



Occupational Therapy

April 2026

The aim of this current awareness bulletin is to provide a digest of recent guidelines, reports, research and best practice in Occupational Therapy. Part of this bulletin draws on content created by Manchester University NHS FT and University Hospitals Dorset NHS Trust

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Evidence Summary and Systematic Reviews

1. Children's Experiences of Occupational Participation in UK Primary Schools: A Scoping Review

Item Type: Journal Article

Authors: Liddell, Jamie; Sims, T. S. and Sugarman-Clarke, Clare

Publication Date: 2026

Journal: Journal of Occupational Therapy, Schools, & Early Intervention, pp. 1–28

Source: <https://www.tandfonline.com/doi/full/10.1080/19411243.2026.2629365>

2. Efficacy of digital health technologies as adjunctive functional training in occupational therapy for stroke rehabilitation: a meta-analysis

Item Type: Journal Article

Authors: Zhang, Yangzi; Ge, Chenshu; Li, Congwei and Liu, Fang

Publication Date: 2026

Journal: Neurological Sciences : Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology 47(4)

Access or request full text: <https://libkey.io/10.1007/s10072-026-08934-4>



URL: <https://research.ebsco.com/linkprocessor/plink?id=9f85945c-a6a7-3353-b2c5-869082f1ab0d>

2. Occupational therapy in early intervention in psychosis (EIP): a scoping review of practice in Ireland and the United Kingdom (UK)

Item Type: Journal Article

Authors: O'Callaghan, Eva and McKay, Elizabeth

Publication Date: 2026

Journal: Irish Journal of Occupational Therapy , pp. 1–12

Source: <https://www.emerald.com/ijot/article-pdf/doi/10.1108/IJOT-10-2025-0041/11257437/ijot-10-2025-0041en.pdf>

3. A systematic review of higher education-based interventions to support the mental health and wellbeing of neurodivergent students

Item Type: Journal Article

Authors: Ross, Faith;Dommett, Eleanor J. and Byrom, Nicola

Publication Date: 2026

Journal: Npj Mental Health Research 5(1)

Abstract: : Increasing numbers of neurodivergent students are engaging in higher education; however, support approaches vary within different institutions. Sometimes there are long waiting lists for specialised support, and most focus on academic adjustments, such as providing extra time in an assessment, rather than mental health and wellbeing. A systematic review, pre-registered on Prospero (CRD42024597980), was conducted to provide an overview of interventions supporting mental health and wellbeing of neurodivergent students in higher education. Ovid, Web of Science, and ERIC databases were searched in May 2025. Studies were included where the intervention aimed to improve mental health and/or wellbeing or improve the student experience, and the focus was on whether any strength-based approaches were used. Thirty-seven studies are included, conducted in seven countries. The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of included papers. Interventions varied widely and included: coaching, cognitive behavioural therapy, self-help, peer support, psychotherapy, counselling, mentoring, mindfulness, and neuro/bio feedback. The narrative synthesis demonstrates little evidence of strength-based approaches and found that neurodivergent students were rarely involved in designing the interventions. Most commonly, studies focused on attention deficit hyperactivity disorder (ADHD) (17 studies) or Autism (14 studies), with few interventions considering co-occurrence or other neurotypes.

Access or request full text: <https://libkey.io/10.1038/s44184-026-00196-4>



URL: <https://research.ebsco.com/linkprocessor/plink?id=78b77268-4c4c-3eb9-89fb-d81554083c45>

Training health professionals in smoking cessation

Item Type: Journal Article

Authors: Sharrad, Kelsey J.;Carson-Chahhoud, Kristin;Verbiest, Marjolein Ea;Greenslade, Sarah;Parkhouse, Thomas;Assendelft, Willem Jj;Crone, Mathilde R. and Livingstone-Banks, Jonathan

