



2023 REHABILITATION RESEARCH COLLOQUIUM: PUSHING THE BOUNDARIES OF REHABILITATION SCIENCE

PRESENTED BY QUEEN'S UNIVERSITY AND MCGILL UNIVERSITY





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On behalf of the rehabilitation research colloquium planning committee, we are happy to welcome you to the rehabilitation research colloquium co-hosted by Queen's University and McGill University.

Graduate students from across Canada will be presenting their tremendous work in rehabilitation science. The theme for this year's colloquium is "Pushing the Boundaries of Rehabilitation Science". This theme was chosen to not only acknowledge the great work done in rehabilitation science done so far, but also to consider how we can help move the field forward. This is meant to broaden our understanding of what rehabilitation science is, and what it could be in the future.

To help guide us through this journey, we have arranged a for a wide array of presentations, as well as a great keynote speaker and great panelists.

Thank you for joining us for this event. We are tremendously honoured to be hosting this event, and to play our role in helping rehabilitation science forward in the future.

-The Rehabilitation Research Colloquium Planning Committee

WELCOME MESSAGE

MEET YOUR KEYNOTE SPEAKER



Ashley completed a PhD in Rehabilitation Science at Queen's University and she has a background in psychology and occupational therapy. Her research has been focused on using qualitative methods to better understand the transition to civilian life among military Veterans as well as mental health among military and Veteran families. She is a registered occupational therapist with six years of clinical experience in team-based primary care. As a clinician-researcher, Ashley has a deep appreciation for the critical responsibility that researchers have in producing trustworthy evidence that clinicians depend on to provide effective services. In her spare time, Ashley enjoys running and indulging in a cup of tea and a good book.

Dr. Nicole Beamish is a physiotherapist and an Assistant Professor in the School of Kinesiology and Health Studies. The central goal of Dr. Beamish's research is to improve the lifelong health of women. Specifically, she is interested in the effects of pregnancy on the abdominal and lumbar spine musculature and how physical activity and exercise can manage or improve the health of women diagnosed with chronic diseases. Currently, she is working on research projects aimed at establishing guidelines for physical activity in the postpartum period.



Dr. Amanda Mofina is a postdoctoral fellow at the University of Waterloo. She completed her PhD in Rehabilitation Science and MSc in occupational therapy at Queen's University and has clinical experience working in both acute care and inpatient rehabilitation settings. Her research interests combine her experience as an occupational therapist in clinical settings with her previous areas of research. Areas of interest include health care and care transitions, primary care, community care, health care in correctional services, health care for adults with multiple chronic health conditions, and the use of population-level health data.

MEET YOUR PANELISTS

Dr. Mulugeta Chala is an internationally trained physiotherapist by training and has over 14 years of experience teaching, mentoring, and supervising physiotherapy students in Ethiopia and Canada. He completed his PhD in Rehabilitation Sciences at Queen's University School of Rehabilitation Therapy in Sept 2021. His PhD focused on building foundations for research on chronic low back pain self-management in Ethiopia. His dissertation included four main studies, all of which will help inform the design, implementation, and evaluation of a model of care for a self-management program for people with low back pain in Ethiopia. Following his doctoral training, Mulugeta joined a postdoctoral (Ontario Health Impact) fellowship at the University of Toronto (Oct 2021-March 2023). Building on his professional experience and doctoral and postdoctoral training, Mulugeta aims to improve the health outcomes and experiences of people with chronic pain in Ethiopia and globally by addressing critical challenges facing the health system.

Mulugeta is currently a Research Associate at Lawson Health Research Institute in London, Ontario.



Dr. Nicole Bobbette is an occupational therapist and assistant professor at the School of Rehabilitation Therapy at Queen's University. As an early career researcher, her work has focused primarily on health services and supporting the health and well-being of adults with intellectual and/or developmental disabilities, as well as family and paid care-partners.

