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Faculté des sciences de la santé
Faculty of Health Sciences

École des sciences de la réadaptation School of Rehabilitation Sciences

2018 Symposium in Rehabilitation Sciences Symposium de recherche en science de la réadaptation 2018

April 17, 2018

17 avril, 2018

Roger Guindon Hall/Pavillon Roger-Guindon

451 Smyth Rd/chemin Smyth, Ottawa, ON, K1H 8M5

Abstracts ❖ Résumés

Poster Presentations
Présentations par affiche



Rehabilitation Sciences Student Association (RSSA)
Association des étudiants en sciences de la réadaptation (AÉSR)
University of Ottawa/Université d'Ottawa

2018





School of Rehabilitation Sciences/École des sciences de la réadaptation
University of Ottawa/Université d'Ottawa

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2018 Symposium in Rehabilitation Sciences **Symposium de recherche en science de la réadaptation 2018**

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Poster Presentations **Présentations par affiche**

PhD Students, Candidates and Postdoctoral Fellows
Étudiants et candidats au PhD, stagiaires postdoctoraux

Rehabilitation Sciences Student Association (RSSA)
Association des étudiants en sciences de la réadaptation (AÉSR)
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Influence of local thermal stimulation on afferent-induced modulation in the hand motor area: a transcranial magnetic stimulation study

Yekta Ansari, Naomi van Walraven, Anthony Remaud & François Tremblay

There is evidence to suggest that thermal stimulation can assist the recovery of motor function in stroke survivors. However, the neurophysiological basis of thermally-induced changes in corticospinal excitability remains poorly documented. We sought to investigate whether local skin cooling can affect TMS markers of sensori-motor integration (SAI/AIF).

With participants (n=15) at rest, sensory motor integration was assessed by measuring modulation of motor evoked potentials (MEP) amplitude in the first dorsal interosseous (FDI) muscle in response to prior electrical stimulation applied at the median nerve at the wrist. Short-latency afferent inhibition (SAI) at 20 ms ISI and afferent-induced facilitation (AIF) at 50-60 ms ISI were derived. At baseline, both unconditioned MEPs and SAI-AIF were measured. Then, finger cooling was induced using a gel pack sleeve (~10 °C). At 1-min during cooling, both SAI and AIF were measured again.

Overall, neither SAI nor AIF were significantly changed in response to cooling. However, at the individual level, reductions in skin temperature was found to have significant inverse association with SAI ($r^2=0.22$, $p=0.04$) and direct association with AIF ($r^2=0.35$, $p=0.02$), so that individuals showing larger reduction in temperature also showed lesser inhibition and larger facilitation in response to cooling.

These observations suggest that activation of thermal cold afferents in the digital skin tends to release inhibition at the cortical level leading to enhanced sensorimotor transmission. These effects, however, appear to be dependent on the degree of skin cooling and likely reflect the recruitment of larger cold fiber populations as temperature decreases.

The Impact of Religion/Spirituality and Acculturation on Adopting Healthy Lifestyle Behaviours to Prevent Cardiovascular Diseases: Experts Opinion from the Arab Community in Ottawa

Hussein Baharoon & Judy King

Background: Adopting healthy lifestyle behaviours is the target of the primary and secondary prevention in cardiac rehabilitation programs to prevent cardiovascular diseases (CVD). Arab people living in the host countries, such as Canada, tend to have higher levels of risk factors for CVD. Despite the importance of faith, cultural background in their life, little is known on the impact of religion/spirituality and acculturation on adopting healthy lifestyle behaviours among Arab individuals to prevent CVD.

Objectives: The overall objective of this study is to understand the impact of religion/spirituality and acculturation on adapting healthy lifestyles behaviours to prevent CVD among Arab people from the perspective of the Arabic Health Coalition as experts in the health promotion among Arab communities in Ottawa.