Publication Date: 2026

Journal: The Cochrane Database of Systematic Reviews 2

Abstract: Rationale: Cigarette smoking is one of the leading causes of preventable death worldwide. There is good evidence that brief interventions by health professionals can increase smoking cessation attempts. However, as new studies become available, the effectiveness of these training programmes needs to be re-assessed to inform public policy, clinical care, and guideline recommendations. This is an update of a Cochrane review first published in 2000, and previously updated in 2012. Objectives: To assess the effectiveness of training healthcare professionals to deliver smoking cessation interventions to their patients, and to assess the effects of training characteristics (such as content, setting, delivery, and intensity). Search Methods: We searched the following databases from inception to August 2024: Cochrane Central Register of Controlled Trials (CENTRAL); MEDLINE; Embase; PsycINFO; ClinicalTrials.gov (through CENTRAL); and the World Health Organization International Clinical Trials Registry Platform (through CENTRAL). We also searched the references of eligible studies. Eligibility Criteria: We included randomised trials in which the intervention was training of healthcare professionals in smoking cessation. We considered trials for inclusion if they reported outcomes for patient smoking at least six months after the intervention. Process outcomes needed to be reported. However, we excluded trials that reported effects only on process outcomes and not smoking behaviour. Outcomes: The critical outcome measure was abstinence from smoking six months or more after baseline, using the strictest measure of abstinence available at the longest follow-up. Prolonged or continuous abstinence was preferred over point prevalence. Our important outcome was the number of participants who made a quit attempt. Risk of Bias: Working independently, two review authors evaluated the risk of bias using the Cochrane RoB 1 tool, following guidance from the Cochrane Tobacco Addiction Group. Synthesis Methods: Working independently, two review authors extracted information about the characteristics of each included study (i.e. interventions, participants, outcomes, and methods). We pooled studies using random-effects meta-analysis where possible and otherwise summarised findings using narrative synthesis in text and tables. We used the GRADE framework to assess the certainty of the evidence. Included Studies: We included 29 studies in the review, published between 1989 and 2024. Together, the studies provided training for over 4030 health professionals, and data for 38,178 participants. We assessed 10 studies to have an overall low risk of bias, 17 an unclear risk, and two to have an overall high risk of bias. Synthesis of Results: Sixteen studies compared training of healthcare professionals in smoking cessation to no training, and assessed the effect on the number of participants abstinent at longest follow-up. High-certainty evidence indicates that smoking cessation training for healthcare professionals increases patient smoking



cessation compared with no training (risk ratio (RR) 1.34, 95% confidence interval (CI) 1.08 to 1.67; $I^2 = 48%$; 16 studies, 16,513 participants). We conducted three subgroup analyses to test the effect of specific potential sources of heterogeneity: training intensity, type of healthcare professional trained, and treatment recommended in the training; none found evidence of between-group heterogeneity. Four studies assessed the effect of high-intensity training for healthcare professionals on the number of participants abstinent at longest follow-up compared with lower-intensity training. The evidence suggests that higher-intensity training may increase smoking cessation compared with lower-intensity training, though confidence intervals were wide and included the potential for no benefit (RR 1.64, 95% CI 0.86 to 3.12; $I^2 = 54%$; 4 studies, 1151 participants; low-certainty evidence). Three studies assessed the impact of adjuncts to training on the number of participants abstinent at longest follow-up. We found low-certainty evidence that when the healthcare professionals treating them are trained in smoking cessation, more people may quit when also provided with nicotine replacement therapy (RR 1.64, 95% CI 0.72 to 3.71; $I^2 = 69%$; 2 studies, 1892 participants), and very low-certainty evidence that providing prompts to healthcare professionals in addition to smoking cessation training may help more people to quit (RR 1.37, 95% CI 0.69 to 2.70; $I^2 = 66%$; 3 studies, 2429 participants). However, in both cases, confidence intervals were wide and included the potential for no benefit. Authors' Conclusions: High-certainty evidence supports the effectiveness of training health professionals in smoking cessation when compared with no training. Multi-component investigations incorporating new pharmacological interventions for smoking cessation (such as varenicline and bupropion) or other cessation aids alongside physician training should be considered to determine if any additional benefit in long-term abstinence can be obtained. Funding: Production of this review was supported by PhD scholarship funding from the University of Adelaide and co-funded by Houd Research Group, awarded to KS. Registration: This review was first published outside of Cochrane in 1994 and subsequently updated as a Cochrane review in 2000 (DOI: 10.1002/14651858.CD000214) and 2012 (DOI: 10.1002/14651858.CD000214.pub2). No protocol was published or registered.