MEET YOUR PANELISTS

TUESDAY JUNE 6, 2023 10:00 - 16:30 EDT

| | |
|---|---|
| 10:00 – 11:00 | Opening Remarks & Keynote Presentation with Dr. Ashley Williams |
| Presentation Block 1 - "Providing Care" | |
| 11:00 – 11:15 | Nicole Struthers: <i>"Nature prescriptions in musculoskeletal rehabilitation: Developing protocol for an international modified Delphi study"</i> |
| 11:15 – 11:30 | Karen Chen: <i>"Effect of a Static and Dynamic Defensive Opponent on the Biomechanics of Sidestep Cutting in Soccer"</i> |
| 11:30 – 11:45 | Adhanom Baraki: <i>"Integrating mental health into primary care in the Ethiopian context: A multiple Case Study"</i> |
| 11:45 – 12:00 | Craig St. Jean: <i>"Exploring the Influence of Price Anchoring and Emphasis Framing on Willingness to Purchase Hearing Aids"</i> |
| 12:00 – 13:00 Lunch Break | |
| 13:00 – 14:00 | Day One Poster Session |
| 14:00 – 14:15 Break | |
| Presentation Block 2 - "Support" | |
| 14:15 – 14:30 | Caitlin Piccone: <i>"Understanding Natural Supports in Canada: A Scoping Review"</i> |
| 14:30 – 14:45 | Melissa Richardson: <i>"Crisis response approaches for family members of those who serve: A scoping review in progress"</i> |
| 14:45 – 15:00 | Chris Froese: <i>"Pediatric Occupational Therapists' (OTs) Journeys Towards Culturally Safer Care Through Participation in a Community of Practice: A Qualitative Study Proposal"</i> |
| 15:00 – 15:15 | Anisia Wong: <i>"The Effect of a Story-Telling Attention-Refocusing Intervention on Parental Stress in Parents with Infants in the Neonatal Intensive Care Unit"</i> |
| 15:15 – 15:30 Break | |
| Presentation Block 3 - "Older Adults" | |
| 15:30 – 15:45 | Chris Mills: <i>"Social factors associated with the development of high nutrition risk"</i> |
| 15:45 – 16:00 | Azba Shaikh: <i>"How emotions arising from locomotor movements modulates the collision avoidance strategies among individuals with chronic traumatic brain injury"</i> |
| 16:00 – 16:15 | Kunal Parikh: <i>"The impact of virtual education and training programs on the self-efficacy of informal caregivers of older adults: A scoping review"</i> |
| 16:15 – 16:30 Closing Remarks | |
| END OF DAY 1 | |

WEDNESDAY JUNE 7, 2023 10:00 - 16:00 EDT

| 10:00 – 10:15 | | Opening Remarks | |
|--|--|--|--|
| Presentation Block 4 - "Clinical Outcomes" | | | |
| 10:15 – 10:30 | | Fikadu Yehualshet: “Feasibility of diabetes self-management coaching program for individuals with type 2 diabetes in the Ethiopian primary care setting: A mixed-methods parallel-group randomized controlled trial. A preliminary result” | |
| 10:30 – 10:45 | | Raphaël Vincent: “Diagnosis and management of patients with musculoskeletal disorders using telemedicine: a systematic review with meta-analysis” | |
| 10:45 – 11:00 | | Jacopo Cristini: “Differential effects of acute cardiovascular exercise on explicit and implicit motor memory: the moderating effects of fitness level” | |
| 11:00 – 11:15 | | Sophie Labossière: “The Co-Design of a Cognitive Health Product for Oasis Programs: A Phased Research Project” | |
| 11:15 – 12:00 | | Day Two Poster Session | |
| 12:00 – 12:45 Lunch Break | | | |
| Presentation Block 4 | | | |
| 12:45 – 13:00 | | Biniyam Abebe: “Understanding the process of access to primary healthcare for adults with disabilities in rural Ethiopia” | |
| 13:00 – 13:15 | | Erin Tichenor: “What does borderline do? An Auto-Ethology” | |
| 13:15 – 13:30 | | Tibeb Debele: “Beyond Repair: A grounded theory of social inclusion of Women after obstetric fistula surgical treatment in Ethiopia” | |
| 13:30 – 13:45 | | Eduan Breedt: “Mobilizing the Body: A Symptomology of the Body in Physiotherapy” | |
| 13:45 – 14:00 Break | | | |
| 14:00 – 14:45 | | Panel Discussion | |
| 14:45 – 15:15 | | Panel Discussion Q&A | |
| 15:15 – 16:00 | | Award Ceremony & Closing Remarks | |
| END OF DAY COLLOQUIUM 2023 | | | |



