

Sytematic Review

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Literatur passend für "Full Text" Screening

Autor	Titel	Jahr	Seiten	Journal	DOI
Ihalainen T	Risk factors for laryngeal penetration-aspiration in patients with acute traumatic cervical spinal cord injury.	2017	81-87	Spin J	10.1016/j.spinee.2017.06.033
Eaton R	Cognitive appraisals and emotional status following a spinal cord injury in post-acute rehabilitation	2018	1151-1157	Spinal Cord	10.1038/s41393-018-0151-6
Bolliger M	Lower extremity outcome measures: considerations for clinical trials in spinal cord injury.	2018	628-642	Spinal Cord	10.1038/s41393-018-0097-8
Marino R J	Comparison of Responsiveness and Minimal Clinically Important Difference of the Capabilities of Upper Extremity Test (CUE-T) and the Graded Redefined Assessment of Strength, Sensibility and Prehension (GRASSP).	2018	227-238	Top Spinal Cord In	10.1310/sci2403-227.
Hada T	Impact of orthotic therapy for improving activities of daily living in individuals with spinal cord injury: a retrospective cohort study.	2018	790-795	Spinal Cord	10.1038/s41393-018-0088-9
Füssenich W	Discontinuous ventilator weaning of patients with acute SCI.	2018	461-468	Spinal Cord	10.1038/s41393-017-0055-x
Redshaw J	Protocol for a randomized clinical trial investigating early sacral nerve stimulation as an adjunct to standard neurogenic bladder management following acute spinal cord injury	2018		BMC Urol	10.1186/s12894-018-0383-y
Hachem LD	Assessment and management of acute spinal cord injury: From point of injury to rehabilitation.	2017	665-675	J Spinal Cord Med	10.1080/10790268.2017.1329076.
Alavinia SM	Enhancing quality practice for prevention and diagnosis of urinary tract infection during inpatient spinal cord rehabilitation.	2017	803-812	J Spinal Cord Med	10.1080/10790268.2017
Gabison S	Trunk Function and Ischial Pressure Offloading in Individuals with Spinal Cord Injury.	2017	723-732	J Spinal Cord Med	10.1080/10790268.2017
Akpinar P	Reliability of the Modified Ashworth Scale and Modified Tardieu Scale in patients with spinal cord injuries.	2017	944-949	J Spinal Cord Med	10.1038/sc.2017.48
Zbogor D	Cardiovascular Stress During Inpatient Spinal Cord Injury Rehabilitation.	2017	2449-2456	Arch Phys Med Re	10.1016/j.apmr.2017.05.009
Scholten EWM	Mental health and life satisfaction of individuals with spinal cord injury and their partners 5 years after discharge from first inpatient rehabilitation.	2018	598-606	Spinal Cord	10.1038/s41393-017-0053-z
Rigot S	Gait Training in Acute Spinal Cord Injury Rehabilitation- Utilization and Outcomes Among Nonambulatory Individuals: Findings From the SCIRehab Project.	2018	1591-1598	Arch Phys Med Re	10.1016/j.apmr.2018.01.031