Access or request full text: <https://libkey.io/10.1002/14651858.CD000214.pub3>

URL: <https://research.ebsco.com/linkprocessor/plink?id=c295ee1f-05c9-3e53-adff-3829271e3354>

2. Exercise prescriptions for older adults with different degrees of cognitive impairment: A dose-response network meta-analysis

Item Type: Journal Article

Authors: Zang, Wanli;Fang, Mingqing;Xiao, Ningkun;Wu, Jiarong;Zhang, Qiuxia and Mao, Xiaokun

Publication Date: 2026

Journal: Clinical Rehabilitation 40(2), pp. 154–170

Abstract: : ObjectiveThis study aims to determine the optimal exercise types and dosages for improving cognitive function in older adults with mild cognitive impairment or dementia.Data sourcesPubMed, Web of Science, Scopus, PsycINFO, and SPORTDiscus databases were searched from inception to August 26, 2025.Review methodsTwo



reviewers independently screened studies, extracted data, and assessed the risk of bias using the revised Cochrane risk-of-bias tool. A dose-response network meta-analytic model was applied to explore how exercise dosage within different exercise modalities influences cognitive outcomes in older adults with varying degrees of cognitive impairment. Results Our search identified 10,721 records, from which 68 studies comprising 6544 participants were included in the final analysis. A nonlinear dose-response relationship between physical activity and cognitive function was observed. A minimum threshold of 336 Metabolic Equivalent of Task minutes per week was required to yield cognitive benefits, while 934 Metabolic Equivalent of Task minutes per week was the minimum dose for clinically meaningful improvements. However, substantial variability was observed, particularly between individuals with mild cognitive impairment and those with dementia. The dose-response relationship varied by exercise modalities, with some modalities showing significant effects at lower doses. Aerobic exercise combined with resistance training exhibited superior efficacy compared to other modalities. Conclusion For older adults with mild cognitive impairment or dementia, combining aerobic exercise with resistance training is most effective for boosting cognitive function, even with modest activity levels. It is important to choose specific exercise modalities and adjust their amounts to maximize cognitive gains in rehabilitation programs.

Access or request full text: <https://libkey.io/10.1177/02692155251385219>

URL: <https://research.ebsco.com/linkprocessor/plink?id=5884512e-5885-3256-aaa8-a90ede1c21eb>

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Published Research

1. On-Road Driving Remediation After Acquired Brain Injury: Driving Performance at Follow-Up

Item Type: Journal Article

Authors: Bassingthwaighte, Louise; Gustafsson, Louise; Molineux, Matthew; Pinzon Perez, William; Bell, Ryan and Shah, Darshan

Publication Date: 2026

Journal: Canadian Journal of Occupational Therapy. Revue Canadienne D'ergotherapie , pp. 84174261427989

Abstract: : **Background.** Return to driving following acquired brain injury enhances participation in community-based occupations, yet may be difficult to achieve and



not without risk. Evidence supports on-road driving remediation to achieve functional fitness to drive post-acquired brain injury. **Purpose.** To determine if skills acquired through on-road driving remediation are maintained. **Method.** Secondary analysis of randomized controlled trial findings compared functional fitness to drive status and driving performance as rated by on-road occupational therapy driver assessment post-intervention and six-month follow-up. **Findings.** Of 25 participants with acquired brain injury (26-65 years), 95% of the 19 deemed functionally fit and 50% of the six deemed not functionally fit to drive retained that status at follow-up. Four changed status, with most ($n = 3$) shifting from not fit to fit. No significant change in functional fitness to drive status or driving performance observed at follow-up ($p = .625$). Being fit to drive at follow-up was significantly associated with competent observation, awareness, speed control, planning, judgement, and self-navigation. **Conclusions.** Following on-road driving remediation devised by an occupational therapist with advanced training in driver assessment and delivered by a qualified driving instructor, skills were maintained six-month follow-up post-acquired brain injury.