ABSTRACTS BY SESSION

TUESDAY, JUNE 6, 2023



NATURE PRESCRIPTIONS IN MUSCULOSKELETAL REHABILITATION: DEVELOPING PROTOCOL FOR AN INTERNATIONAL MODIFIED DELPHI STUDY

Nicole Struthers¹, Aleksandra Zecevic¹, Trevor Birmingham¹, Filip Maric²

¹Western University, ²UiT The Arctic University of Norway

Background: As a prominent global health issue, musculoskeletal conditions are influenced by personal, societal, and environmental factors. Physiotherapists have a unique advantage in the enhancement of people's contribution to planetary health through reconsidering the relationship between the environment and musculoskeletal health. The standard of care for musculoskeletal management is exercise and education; however, sedentary lifestyles tend to be adopted by people living with musculoskeletal conditions. Nature as a motivator for physical activity remains underutilized, and its potential contribution to long-term self-management of musculoskeletal conditions is unexplored. Nature prescription has the potential to be utilized in musculoskeletal rehabilitation, but it has not been sufficiently explored and further knowledge advancement is required.

Objective(s): We aim to answer two research questions: (1) How can the utilization of nature prescription address personal, social, environmental, and global burdens of rehabilitation? and (2) What is the direction for future research and utilization of nature prescription in musculoskeletal practice?

Methods: We propose a modified Delphi study to develop a framework for the use of nature prescription in musculoskeletal rehabilitation. This prospective consensus building study will consist of three rounds to (1) develop a comprehensive list of key topics, (2) create an internet-based Delphi survey to be sent to participants, and (3) reach consensus on the development of a framework.

Conclusions/Significance of Findings: This research is situated within the novel field of environmental physiotherapy that emerged in response to environmental crises and physiotherapy as an entry point to advance knowledge and increase research capacity for broader, inclusive focus on human and planetary health.

EFFECT OF A STATIC AND DYNAMIC DEFENSIVE OPPONENT ON THE BIOMECHANICS OF SIDESTEP CUTTING IN SOCCER

Karen Chen^{1, 2}, Harry Brown¹, Sophie Guillemet¹, Simone Drouin¹, Shawn Robbins^{1, 2, 3}

¹McGill University, ²Center for Interdisciplinary Research in Rehabilitation, ³FIFA Center of Excellence

In soccer, non-contact anterior cruciate ligament (ACL) injuries commonly occur during a quick change of direction, also known as cutting. However, studies have not yet accounted for the added complexity of a moving opponent. The aim of this study is to examine, among soccer players performing an unanticipated cutting task, to what extent does the inclusion of a dynamic defender impact lower extremity kinematics and its interaction with skill levels.

Fourteen recreational and fourteen competitive soccer players executed an unanticipated cutting maneuver in three conditions: no defender, stationary defender, and moving defender. Data was collected using 3-dimensional motion capture systems. Kinematic outcomes included angles in all three planes of movement (frontal, sagittal and transverse) for hip, knee, and ankle and clearance distance. A principal component analysis and two-way analysis of variance were conducted to compare main effects and interactions between skill and conditions, with pairwise comparisons for mean differences (d) between significant effects (PC-scores).

Results show that competitive players exhibited significantly higher ankle dorsiflexion (d=65.08), knee internal rotation at midstance compared to early stance (d=13.12), hip internal rotation throughout stance phase (d=26.22), and decreased variations in knee internal rotation at midstance (d=12) and decreased knee flexion at mid-late stance (d=12.96). Additionally, dynamic obstacle condition had greater clearance distance by 0.6m regardless of skill level.

This study reflects potential differences in cutting strategies between groups of different skill levels, regardless of obstacle conditions. This may contribute to knowledge on causes of ACL in sports and contribute to better-targeted injury prevention programs.

INTEGRATING MENTAL HEALTH INTO PRIMARY CARE IN THE ETHIOPIAN CONTEXT: A MULTIPLE CASE STUDY

Adhanom Baraki I

I Queen's University

Background: Mental health conditions are exceedingly prevalent causes of disability and public health problems in Ethiopia. However, lack of access to a quality mental health care has been an enormous challenge. The Ethiopian government is working to integrate mental health into primary care (PC). However, little is known about how this process is taking place from a comprehensive perspective that included the system, health institution, health care providers, and patients.

Objectives: To understand the integration of mental health services into PC in the Ethiopian context.

Methods: Yin's multiple case study will be used to explore integrated mental health care in four PC centers in Gondar, Ethiopia. Data collection will involve document review, observation, and key informant, patients and provider interview using a semi-structured interview guide. In addition, observation will be used to check the availability medications, treatment guidelines, and mental health support facilities within institutions. Data will be analyzed to understand each case separately and it will be followed by a cross-case analysis for a comprehensive understanding of integrated mental health services in Ethiopia.