The research questions

1. How do Muslim and Christian Arab people deal with healthy lifestyle behaviours to prevent CVD in the Canadian context?
2. What is the perceived relationship between the identified coping strategies and religion/spirituality and acculturation?

Methods: 3 focus groups of 90-120 minutes will be conducted with members of the Arab Health coalition (4 to 6 participants for each group) in following an interpretive description approach. Group discussions will be audio-recorded and data collected will be transcript to be used in the inductive content analysis.

Expected outcomes: Findings from this study will inform two follow-up studies (quantitative study and qualitative study) that will focus on the roles of religion/spirituality and acculturation in managing stress and lifestyle change behaviours after cardiac events among Arab individuals diagnosed with CVD.

The Impact of a Familiarization Session on Pelvic Floor Muscle Dynamometry Outcomes in Women

Marie-Ève Bérubé, Catriona S. Czynnyj & Linda McLean

Background: Intra-vaginal dynamometry yields objective and reliable measures of pelvic floor muscle (PFM) forces. However, the impact of motor learning on force generation warrants investigation.

Objective: To investigate the impact of task familiarization on active and passive PFM properties measured in nulliparous women using an automated intra-vaginal dynamometer.

Methods: This study received research ethics approval. Nulliparous women provided consent and attended three laboratory assessments at one-week intervals. First, the physiotherapist provided instructions to ensure that women were doing a proper PFM contraction. In supine, the automated dynamometer was inserted into the vagina. Active PFM properties were measured during maximal voluntary contractions at two different diameters (25mm and 35mm). Passive PFM properties were measured while the arms of the dynamometer opened from an initial diameter of 15mm to 40 mm at two different speeds (25mm/s and 50mm/s). Tissue elongation was held for 5s and then the arms closed. Three repetitions of each task were performed. Baseline force (N), peak force (N), relative peak force (N), and rate of force development (N/s) were computed for each task. Between session effects were tested for each outcome using one-way repeated measure ANOVAs ($\alpha=0.05$).

Results: Twenty nulliparous women (mean age = 35 ± 15 years; BMI = $23.47\pm 4.04\text{kg/m}^2$) participated. No significant differences were found across the three visits for any force outcomes ($p>0.05$).

Discussion: There is no evidence of motor learning on dynamometric measures of PFM active or passive forces in nulliparous women. These results will guide the development of clinical and research protocols involving automated intravaginal dynamometry.

Remédiation métacognitive et métalinguistique chez les enfants franco-ontariens présentant des difficultés d'écoute

Jacynthe Bigras & Josée Lagacé

Objectif: Cette étude évaluera l'efficacité d'un programme de remédiation métacognitive et métalinguistique (RMM) sur le fonctionnement d'enfants ayant des difficultés d'écoute. Également, il sera déterminé si la réalité virtuelle offre des bienfaits supplémentaires.

Recension des écrits : Plusieurs enfants ayant des difficultés d'apprentissage présentent des difficultés d'écoute, et ce, particulièrement dans le bruit. Ces difficultés d'écoute peuvent être le résultat d'une incapacité au niveau du traitement auditif ou être reliées à une faiblesse langagière ou cognitive.

Les approches d'intervention visent majoritairement les processus « Bottom-Up ». Dans les écrits scientifiques, plusieurs études se penchent sur l'utilisation de système de modulation de fréquence (MF) et les logiciels d'entraînement auditif. Toutefois, le système MF n'est utilisé principalement qu'en salle de classe, et, selon des revues systématiques, l'efficacité des logiciels demeure peu concluante. Une approche « Top-Down » centrée sur les besoins de l'enfant sera étudiée grâce à un programme de RMM mettant l'accent sur l'utilisation, par l'enfant, de stratégies de réparations de bris de communication.

Méthodologie: Cette étude sera un essai clinique aléatoire avec un groupe contrôle. 36 enfants franco-ontariens âgés de 8 à 12 ans seront recrutés et répartis soit dans un groupe contrôle soit dans un des deux groupes expérimentaux, les deux suivant un programme de RMM, mais dont un comprendra la réalité virtuelle. Les enfants participeront à une séance hebdomadaire d'une heure, et ce, pendant 8 semaines. Des mesures de rendement seront effectuées avant, immédiatement après et 3 mois après la thérapie.