Access or request full text: <https://libkey.io/10.1177/00084174261427989>

URL: <https://research.ebsco.com/linkprocessor/plink?id=b012a5af-b095-3138-87e9-6226dc7d3428>

2. Racial and Ethnic Differences in Occupational Therapy Service Access in the Initial Five Years Following Autism Diagnosis

Item Type: Journal Article

Authors: Chen, Yu-Lun;Genova, Helen M.;Marchetta, Claire M. and Botticello, Amanda L.

Publication Date: 2026

Journal: Physical & Occupational Therapy in Pediatrics , pp. 1–19

Abstract: Aim: Children diagnosed with autism spectrum disorder (ASD) require timely access to occupational therapy (OT) to support their developmental and functional needs, yet children of minority races and ethnicities may experience barriers to accessing care. This study aimed to assess racial and ethnic differences in OT access during the initial five years post-ASD diagnosis. Methods: This retrospective study utilized electronic health records from a large pediatric health system encompassing 13 outpatient sites in the Northeastern United States. Data on OT access from 2014 to 2019 (the most recent five-year period uninterrupted by the COVID-19 pandemic), comorbid diagnoses, and social determinants of health were collected. Results: The sample comprised 1181 children diagnosed with ASD



in 2014 (diagnosis age: $M = 5.0$ years, $SD = 3.2$). No differences in odds of OT receipt were found between racial/ethnic groups. However, children of minority race/ethnicity had lower OT intensity, with Hispanic, Black, and Asian and Pacific Islander children receiving 0.6 (95% CI = 0.44, 0.82], 0.54 0.36, 0.81], and 0.55 0.32, 0.96] times the number of OT visits received by non-Hispanic White children over five years post-diagnosis. Conclusion: Children of minority race/ethnicity may receive lower OT intensity, suggesting potential barriers in continued access to therapy following ASD diagnosis.

Access or request full

text: <https://libkey.io/10.1080/01942638.2026.2618038>

URL: <https://research.ebsco.com/linkprocessor/plink?id=7755d33d-df73-36a5-9038-bba042eb0692>

3. An effectiveness-implementation trial of home-based early hand therapy for young children with cerebral palsy

Item Type: Journal Article

Authors: Hilderley, A.;O'Grady, K.;Herrero, M.;Heptonstall, E.;Reist-Asencio, S.;Pynn, R.;Tao, C.;Tao, S.;Diot, C.;Andersen, J. and Kirton, A.

Publication Date: 2026

Journal: Research in Developmental Disabilities 171

Abstract: Background Early hand therapy is an effective approach for improving hand function in young children with cerebral palsy (CP), yet clinical implementation is limited. This trial assessed implementation and effectiveness of a high dose early hand therapy. Methods A home-based, caregiver-delivered intervention of 18-weeks with daily 30-minute practice (60 h total) of constraint-induced movement therapy and bimanual therapy. A coaching approach was used to support caregivers, with weekly coaching sessions provided in-person or virtually. Implementation strategies included training, educational materials, and dedicated clinician time. The primary effectiveness outcome was achievement of individualized hand function goals, assessed via the Canadian Occupational Performance Measure (COPM) pre/post/8-weeks post-intervention. The primary implementation outcome was satisfaction assessed by caregivers and clinicians post-intervention. A repeated measures ANOVA assessed change in COPM scores, with Bonferroni correction of post hoc pairwise comparisons (paired t-tests). Mean values and standard deviations (SD) were calculated for satisfaction scores. Results Eighteen participants completed the protocol, aged 4–22 months (mean 13, SD 6 months). COPM scores significantly improved from



pre- to post-intervention ($p < 0.001$) and pre- to 8-weeks post-intervention (p Conclusions Implementation of a caregiver-delivered home-based early hand therapy was highly satisfactory and effective for achievement of individualized hand function goals. Resources are available to support implementation spread.