Significance: Understanding the process of integrating mental health services into PC from the structural and system level factors to the day-to-day practice of PC professionals and the patients' experiences is paramount in identifying the drivers and barriers of this process in a comprehensive manner. The findings will provide insights and lessons to policymakers, programmers, and practitioners for decision-making. This study will also fill the lacuna in evidence and would strengthen the literature on the subject matter.

EXPLORING THE INFLUENCE OF PRICE ANCHORING AND EMPHASIS FRAMING ON WILLINGNESS TO PURCHASE HEARING AIDS

Craig St. Jean¹, Jacqueline Cummine¹, Gurjit Singh^{2, 3, 4}, Bill Hodgetts¹

¹University of Alberta, ²Toronto Metropolitan University, ³University of Toronto, ⁴Phonak Canada

The majority of people experiencing hearing loss turn to the internet as the first response to their symptoms, where they may encounter more widely-ranging perspectives on, and price points for, hearing aids (HAs) than those purveyed in a clinic. This study investigates whether exposure to various types of information online can influence adults aged 40 and above in their willingness to purchase HAs.

In a 2x2 experimental design, 271 participants browsed a website simulating an online search for hearing health information. Participants were randomly assigned to view banner ads featuring either high or low HA prices (price anchoring condition) and read about three differently-priced fictitious HAs with varied technology levels. The HA descriptions emphasized either lifestyle appeal or technological capabilities (message framing condition). Using visual analog scales, Participants rated their willingness (0-100) to purchase each device.

ANCOVAs revealed neither a significant interaction effect or main effects of anchoring or framing on purchase willingness for the three fictitious devices. However, self-rated knowledge of HAs was a significant covariate in the model for all three devices ($p < 0.001$), and was significantly positively correlated with purchase willingness for all three. Participants with above-median knowledge expressed significantly higher purchase willingness for all three devices ($p < .001$, $d \geq .743$ for all comparisons).

Price and framing manipulations did not result in meaningful differences in participants' willingness to purchase HAs, suggesting that HA clinics and manufacturers may not benefit from rethinking their online communication strategies in these areas. Future research should explore strategies to increase subjective HA knowledge among potential buyers.

A CRITICAL ANALYSIS OF THE ASSOCIATION BETWEEN SOCIOECONOMIC STATUS AND COLORECTAL AND BREAST CANCER SURVIVAL

Ladees Alhafi^{1,2}, Mina Ghaffari^{1,2}, Shan Ashton Garib^{1,2}

¹ Student, ² Queen's University

Background: Social disparities in cancer survival persist even with publicly available health coverage. We must investigate and address socioeconomic reasons for survival disparities, particularly for breast and colorectal cancers - two of the most prevalent types of cancer.

Aim: The goal of this study is to assess how socioeconomic status affects survival rates for breast and colorectal cancer by reviewing current literature.

Methods: A search was conducted in the PUBMED, MEDLINE, and SCOPUS databases from January 2010 to February 2023. The included studies examined how socioeconomic status affects breast and colorectal cancer survival. We extracted information on the author, year of publication, location (state/country), patient population, outcomes, and findings. The hazard ratios and confidence intervals for overall survival in breast and colorectal cancer were pooled in a meta-analysis using a random effects model.

Results: Of the nine articles included, patient populations varied in size from 175 to over 150,000 cases. Eight of the nine studies showed that socioeconomic disadvantage (eg., income, access, occupation) was associated with poorer cancer survival. One study demonstrated evidence of healthcare system type affecting survival.

Conclusion: There is ample evidence linking socioeconomic status to cancer survival. Studies show that being socio-economically disadvantaged leads to poorer survival rates, particularly in larger studies with less detailed cancer registry data. However, further research is needed to understand why this association exists.

HEALTHY AGING INDICATORS: ONTARIO VS NEWFOUNDLAND & LABRADOR

Shan Ashton Garib^{1,2}

¹Student, ²Queen's University

Objectives: Using publicly available data on health status indicators from Statistics Canada and a multi-dimensional framework developed by Rapp et al., a prevalence measure was created to assess health and aging in Ontario and Newfoundland and Labrador.

Methods: An Ironic Age (IA), weighted by health indicator dimensions, was developed to represent hypothetical years added to biological age (BA), due to disability. Comparisons were made provincially and stratified by age and sex.