Autor / Publikationsdatum	Evidenz für Schlüsselfrage	Titel	PDF	Studienart	Ziel	Conclusion	Anwendung in Patientenzielgruppe (Table 1)	Reviewer 1 (RT) Inklusion / Exklusion (Grund)	Reviewer 2 (Kürzel) Inklusion / Exklusion (Grund)
Alpinar, 2017	MAS has adequate reliability for determining lower-extremity spasticity in patients with SCI. The demonstration of excellent inter-rater reliability and test-retest reliability of the MTS R2-R1 suggests its utility as a complementary tool for informing treatment decisions in patients with SCI.	Reliability of the Modified Ashworth Scale and Modified Tardieu Scale in patients with spinal cord injuries.	x	Validation Study: Reliability	To assess the reliability of the Modified Ashworth Scale (MAS) and Modified Tardieu Scale (MTS) in patients with spinal cord injuries (SCI).	MAS has adequate reliability for determining lower-extremity spasticity in patients with SCI. The demonstration of excellent inter-rater reliability and test-retest reliability of the MTS R2-R1 suggests its utility as a complementary tool for informing treatment decisions in patients with SCI.	mixed	Inklusion	
Alavnia, 2017	The enclosed findings emphasize the importance of assessing urine appearance and odour to confirm suspicion of UTI, before sending a urine for R&MC&S. The concurrent presence of cloudy and foul smelling urine is important for early diagnosis of UTI among inpatients with subacute SCI.	Enhancing quality practice for prevention and diagnosis of urinary tract infection during inpatient spinal cord rehabilitation.	x	Intervention Study	To reduce the incidence of Urinary Tract Infection (UTI) in subacute SCI individuals admitted for tertiary inpatient rehabilitation.	The concurrent presence of cloudy and foul smelling urine is predicted of UTI diagnosis inpatients tertiary setting. SCI inpatients are susceptible to UTI when learning CIC technique from nurses.	inpatients		
Bolliger, 2018	There is no single outcome measure that can be universally applied to all people living with SCI to track changes in LE performance regardless of severity and level of injury.	Lower extremity outcome measures: considerations for clinical trials in spinal cord injury.	x	Literature Review	To identify important concepts in lower extremity (LE) assessment with a focus on locomotor outcomes and provide guidance on how existing outcome measurement tools may be best used to assess experimental therapies in spinal cord injury (SCI). The emphasis lies on LE outcomes in individuals with complete and incomplete SCI in Phase II-III trials.	There is no single outcome measure to assess all individuals with SCI that can be used to monitor changes in LE function regardless of severity and level of injury. Surrogate markers have to be used to assess LE function in individuals with severe SCI. However, it is generally agreed that a direct measurement of the performance for an appropriate functional activity supersedes any surrogate marker. LE assessments have to be refined so they can be used across all time points after SCI, regardless of the level or severity of spinal injury.		Exklusion (keine Klare Empfehlung für Assessment)	
Eaton, 2018	Overall, the study provides evidence to support the importance of cognitive appraisals on mood during the initial stages of rehabilitation and use of the ADAPSS-SF as a clinical measure of appraisals in acute rehabilitation.	Cognitive appraisals and emotional status following a spinal cord injury in post-acute rehabilitation	x	Retrospective, cross-sectional study	To investigate the factor structure of the ADAPSS-short form (ADAPSS-SF) in an acutely injured SCI population and to assess the relationship between cognitive appraisals made in the initial phase of rehabilitation and the experience of anxiety and depression.	Findings support a two-factor structure and validity of ADAPSS-SF in acute SCI rehabilitation. The study provides support for the role of cognitive appraisals in psychological adjustment in the early phases of rehabilitation, above injury characteristics. Findings highlighted the vulnerable subgroups that are more likely to initially endorse negative appraisals, which may influence clinical practice and provides an avenue for further research.	acute SCI	Inklusion	
Füssenich, 2018	None	Discontinuous ventilator weaning of patients with acute SCI.	x	Retrospective, single centre cohort study	To determine factors associated with ventilator weaning success and failure in patients with acute spinal cord injury (SCI), determine length of time and attempts required to wean from the ventilator successfully and determine the incidence of pneumonia.	We conclude that mentioned factors are associated with weaning outcome and useful for clinical recommendations and patient counselling. These data further support the complexity of ventilator weaning in the SCI population due to associated complications, therefore we recommend conducting weaning of patients with SCI on intensive or intermediate care units (ICU/IMCU) in specialised centres.	acute Tetraplegia	Exklusion (schaut hauptsächlich auf Therapie)	
Gabison, 2017	None	Trunk Function and Ischial Pressure Offloading in Individuals with Spinal Cord Injury.	x	Prospective cross-sectional evaluation.	To determine if there is a relationship between trunk function and offloading of the ischial tuberosities in individuals with Spinal Cord Injury (SCI).	Regardless of an individual's ability to engage in a reaching task, participants with spinal cord injury spent more time offloading the left ischial tuberosity compared with the right ischial tuberosity. The study highlights the need to identify factors that may contribute to offloading behavior in individuals with spinal cord injury who lack sufficient trunk strength.		Exklusion (schaut hauptsächlich auf Therapie)	
Hachem, 2018	None	Assessment and management of acute spinal cord injury: From point of injury to rehabilitation.	x	Literature Review	In this review, we outline the pathophysiology, management, and long-term rehabilitation of individuals with traumatic SCI. We also provide an in-depth overview of emerging therapies along the spectrum of the neurological sequelae.	Pharmacologic treatments, cell-based therapies, and other technology-driven interventions will likely play a combinatorial role in the evolving management of SCI as the field continues to evolve.	acute SCI	Exklusion (schaut hauptsächlich auf Therapie)	
Hada, 2018	None	Impact of orthotic therapy for improving activities of daily living in individuals with spinal cord injury: a retrospective cohort study.	x	Intervention Study	To determine the impact of leg orthotic therapy for improving activities of daily living after spinal cord injury.	Leg orthoses may improve activities of daily living in individuals with spinal cord injury after the acute phase.	acute SCI	Exklusion (schaut hauptsächlich auf Therapie)	
Inalainen, 2017	The clinical swallowing evaluation is a relevant adjunct in the management of these patients and can improve the detection of penetration and aspiration.	Risk Factors for Laryngeal Penetration-Aspiration in Patients with Acute Traumatic Cervical Spinal Cord Injury	x	A prospective cohort study.	The aim of this study was to investigate risk factors for penetration-aspiration in patients with acute traumatic cervical spinal cord injury (TCSCI).	The necessity of bronchoscopies, post-injury lower cervical spine anterior surgery, coughing, throat clearing, choking and changes in voice quality related to swallowing were marked risk factors for aspiration and penetration following a cervical spinal cord injury. These factors and signs should be used to suspect injury-related pharyngeal dysfunction and initiate preventive measures to avoid complications. The clinical swallowing evaluation is a relevant adjunct in the management of these patients and can improve the detection of penetration and aspiration.	mixed	Exklusion (keine Klare Empfehlung für Assessment)	
Marino, 2018	Both the CUE-T and QIP-GRASSP demonstrate large responsiveness in persons with acute tetraplegia.	Comparison of Responsiveness and Minimal Clinically Important Difference of the Capabilities of Upper Extremity Test (CUE-T) and the Graded Redefined Assessment of Strength, Sensibility and Prehension (GRASSP).	x	Validation Study: Responsiveness	To compare the responsiveness and minimal clinically important difference (MICD) of the CUE-T and the quantitative prehension (QP) scale of the GRASSP.	Both the CUE-T and QIP-GRASSP are responsive to change in persons with acute cervical spinal cord injury with large SRMs. The CUE-T detects some changes in UE function not seen with the QIP-GRASSP.	mixed (mainly acute)	Inklusion	
Redshaw, 2018	None	Protocol for a randomized clinical trial investigating early sacral nerve stimulation as an adjunct to standard neurogenic bladder management following acute spinal cord injury	x	scientific protocol for a multi-site, randomized, non-blinded clinical trial		None yet		scientific protocol for a multi-site, randomized, non-blinded clinical trial	
Rigot, 2018	None	Gait Training in Acute Spinal Cord Injury Rehabilitation-Utilization and Outcomes Among Nonambulatory Individuals: Findings From the SCIRehab Project.	x	Prospective observational study using the SCIRehab database.	To investigate the relation of gait training (GT) during inpatient rehabilitation (IPR) to outcomes of people with traumatic spinal cord injury (SCI).	A significant percentage of individuals who are not likely to become functional ambulators are spending portions of their IPR days performing GT, which is associated with less time allotted for other functional interventions. GT in IPR was also associated with participation deficits at 1 year for those who used a wheelchair, implying the potential consequences of opportunity costs, pain, and psychological difficulties of receiving unsuccessful GT. Clinicians should consider these data when deciding to implement GT during initial IPR.	acute	Exklusion (schaut hauptsächlich auf Training)	