Access or request full text: <https://libkey.io/10.1016/j.ridd.2026.105267>

URL: <https://research.ebsco.com/linkprocessor/plink?id=bd043c39-fab3-3592-9f02-77582e95733a>

4. Effect of yoga on oedema and quality of life in women with breast cancer-related lymphoedema: a randomised clinical trial

Item Type: Journal Article

Authors: Movafegh, Fatemeh;Beigmoradi, Samira;Ramazanpour, Mehdi;Nosratabadi, Iman;Soltani-Nejad, Ehsan and Imani-Goghary, Zahra

Publication Date: 2026

Journal: British Journal of Community Nursing 31(2), pp. 58–68

Abstract: Background: Post-mastectomy lymphoedema can lead to limitation in daily activities and have a negative impact on quality of life. Aim: This study explored the effect of yoga exercise on upper limb lymphoedema volume and quality of life in post-mastectomy patients. Methods: A total of 112 post-mastectomy patients were recruited for this randomised controlled trial using a purposive sampling method, of whom 96 participants completed the study. Participants were randomly assigned to intervention and control groups. After initial assessments using the volumetric-tank technique and the Lymphedema Life Impact Scale, the intervention group received yoga exercises. Data were analysed using Statistical Package for the Social Sciences software with independent t-test, paired t-test and covariance test. Results: After the intervention, significant differences were found in upper limb lymphoedema volume and mean scores of the Lymphoedema Life Impact Scale and its physical and functional domains ($P < 0.05$). Implications for practice: Clinicians and nurses can incorporate blended (in-person and online) yoga programmes into self-management and rehabilitation plans to enhance accessibility and adherence. These findings support allocating resources toward low-cost, adaptable yoga interventions within breast cancer survivorship care pathways. Conclusions: Yoga was found to be a safe and effective complementary approach for reducing upper limb lymphoedema in early stages and improving wellbeing in post-mastectomy patients without comorbidities. Further



research is needed to evaluate its efficacy in other populations, or in advanced stages of lymphoedema.

Access or request full text: <https://libkey.io/10.12968/bjcn.2025.0019>

URL: <https://research.ebsco.com/linkprocessor/plink?id=3e6ac586-6989-32e7-952f-a89c460a9eac>

5. Home-based extended rehabilitation for older people with frailty (HERO): a multicentre randomised controlled trial with health economic analysis and process evaluation

Item Type: Journal Article

Authors: Prescott, Matthew;Collinson, Michelle;Hall, Abi J.;Bestwick, Rebecca;Goodwin, Victoria A.;Thompson, Ellen;Bojke, Chris;Clarke, David;Day, Florence;Forster, Anne;Hulme, Claire;Peacock, Julie;Ziegler, Friederike;Farrin, Amanda J. and Clegg, Andrew

Publication Date: 2026

Journal: Health Technology Assessment (Winchester, England) 30(4), pp. 1–40

Abstract: Background: Half of older people in hospital have frailty and are at increased risk of re-admission or death following discharge. Although short-term rehabilitation can reduce early re-admissions, benefits are attenuated over time. It is unknown whether extended rehabilitation for older people with frailty can improve outcomes. Trial Design: Pragmatic, multicentre, individually randomised controlled parallel-group superiority trial with economic evaluation and embedded process evaluation. Methods: Participants: Eligible participants were 65 years or older with mild/moderate/severe frailty (score of 5-7 on Clinical Frailty Scale) admitted to hospital with acute illness or injury, then discharged home directly or from intermediate care (post-acute care) rehabilitation services. People with significant cognitive impairment and care home residents were among those ineligible. Recruitment took place from December 2017 to August 2021, with follow-up till August 2022. Interventions: Participants were randomly assigned (1.28 : 1) to the Home-based Older People's Exercise programme - a 24-week home-based manualised, progressive exercise intervention delivered by National Health Service therapists as extended rehabilitation, or usual care (control). Randomisation occurred after the participant had been discharged from hospital or intermediate care. Participants were not masked to allocation. Main outcome measures: The primary outcome was physical health-related quality of life,