Results: General parity was observed in the base case for the 65-84 age cohort averaging an additional +4.606 IA years across Canada. A positive relationship was observed between an increasing age cohort and IA. Those in the 45-64 age bracket in Ontario for example, added +3.9500 years to their biological age versus an additional +4.5677 in the 65-84 age group. Newfoundlanders in the 65-84 age group had lower IAs relative to ON (+4.305 years vs +4.568 years, respectively). The same relationship held for males when stratified by sex (NL: +3.616 years vs ON: +3.832 years). Glaucoma and cataracts were the main drivers of results. Sensitivity analysis showed activities of daily living limitations (ADL) to be the most stable parameter.

Conclusions: Provinces with higher than average IAs should implement, or adapt policies directed at aging populations, particularly in eye-care. Further study is needed to clarify connections between social determinants of health (income, education, marital status), disability and aging. External validation is needed with similar data sets for comparisons outside Canada. **Keywords:** Healthy aging; disability; Ironic age; Outcomes; Prevalence, Eye-care, Cataracts, and glaucoma

MOTOR SKILL RETENTION IMPAIRMENTS IN PARKINSON'S DISEASE: A SYSTEMATIC REVIEW WITH META-ANALYSIS

Jacopo Cristini¹, Zohra Parwanta¹, Bernat De las Heras¹, Almudena Medina-Rincon², Caroline Paquette³, Julien Doyon⁴, Alain Dagher⁵, Simon Steib⁶, Marc Roig¹

¹School of Physical and Occupational Therapy, Faculty of Medicine, McGill University, Montreal, Quebec, Canada.,

²Department of Physiotherapy, San Jorge University, Zaragoza, Aragón, Spain., ³Department of Kinesiology & Physical Education, McGill University, Canada., ⁴Montreal Neurological Institute, Department of Neurology and Neurosurgery, McGill University, Montreal, Quebec, Canada., ⁵The Neuro (Montreal Neurological Institute-Hospital), McGill University, Montreal H3A 2B4, Canada., ⁶Department of Exercise, Training and Active Aging, Institute of Sport and Sport Science, University of Heidelberg, Heidelberg, Germany.

Background and objective(s): The ability to encode and consolidate motor memories is essential for persons with Parkinson's Disease (PD), who usually experience a progressive loss of motor function. Deficits in memory encoding, usually expressed as poorer rates of skill improvement during motor practice, have been reported in these patients. Whether motor memory consolidation and thus the capacity to retain motor skills is also impaired is unknown.

Methods: We conducted a review that included 46 studies to determine whether motor skill retention is impaired in PD compared to neurologically intact individuals.

Results: Meta-analyses revealed that persons with PD have deficits in retaining motor skills (SMD = -0.17; 95% CI = -0.32, -0.02; $p = 0.0225$). However, these deficits are task-specific, affecting sensory-motor (SMD = -0.31; 95% CI -0.47, -0.15; $p = 0.0002$) and visuomotor adaptation (SMD = -1.55; 95% CI = -2.32, -0.79; $p = 0.0001$) tasks, but not sequential fine motor (SMD = 0.17; 95% CI = -0.05, 0.39; $p = 0.1292$) and gross motor tasks (SMD = 0.04; 95% CI = -0.25, 0.33; $p = 0.7771$). Importantly, deficits became non-significant when augmented feedback during practice was provided, and additional sessions of motor practice reduced the deficits observed in sensory-motor tasks. Meta-regression analyses confirmed that deficits were independent of performance during encoding, as well as the duration and severity of the disease.

Conclusion: Our results align with the neurodegenerative models of PD progression and motor learning frameworks and emphasize the importance of developing targeted interventions to enhance motor memory consolidation in PD.

CLOSING THE GAP: INTEGRATING THE VOICES OF PEOPLE LIVING WITH PAIN INTO EDUCATION

Emilie Houston¹, Peter Stilwell¹, Lesley Singer¹, Lynn Cooper², Geoff Bostick³, André Bussi res¹, Timothy Wideman¹

¹McGill University, ²Canadian Injured Workers Alliance, ³University of Alberta

Background: People living with chronic pain experience stigma from health professionals, which negatively impacts treatment outcomes. This stigma partially arises from a lack of understanding about the experience of pain and is associated with weaker skills in communication and showing empathy.