Expanding the present by looking back: Intellectual disability advocacy in Ontario

Josée Boulanger

Most people who have been labelled with an intellectual disability, their families and allies are bewildered by the complexity of the very system that is meant to support them. Disconnected from the vast knowledge and experience of advocates who came before them, many toil away in isolation to build the supports they need to go about their daily lives.

While research in the area of intellectual disability has been conducted on the rise and fall of total institutions and the history of the concept, there is limited research on the history of advocacy by and on behalf of people labelled with an intellectual disability. This study aims to fill that gap by documenting and analysing intellectual disability advocacy. It is focused on the province of Ontario and the period covered runs roughly for 60 years from 1950s to 2010.

Through archival research and focus group discussions, this research explores the approaches taken by people labelled with an intellectual or developmental disability, supportive family members and other allies in their fight to have opportunities to live well and even to flourish. This study recovers some of the stories and perspectives of families and self-advocates involved in advocating for social change and is part of a growing body of research on disability history. Written as a historical narrative and supplemented with an easy to read version, this study informs current individual and collective advocacy practices by making past efforts visible.

Characteristics of women with stress urinary incontinence that are predictive of successful physiotherapy outcomes

Kaylee C. L. Brooks, Kevin Varette & Linda McLean

Physiotherapy is the recommended first-line treatment for women with stress urinary incontinence (SUI), however it cures only up to 50% of women. Thus, the primary objective of this study was to develop a predictive model of successful physiotherapy intervention outcomes among women with SUI using predictors that are easily accessible to clinicians.

Seventy-nine women with SUI were assessed at baseline on measures including demographics (i.e. age, body mass index, etc.), incontinence severity (ICIQ-FLUTS questionnaire, 3-day bladder diary, standardized pad test) and clinical assessments of PFM strength and tone. Women then attended a 12-week physiotherapy intervention and returned for a follow-up assessment.

The multivariate logistic regression model was significant ($p < .001$) with two predictors: baseline ICIQ-FLUTS urinary incontinence (UI) subscale ($p = .01$) and parity ($p = .06$). These variables accounted for 15% (Cox & Snell R^2) and 20% (Nagelkerke R^2) of the variance within the model and accurately classified 72% of women. A significant ROC curve for the ICIQ-FLUTS UI subscale ($p < .01$) indicated that a score of 7.50 or less predicted successful physiotherapy intervention outcomes with 55.6% sensitivity and 80.8% specificity. These results suggest that women who score 7.50 or less on the ICIQ-FLUTS UI subscale are more likely to benefit from a physiotherapy intervention; women with lower parity may also be more likely to benefit. The next steps of this research will involve exploring the predictive ability of pelvic morphology measured through ultrasound imaging to create a more robust model of successful physiotherapy intervention for SUI.

Maximizing parents' implementation of CO-OP approach outside the therapy session: The development of a new protocol for parents.

Julie Capistran & Rose Martini

The Cognitive Orientation to Daily Occupational Performance (CO-OP) approach is a task-oriented intervention approach, which has three objectives: 1. skills acquisition, 2. use of cognitive strategies, and 3. generalization and transfer of learning. The effectiveness of CO-OP has been demonstrated with several populations, but with mixed results for transfer of learning (inter-task transfer) have been observed in school-aged children with developmental coordination disorder (DCD). According to the authors of CO-OP, parents have an important role to play in promoting the implementation of the approach in everyday life, to maximize the transfer of learning of children. On the other hand, two qualitative studies have found that parents have difficulty reusing CO-OP outside intervention sessions. The objective of this project is to develop and test the feasibility and acceptability of a new protocol for parents, which will be amalgamated with CO-OP to facilitate its implementation at home.