measured using the physical component score of the modified Short Form 36-item health questionnaire at 12 months. Secondary outcomes at 6 and 12 months included physical and mental health-related quality of life, functional independence, death, hospitalisations and care home admissions. Researchers involved in data collection were masked to allocation. Data sources: Primary and secondary outcomes were obtained via self-report questionnaire at 6 and 12 months. Hospitalisations and deaths were collected from routine healthcare data. Results: We randomised 740 participants (410 Home-based Older People's Exercise, 330 control) across 15 sites. Four hundred and seventy-nine (64.7%) participants completed 12-month follow-up. One hundred and eighty-eight Home-based Older People's Exercise participants (45.9%) completed 24 weeks of intervention delivery. Over half of participants completed more than 75% of prescribed exercises. Intention-to-treat analyses (258 Home-based Older People's Exercise participants, 208 control participants for primary outcome) showed no evidence that Home-based Older People's Exercise was superior to control for 12-month physical component score (adjusted mean difference -0.22, 95% confidence interval -1.47 to 1.03; $p = 0.73$). There was some evidence of a higher rate of all-cause hospitalisations in the control arm (incidence rate ratio 1.12, 95% confidence interval 1.00 to 1.25; $p = 0.05$), but no evidence of differences in other outcomes. The process evaluation found the intervention was largely delivered as intended and proved acceptable to most participants. The economic analysis showed incremental costs of Home-based Older People's Exercise plus usual care of GB£1401 (mean per participant), compared with usual care alone. There was a 0.024 quality-adjusted life-year improvement in Home-based Older People's Exercise compared to control. The incremental cost-effectiveness ratio was £58,375. Limitations: This trial was delivered during especially challenging circumstances that included the COVID-19 pandemic. We examined outcomes taking account of this but detected no difference in primary or secondary outcomes, providing reassurance that COVID-19 was unlikely to have influenced trial results. Conclusions: Based on our findings, we do not recommend routine commissioning of extended rehabilitation for older people with frailty after discharge home from hospital or intermediate care, following an acute admission with illness or injury. Future Work: Future work should consider how existing core intermediate care and community rehabilitation services should be best organised and delivered to ensure that older people with frailty feel ready for discharge from rehabilitation, and are enabled to maintain their independence. Funding: This synopsis presents independent research funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme as award number 15/43/07.

Access or request full text: <https://libkey.io/10.3310/GJAC1602>

URL: <https://research.ebsco.com/linkprocessor/plink?id=07b0de06-6d88->



[3d5d-9cdf-3dac09bb74e9](#)

6. Sleep Loss and Occupational Engagement: An Occupational Therapy Perspective on “Sleep Loss is Injurious to Health”

Item Type: Journal Article

Authors: Wafa, K. M.

Publication Date: 2026

Journal: Sleep and Vigilance , pp. 1–2

Source: <https://link.springer.com/article/10.1007/s41782-026-00343-z>

7. Efficacy of digital health technologies as adjunctive functional training in occupational therapy for stroke rehabilitation: a meta-analysis

Item Type: Journal Article

Authors: Zhang, Yangzi;Ge, Chenshu;Li, Congwei and Liu, Fang

Publication Date: 2026

Journal: Neurological Sciences : Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology 47(4)

Access or request full text: <https://libkey.io/10.1007/s10072-026-08934-4>

URL: <https://research.ebsco.com/linkprocessor/plink?id=9f85945c-a6a7-3353-b2c5-869082f1ab0d>

8. EXPLORING PARENTS’OPINION ON OCCUPATIONAL THERAPY SUPPORT FOR CHILDREN WITH DISABILITIES DURING TRANSITION PERIODS 11

Item Type: Journal Article

Authors: Genova–student, Niya and Todorova, Liliya

Publication Date: **Source:** https://www.researchgate.net/profile/Aleksandra-Ribarova-Dimitrova/publication/401848774_EXPLORING_PARENTS'_OPINION_ON_OCCUPATIONAL_THERAPY_SUPPORT_FOR_CHILDREN_WITH_DISABILITIES_DURING_TRANSITION_PERIODS_11/links/69b281620df0500feff380e6/EXPLOR