Scholten, 2018	None	Mental health and life satisfaction of individuals with spinal cord injury and their partners 5 years after discharge from first inpatient rehabilitation.	x	Observational study.	To describe and compare mental health and life satisfaction between individuals with spinal cord injury (SCI) and their partners 5 years after discharge from first inpatient rehabilitation; and to examine if injury severity moderates the association between individuals' with SCI and their partners' mental health and life satisfaction.	This study showed similarities but also differences in mental health and life satisfaction between individuals with SCI and their partners. In clinical practice, attention on mental health and life satisfaction should, therefore, focus on different domains for individuals with SCI and partners.		Exklusion (nicht akut)	
Zbogar, 2017	None		x	Observational study.	(1) To measure the amount of cardiovascular stress, self-reported physical activity, and accelerometry-measured physical activity by individuals with spinal cord injury (SCI) during physical therapy (PT) and occupational therapy (OT); and (2) to investigate the relations between these measures.	The cardiovascular stress incurred by individuals with SCI during inpatient PT and OT sessions is low and not sufficient to obtain a cardiovascular training effect to optimize their neurologic, cardiovascular, or musculoskeletal health; this represents a lost opportunity to maximize rehabilitation. Self-reported minutes of higher-intensity physical activity do not reflect actual time spent at a higher intensity measured objectively via a heart rate monitor.		Exklusion (schaut hauptsächlich auf Training)	