To achieve this, the first two stages of the Medical Research Council (MRC) framework will guide the project. In the first stage, with the help of parents and therapists who have experienced CO-OP, a logic model will be developed to help create the new intervention protocol. Then, in the second stage, with multiple case studies, four families will test the new protocol to see if they are comfortable with CO-OP and use it at home.

Using the Nominal Group Technique (NGT) in the Development of Instruments Evaluating the Fidelity of Problem-solving Response to Intervention (RTI) in Quebec French Schools

Catrine Demers, Stéphane Poitras, & Pascal Lefebvre

Background: Many francophone schools in the province of Quebec are implementing problem-solving Response to Intervention (RTI) to prevent reading and writing difficulties and improve reading and writing abilities for all students. To evaluate the fidelity of problem-solving RTI, instruments adapted to the context of Quebec French schools are needed. However, such instruments are not available. These instruments are therefore being developed.

Objective: This study's main objective is to identify the relevant content for instruments evaluating the fidelity of problem-solving RTI in the context of francophone Quebec schools.

Methods: The Nominal Group Technique (NGT) was used to identify the essential content of problem-solving RTI within the context of francophone schools in the province of Quebec. The NGT consists in a semi-structured group discussion combining individual thinking, group discussion and secret voting. Four francophone school boards in the province of Quebec in Canada agreed to participate in this study.

Results: The NGT helped narrow down the number of components of the fidelity instruments by more than half of its original components.

Discussion: The content of the instruments is likely to represent problem-solving RTI in the province of Quebec. The NGT is an effective method to identify the relevant content of the instruments. The NGT is useful to narrow down the components for the instruments and choose the most important content. The NGT is useful in instrument development.

The lived experience of moral distress as felt by occupational therapist working in the National Capital region

Richelle d'Entremont

Background: Moral distress is a negative emotional experience which occurs when a health care professional wishes to carry out an action consistent with the standards and values of their profession, but cannot do so due to contextual circumstances such as institutional policy. The experience may result in felt negative emotions ranging from anger and frustration, to anxiety and powerlessness, and may affect a professional's ability to be engaged in their work. Few studies have explored this experience from the perspective of occupational therapy.

Purpose/method: This study explored the experience of moral distress in occupational therapy from a Canadian perspective through interviews with occupational therapists working within the National Capital Region.

Findings: The sample (n=9) identified four different sources of moral distress; resources, regulations, patient/family members, and team members/co-workers, with the most prevalent source being access to resources. Furthermore, participants did not seem to differentiate between experiences of moral distress and moral dilemma.

Conclusion: Moral distress as felt by occupational therapists in the National Capital Region is a subjective experience which can be elicited by various external sources.

Operational Definitions and Estimates of Return-to-Work after Stroke: A Systematic Review and Meta-Analysis

Patrick Duong, Katrine Sauvé-Schenk, Mary Egan, Matthew J. Meyer, Tricia Morrison

Background: Stroke survivors often face challenges with working due to impairments and social-environmental barriers. Return-to-work (RTW) after stroke is an important functional outcome that has not been well defined. As well, current estimates on the proportion of stroke survivors who RTW vary widely.

Objectives: The objectives of this review were to 1) examine operational definitions of RTW and 2) provide more precise estimates of RTW through meta-analysis.

Methods: A systematic search was conducted using MEDLINE, CINAHL, PsycINFO, and SCOPUS (2005 to March 2018). Operational definitions of RTW were categorized and analyzed descriptively. RTW estimates were recorded for study and participant characteristics. Pooled summary estimates were calculated for comparable studies.

Results: Fifty-five studies were included in this review. Operational definitions of RTW were mainly based on the classification of employment status. There were many different criteria for activities that qualified as work. Pooling of RTW estimates by study location and participant subgroups for sociodemographic, occupational, and clinical characteristics was not possible due to limited comparability and reporting of stratified outcomes. RTW summary estimates were calculated for follow-up time post-stroke: 53.2% at six months (95% confidence interval, 46.2% to 60.3%), 55.7% at one year (95% confidence interval, 51.3% to 60.0%) and 67.4% at two years (95% confidence interval, 60.4% to 74.4%).