[ING-PARENTS-OPINION-ON-OCCUPATIONAL-THERAPY-SUPPORT-FOR-CHILDREN-WITH-DISABILITIES-DURING-TRANSITION-PERIODS-11.pdf](#)

9. Effect of yoga on oedema and quality of life in women with breast cancer-related lymphoedema: a randomised clinical trial

Item Type: Journal Article

Authors: Movafegh, Fatemeh;Beigmoradi, Samira;Ramazanpour, Mehdi;Nosratabadi, Iman;Soltani-Nejad, Ehsan and Imani-Goghary, Zahra

Publication Date: 2026

Journal: *British Journal of Community Nursing* 31(2), pp. 58–68

Abstract: Background: Post-mastectomy lymphoedema can lead to limitation in daily activities and have a negative impact on quality of life. Aim: This study explored the effect of yoga exercise on upper limb lymphoedema volume and quality of life in post-mastectomy patients. Methods: A total of 112 post-mastectomy patients were recruited for this randomised controlled trial using a purposive sampling method, of whom 96 participants completed the study. Participants were randomly assigned to intervention and control groups. After initial assessments using the volumetric-tank technique and the Lymphedema Life Impact Scale, the intervention group received yoga exercises. Data were analysed using Statistical Package for the Social Sciences software with independent t-test, paired t-test and covariance test. Results: After the intervention, significant differences were found in upper limb lymphoedema volume and mean scores of the Lymphoedema Life Impact Scale and its physical and functional domains ($P < 0.05$). Implications for practice: Clinicians and nurses can incorporate blended (in-person and online) yoga programmes into self-management and rehabilitation plans to enhance accessibility and adherence. These findings support allocating resources toward low-cost, adaptable yoga interventions within breast cancer survivorship care pathways. Conclusions: Yoga was found to be a safe and effective complementary approach for reducing upper limb lymphoedema in early stages and improving wellbeing in post-mastectomy patients without comorbidities. Further research is needed to evaluate its efficacy in other populations, or in advanced stages of lymphoedema.

Access or request full text: <https://libkey.io/10.12968/bjcn.2025.0019>

URL: <https://research.ebsco.com/linkprocessor/plink?id=3e6ac586-6989-32e7-952f-a89c460a9eac>



10. Virtual reality and dementia care in England: emerging evidence and future directions

Item Type: Journal Article

Authors: Sheppy, Bruce

Publication Date: 2025

Journal: British Journal of Healthcare Management 31(10), pp. 1–4

Abstract: Virtual reality immerses users in realistic environments, with numerous potential applications in healthcare and related services. Bruce Sheppy outlines some of these possibilities, noting ethical and operational issues and priorities for future research.

Access or request full text: <https://libkey.io/10.12968/bjhc.2025.0045>

URL: <https://research.ebsco.com/linkprocessor/plink?id=6e9b325c-665e-3983-8b4e-9864fba40bde>

11. Paediatric occupational therapists' views on applying interoception in practice contexts

Item Type: Journal Article

Authors: Clark, Emma;Brown, Ted;Yu, Mong-Lin;Pepin, Genevieve and MacKinnon, Caroline

Publication Date: 2026

Journal: Australian Occupational Therapy Journal 73(2), pp. e70082

Abstract: Introduction: Interoception, the ability to notice, understand, and act on internal bodily signals, is increasingly recognised as relevant to children's self-regulation and participation. While a growing body of research has examined interoception-based assessments and interventions with children across health disciplines, less is known about how these concepts are being interpreted and applied within paediatric occupational therapy practice. Understanding current clinical reasoning and practice use is important to support evidence-informed occupational therapy intervention in this emerging area. Methods: Qualitative semi-structured online interviews were conducted with 22 Australian paediatric occupational therapists. Reflexive thematic analysis was applied, ensuring credibility, transferability, dependability, and confirmability. Consumer and Community Involvement: No consumer or community involvement. Findings: Four main themes were identified: (1)



