord Compression/su [Surgery]
Spondylitis/co [Complications]
Spondylitis/pp [Physiopathology]
*Spondylitis/su [Surgery]
Time Factors
Treatment Outcome
Weight-Bearing

Source: MEDLINE

10. Botulinum toxin, physical and occupational therapy, and neuromuscular electrical stimulation to treat spastic upper limb of children with cerebral palsy: a pilot study.

Citation: Artificial Organs, March 2010, vol./is. 34/3(230-4), 0160-564X;1525-1594 (2010 Mar)

Author(s): Rodríguez-Reyes G; Alessi-Montero A; Díaz-Martínez L; Miranda-Duarte A; Pérez-Sanpablo AI

Institution: Department of Prosthetics and Orthotics, Instituto Nacional de Rehabilitación, Mexico City, Mexico. grodriguezreyes@gmail.com

Language: English

Abstract: Spasticity has been successfully managed with different treatment modalities or combinations. No information is available on the effectiveness or individual contribution of botulinum toxin type A (BTA) combined with physical and occupational therapy and neuromuscular electrical stimulation to treat spastic upper limb. The purpose of this study was to assess the effects of such treatment and to inform sample-size calculations for a randomized controlled trial. BTA was injected into spastic upper limb muscles of 10 children. They received 10 sessions of physical and occupational therapy followed by 10 sessions of neuromuscular electrical stimulation on the wrist extensors (antagonist muscles). Degree of spasticity using the Modified Ashworth scale, active range of motion, and manual function with the Jebsen hand test, were assessed. Meaningful improvement was observed in hand function posttreatment ($P = 0.03$). Median spasticity showed a reduction trend and median amplitude of wrist range of motion registered an increase; however, neither of these were significant ($P > 0.05$). There is evidence of a beneficial effect of the combined treatment. Adequate information has been obtained on main outcome-measurement variability for calculating sample size for a subsequent study to quantify the treatment effect precisely.

Country of Publication: United States

CAS Registry Number: 0 (Botulinum Toxin Type A); 0 (Neuromuscular Agents)

Publication Type: Journal Article

Subject Headings:
Biomechanics
Botulinum Toxin Type A/ad [Administration & Dosage]
*Botulinum Toxin Type A/tu [Therapeutic Use]
Cerebral Palsy/di [Diagnosis]
Cerebral Palsy/pp [Physiopathology]
*Cerebral Palsy/th [Therapy]
Child
Child, Preschool
Combined Modality Therapy
Disability Evaluation
*Electric Stimulation Therapy
Feasibility Studies
Female
Humans
Injections, Intramuscular
Male
Muscle Spasticity
Neuromuscular Agents/ad [Administration & Dosage]
*Neuromuscular Agents/tu [Therapeutic Use]
*Occupational Therapy
*Physical Therapy Modalities
Pilot Projects
Range of Motion, Articular
Severity of Illness Index
Treatment Outcome
Upper Extremity/ir [Innervation]
*Upper Extremity/pp [Physiopathology]
Wrist/pp [Physiopathology]

Source: MEDLINE

11. A comparison of electrosurgery and sharp debridement in the treatment of chronic neurovascular, neurofibrous and hard corns. A pragmatic randomised controlled trial

Citation: Foot, March 2010, vol./is. 20/1(12-7), 0958-2592 (2010 Mar)

Author(s): Bevans JS; Bosson G

Language: English

Publication Type: Randomized Controlled Trial

Subject Headings:
callosities
Electrotherapy
debridement
humans
Chronic disease
Surgery operative
Therapy
Methods

Source: AMED

12. Electrotherapy for the treatment of painful diabetic peripheral neuropathy: A review

Citation: Journal of Rehabilitation Medicine, April 2010, vol./is. 42/4(289-95), 1650-1977 (2010 Apr)

Author(s): Pieber K; Herceg M; Paternostro-Sluga T

Language: English

Abstract: Objective: To review different types of electrotherapy for the treatment of painful diabetic peripheral neuropathy. Methods: A structured search of the electronic database

MEDLINE was performed from the time of its initiation to July 2009. Articles in English and German were selected. Results: The efficacy of different types of electrotherapy for painful diabetic peripheral neuropathy has been evaluated in 15 studies; the effects of transcutaneous electrical nerve stimulation are consistent. The beneficial effects of prolonged use have been reported in three large studies and one small study. The effects of frequency-modulated electromagnetic neural stimulation were assessed in one large study, and a significant reduction in pain was reported. Treatment with pulsed and static electromagnetic fields has been investigated in two small and three large studies, and analgesic benefits have been reported. In one large study focusing on pulsed electromagnetic fields, no beneficial effect on pain was registered. Only small studies were found concerning other types of electrotherapy, such as pulsed-dose electrical stimulation, high-frequency external muscle stimulation or high-tone external muscle stimulation. The conclusions drawn in these articles are diverse. Shortcomings and problems, including a poor study design, were observed in some. Conclusion: Further randomized, double-blind, placebo-controlled studies comprising larger sample sizes, a longer duration of treatment, and longer follow-up assessments are required.

Publication Type: Review

Subject Headings: Electrotherapy
Diabetic neuropathies
Rehabilitation
humans

Source: AMED

13. Elektrotherapie und Muskelkater - neueste wissenschaftliche Erkenntnisse

Citation: Zeitschrift fur Physiotherapeuten Krankengymnastik, July 2010, vol./is. 62/7 Suppl(17-8), 1614-0397 (2010 Jul)

Author(s): Jenrich W

Language: German

Publication Type: Journal Article

Subject Headings: Electrotherapy
Muscular disease
humans
Therapy

Source: AMED

14. The efficacy of frequency specific microcurrent therapy on delayed onset muscle soreness

Citation: Journal of Bodywork and Movement Therapies, July 2010, vol./is. 14/3(272-9), 1360-8592 (2010 Jul)

Author(s): Curtis D; Fallows S; Morris M; McMakin C

Language: English

Publication Type: Journal Article

Subject Headings: Electrotherapy
Muscle soreness
humans
Therapy
Methods

Source: AMED