Conclusions: Operational definitions of RTW should be clearly reported in future studies. Developing consensus on RTW definitions should involve discussions among stakeholders including researchers, clinicians, and stroke survivors. Meta-analysis provided more precise estimates of RTW, with respect to follow-up time after stroke, that could be used as current benchmarks for clinical and health services researchers striving to improve this outcome.

Discontinuance of Prescribed Mobility Assistive Devices Among Community-dwelling Seniors: Development and validation of a predictive model

Alhadi M. Jahan, Jeffrey W. Jutai & Paulette Guitard

Background: Life expectancy of Canadians has markedly increased for both men and women. Mobility is essential to active aging and is associated with health and overall quality of life of seniors. Mobility impairment is an early predictor of disability, and is linked to falling injuries, loss of independence, hospitalization, and mortality. One avenue of supporting seniors to stay active at their environment may be through Mobility Assistive Devices (MADs), such as canes, walkers, and wheelchairs. However, MADs discontinuance rates range from 8% to 75%. Knowing the drivers of MAD discontinuance is an essential step in creating integrated models of geriatric care and developing a person-centered approach to health management.

Objectives: This project aims to develop and validate a predictive model of factors that impact MADs discontinuance by community-dwelling seniors. The model will predict long-term discontinuance of prescribed MADs; however, it may not represent all forms of assistive devices.

Methods: First, a scoping literature review will be conducted to explore literature on factors that impact MADs discontinuance by seniors. Then, a mixed methods sequential design (qualitative-quantitative) will be used to explore and explain factors that impact MADs discontinuance by community-dwelling seniors. The predictive model will be developed by structural Equation modeling method, and finally expert validation approach will validate the developed model.

Implications: This project will present a predictive model of factors that predict long-term discontinuance of MADs among community-dwelling seniors. Understanding these factors may enable healthcare professionals to increase clients' involvement in decisions regarding MADs and thereby positively influence the rate of device use and the overall functional performance of seniors.

Convergent and criterion validity of existing tools for assessing the contents of exercise programs in trials for the management of fibromyalgia.

Donguk Do, Michael Del Bel, Daniel McEwen, Jennifer O'Neil, Olivia MacKiddie & Lucie Brosseau

Background: Many exercise programs are clinically effective in managing fibromyalgia but are difficult to replicate and implement due to incomplete descriptions in the literature. Standardized assessment tools are a means of ensuring proper and complete reporting of exercise interventions; however, these tools have not been validated with each other and are inconsistently followed by researchers/authors.

Objectives: To assess the convergent validity (content assessment) of exercise programs and the criterion validity of standardized reporting tools and the 2016 ACSM guidelines in relation to effectiveness of pain relief in the management of fibromyalgia.

Methods: Randomized-control trials involving the use of exercise programs in the management of fibromyalgia had their content assessed using the TIDieR checklist, the CERT list and the CONTENT scale. Two reviewers independently assessed each exercise program prior to coming to a consensus. If a randomized-control trial had two types of exercise interventions, they were assessed independently for each reporting tool and effectiveness of pain relief.

Results: Overall, a low quality of reporting of exercise programs was found among 28 randomized-control trials. Excellent to good correlations were observed between the three reporting tools, with the CERT list and the TIDieR checklist demonstrating the best convergent validity. Low correlations for criterion validity were found between the three reporting tools and the 2016 ACSM guidelines with effectiveness of pain relief.

Discussion: There is room for improvement in reporting exercise programs in the literature. Using standardized tools is recommended to ensure reproducing exercise programs aimed at improving the management of fibromyalgia among patients.