'Learning as we go': What occupational therapists know (and do not know) about interoception, (2) Integrating interoception into practice, (3) An empty toolbox: We need more tools, and (4) Context matters: Environmental influences on interoception in practice. Three sub-themes were identified for the second primary theme. These were titled (2.1) Using theory to guide practice: How occupational therapists think about interoception, (2.2) Setting the interoception scene, and (2.3) A bridge to participation. Conclusion: Paediatric occupational therapists value interoception as foundational to children's regulation and participation; however, knowledge and confidence remain variable, with many therapists describing an ongoing, practice-based learning process. Interoception is applied across the occupational therapy process and shaped by professional reasoning, experience, and contextual factors, yet limited occupation-focused tools and guidance constrain consistent implementation. These findings highlight the need for occupation-based assessments, structured resources, and targeted professional development to support evidence-informed practice.

Access or request full text: <https://libkey.io/10.1111/1440-1630.70082>

URL: <https://research.ebsco.com/linkprocessor/plink?id=cd634304-abea-3761-bdbc-723cf60b25ff>

12. **Capturing Collaboration: Validation of the Intraprofessional Collaborative Practice Survey in Occupational Therapy Students**

Item Type: Journal Article

Authors: Fan, Chia-Wei; Wang, Yen-Chun and Lin, Chung-Ying

Publication Date: 2026

Journal: The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association 80(3)

Abstract: Importance: Intraprofessional collaboration between occupational therapists and occupational therapy assistants enhances treatment outcomes and ensures coordinated and client-centered care. Although the Intraprofessional Collaborative Practice Survey (ICPS) was developed to assess intraprofessional collaboration, psychometric validation has not been established. Objective: To evaluate the psychometric properties of the ICPS among occupational therapy students in the United States. Design: Cross-sectional study. Setting: Accredited occupational therapy programs across the United States. Participants: A total of 389 occupational therapy students (236 in master of occupational therapy MOT] programs and 153 in occupational therapy doctorate OTD] programs) completed the ICPS. A subset of 289



students also completed an adapted version of the Interprofessional Collaborative Competency Attainment Survey (ICCAS). Outcomes and Measures: The ICPS, occupational therapy version, and an adapted version of the ICCAS. Results: Factor analyses supported the hypothesized four-domain structure for both perceived importance and perceived ability modules in the ICPS. Internal consistency was excellent. Evidence of convergent, discriminant, and concurrent validity was found, with moderate to strong correlations with the ICCAS. Measurement invariance was supported across MOT and OTD program students. Conclusions and Relevance: The ICPS is a valid and reliable instrument for assessing intraprofessional collaboration competencies. Its alignment with the Accreditation Council for Occupational Therapy Education's 2023 practice-based standards underscores its value for program evaluation and professional development. Plain-Language Summary: Collaboration between occupational therapists and occupational therapy assistants is essential for safe, effective client care. This study validated the use of the Intraprofessional Collaborative Practice Survey (ICPS) among occupational therapy students and found it to be reliable and consistent across master's and doctoral programs. The ICPS can help educators and researchers evaluate student learning, track collaboration competencies, and strengthen training programs.

Access or request full text: <https://libkey.io/10.5014/ajot.2026.051463>

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13. Enhancing personal growth and professional development through small-group mentoring

Item Type: Generic

Author: Schoen, Sarah A., King, Natalie, Gee, Bryan M. and Ochsenbein, Mim

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Abstract: This study aims to provide empirical evidence on the effectiveness of one mentorship program in occupational therapy as well as exploring participant reactions to the instructional activities and instructional delivery modes. Using a retrospective pretest posttest design, data were collected from 26 participants. Responses to an 18-question survey were collated and summarized using frequency and percentages. Wilcoxon signed-rank test was



used to determine the significance of changes in perceived experience levels. Outcomes suggest content was relevant, understandable and impacted clinical practice. Learning activities that emphasized small group problem solving during live treatment sessions or in Q & A sessions were reported to be most useful. Results of this study enhance our understanding of professional development and provide a valuable framework for other healthcare disciplines.

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