Cochlear Implantation in Children outside typical candidacy criteria

Eunjung Na, Elizabeth Fitzpatrick, JoAnne Whittingham, Janet Olds & Rosemary Somerville

Background: The benefits of CIs for children with residual hearing in the severe range result in a better prognosis for spoken language than for those who continue to use HAs. However, CI decision-making can be challenging for parents. Therefore, it is necessary to support these parents. As a first step to support parents, we undertook a study to better understand the characteristics of children who received CI outside audiometric candidacy criteria.

Objective: The purpose of this study was to examine the characteristics of children with CI with pre-operative usable residual hearing.

Methods: This study involved a retrospective chart review at the CHEO CI program for all children implanted from 1993 to 2016. Inclusion criteria were pre-operative PTA ≤ 90 dB HL in at least one ear. Audiological information and documented reasons affecting CI were extracted.

Results: A total of 364 children underwent surgery. Of these, 76 (20.9%) had residual hearing in at least one ear. The median age of CI was 4.3 years, and the median preoperative PTA was 88.0 dB HL. Of 76, 72.4% had documented progressive hearing loss, 46.1% showed sloping in at least one ear, 34.2% had asymmetrical, and 14.5% had fluctuating thresholds. The major reason of delayed CI candidacy assessment was insufficient hearing levels for CI (38.2%). Decisions to proceed with CI were primarily related to deterioration in hearing levels (53.9%) and to limited benefit from hearing aids (18.4%) and speech/ language delays (18.4%).

Conclusions: In this study, 20.9% of implanted children had usable residual hearing in at least one ear. The primary reason for delaying CI candidacy assessment was degree of hearing loss at diagnosis. The major reasons for proceeding with later CI intervention was related to progressive hearing loss.

The feasibility of a remotely supervised home-based intensive exercise program on balance and physical activity in survivors of moderate and severe TBI: A protocol study.

Jennifer O'Neil, Shawn Marshall, Martin Bilodeau, Mary Egan & Heidi Sveistrup

Background: Moderate and severe traumatic brain injury (TBI) survivors discharged home have ongoing balance and physical activity impairments. A remotely supervised home-based intensive exercise intervention could have an effect on those impairments while remaining accessible for survivors who are unable to travel to specialized clinics. We hypothesize that remotely supervised home-based intensive exercise programs will be feasible for this population and that supervision once a week will result in the same outcomes as daily supervision.

Objectives: The study objectives are to: 1) determine the feasibility of using remote supervision for an intensive home-based exercise program with this population; 2) identify the differences between full and partial remotely supervised home-based intensive exercise program on feasibility measures, balance and physical activity levels for moderate and severe TBI survivors; 3) provide initial recommendations for the use of remote supervision (in different amounts) for this population for researchers and clinicians.

Methods: Following a multiple baseline single subject design, four participants will complete two remotely supervised home-based exercise programs. The programs will differ on the amount of supervision; daily or once weekly. Each program will consist of twenty sessions (4 weeks, 5 days a week) with a goal of 800 repetitions of task-oriented tailored exercises per day promoting motor learning. Daily measures of feasibility and physical activity will be recorded. Balance, functional mobility and participation questionnaires will also be recorded pre and post intervention for each supervision condition. Single subject design (statistical and visual) traditional analysis as well as within subject analysis will be used.

Assessment of the content reporting for therapeutic exercise interventions among existing randomized control trials on knee osteoarthritis.

Jennifer O'Neil, Daniel McEwen, Michael Del Bel, Donguk Jo, Odette Thevenot, Olivia MacKiddie & Lucie Brosseau

Purpose/Rationale: Physical exercise interventions for the management of knee osteoarthritis are well-known to be effective and accessible forms of rehabilitation and symptom management. However, without adequate reporting of these interventions, accurate replication and clinical use is negatively impacted.

Objectives: The main objective of this article was to assess content reporting using The Consensus on Exercise Reporting Template list and 2016 American College of Sports Medicine guidelines among moderate to high quality exercise interventions randomized controlled trials (total score $\geq 6/10$ on the PEDro scale) involving individuals with knee osteoarthritis.

Results: The Consensus on Exercise Reporting Template list mean total score for all 47 included randomized controlled trials was 4.42 out of 19, demonstrating generally low quality of reporting. The Consensus on Exercise Reporting Template list and the 2016 American College of Sports Medicine guidelines scores were moderately correlated (based on 95% Confidence Interval, Intraclass Correlation Coefficient = 0.508) for aerobic interventions only.

Conclusions: The content analysis of exercise interventions in knee osteoarthritis demonstrated low scores for moderate to high quality trials. Improved standardized reporting is recommended to ensure knowledge transfer and replication of effective exercise programs for individuals with knee osteoarthritis.

A systematic critical appraisal of clinical practice guidelines with physical activity recommendations for people diagnosed with cancer

Shirin M. Shallwani, Odette Thevenot, Gino De Angelis, Judy King, Roanne Thomas & Lucie Brosseau

Background: Research suggests physical activity (PA) is beneficial for people diagnosed with cancer. Clinical practice guidelines are useful in informing evidence-based practice and guiding future research. Little is known on the extent and quality of guidelines on PA for the cancer population.

Objectives: The objectives of this systematic review were to: 1) identify recent evidence-based guidelines including PA or exercise recommendations for people with cancer; and 2) critically appraise the methodological quality of the included guidelines.

Methods: A systematic search of four electronic databases and supplementary sources was conducted. Two reviewers independently scanned articles and selected guidelines for inclusion according to the following criteria: published in English, developed or updated in previous five years (2012-June 2017), published in peer-reviewed scientific journals, including ≥ 1 specific recommendation on PA or exercise, and relevant to adults diagnosed with cancer. Two trained assessors independently appraised guidelines using the Appraisal of Guidelines for Research and Evaluation (AGREE) II tool. Scores for six domains and overall quality were calculated.

Results: From the search, we identified 21 sets of guidelines. Guidelines were applicable to the following cancer populations: general (n=9), breast (n=6), lung (n=2), prostate (n=1), colorectal (n=1), head and neck (n=1) and myeloma (n=1). One area of low quality was in the applicability of guidelines, whereas stronger domains were related to scope and purpose and clarity of presentation.

Conclusion: Moderate- and high-quality guidelines exist to direct stakeholders on targeted PA recommendations for a range of cancer populations. Improvement is needed in the applicability of guidelines to enhance their clinical use.

The Occupational Therapist Experience of Developing and Maintaining Therapeutic Relationships

Rebecca Van Schyndel

Background: Occupational therapy has acquired strong values related to the importance of the therapeutic relationship and the therapeutic use of self in practice. There have been many notable contributions to the greater understanding of the elusive quality of this relationship, however the literature fails to elucidate the reverence therapists feel towards this relationship. Countertransference is an important concept in occupational therapy practice, however it has remained an uncommon area of study in this field. The therapeutic relationship evokes countertransference thoughts and feelings in occupational therapists. If left unchecked, these thoughts and feelings may hinder therapy outcomes and the therapeutic relationship. The therapeutic relationship requires therapists to become more aware of themselves, their own conscious and unconscious communication, as well as that of their clients. Due to the emotionally demanding aspects of this work, therapists must remain knowledgeable of and receptive to the transference and countertransference dynamics within the relationship. There remains a lack of understanding of how therapeutic relationship development and maintenance can be informed by the therapist's emotional, psychological and physiological experience of client behaviour, content and communication in occupational therapy.

Method: This study will be a human science, contemporary, hermeneutic phenomenological study including both descriptive and hermeneutic data collection and analysis processes. It will include 10 community occupational therapist participants. The objectives of this research study are to provide a phenomenological human science understanding and description of community occupational therapists' experience of developing and maintaining successful therapeutic relationships and their experience of countertransference in the therapeutic relationship.