Objective: The objective of this study was to achieve consensus among people living with pain on what health professionals should learn about the experience of pain and create a resource for educators to inform their teaching.

Methods: This study used a 3-round Delphi where 27 people living with pain voted to approve or eliminate statements about living with pain. A statement was approved if it achieved 75%+ “yes” votes. If it did not, it was edited according to suggestions and presented in the next round. After three rounds, the statements were grouped into categories, and the final product was endorsed by participants.

Results: 40 statements about living with pain were approved and were grouped into seven categories, which included statements about the personal impacts of pain, the harmful effects of stigma, managing and adapting to living with pain, and needs and expectations from healthcare.

Conclusion/Significance of Findings: This resource was designed for use in rehabilitation programs, but the statements that were approved are relevant to many health professions. It can be used by pain educators to assess their teaching and direct the involvement of people living with pain. This resource will guide the integration of the patient voice in education, leading to health professional program graduates who are better prepared to treat people living with pain.

TRENDS OF RESEARCH REGARDING EXERCISE AS AN INTERVENTION FOR CLINICAL DEPRESSION: A REVIEW

Daniel (Soomin) Lee¹, Catherine David¹, Jonathan Bourque¹, Simon Luu¹, Fadi Chaar¹

¹School of Physical and Occupational Therapy, Faculty of Medicine and Health Sciences, McGill University

Introduction: Depression is characterized by persistent low mood and disinterest in previously enjoyed activities. Although antidepressant medications, cognitive behavioral therapy, and interpersonal therapy are accepted as standard treatment for depression, recent evidence has touted physical activity as a potent intervention for the condition.

Objectives: The aim of this review was to (i) examine the efficacy of exercise in treating depression, (ii) describe the mechanisms of how exercise can alleviate symptoms, and (iii) determine optimal treatment parameters.

Methods: A literature review was conducted on Ovid MEDLINE, CINAHL, and Pubmed. Inclusion/exclusion criteria for systematic reviews included having an intervention group receiving exercise therapy as the primary treatment and a control group receiving no/standard/placebo treatment.

Results: Out of a possible 317 articles, 7 were chosen for the study. One meta-analysis determined that aerobic, mind-body, and resistance exercises conferred greater benefits when compared to standard treatment, placebo, and no interventions. Another recent meta-analysis has also established the benefits of exercise (both on its own and as an add-on to standard treatment) when compared to usual care. Virtual reality (VR) has also shown good outcomes, but there is insufficient evidence to recommend it as a standalone treatment. Parameters for aerobic exercises are well-established, aligning closely to ACSM guidelines, but little consensus exists for other modalities.

Conclusion: Exercise is effective in treating depression but remains underutilized in healthcare. Therefore, physiotherapists and other relevant healthcare professionals should advocate for its use. Further research is required to assess the long-term adherence of exercises and to stratify their effects by depression type.

PROJECT HOLISTIQUE: DEVELOPING AND PILOT TESTING AN ONLINE STIGMA REDUCTION EDUCATION PROGRAM TO IMPROVE ACCESS TO SKIN AND SOFT TISSUE INFECTIONS SUPPORT AND TREATMENT FOR PEOPLE WHO INJECT DRUGS

Sandy Ezepue^{1,2}, Setareh Ghahari¹, Afolasade Fakolade¹, Tim O'Shea^{3,4}

¹Queen's University, ²Holistique Public Health, ³McMaster University, ⁴Shelter Health Network

Background: In today's world, health-related stigma and discrimination continue to be a major challenge to illness prevention and access to healthcare. Certain health conditions such as injection drug use (IDU) have been known to trigger significant stigmatization. People who inject drugs (PWID) face stigma in all aspects of their daily lives and are susceptible to skin and soft tissue infections (SSTI), especially among the homeless population as they often lack access to resources to take care of their health properly. It is well known that even those providers who provide wound care and SSTI services show significant stigma towards this population which negatively impacts PWID access to health services.

Objective(s):

1. To develop a prototype for an online stigma reduction education program for healthcare providers working with people who inject drugs.
2. To assess the feasibility of the online stigma reduction education program prototype among healthcare providers working with people who inject drugs.

Methods: In order to address the two objectives, two studies will be conducted. Study 1 will be focused on the prototype development of an online stigma reduction education program for healthcare providers who work with PWID using an interview design. Study 2 will consist of a pilot feasibility test of the developed prototype with a cohort of healthcare providers using a one-group pre-test post-test design.

Conclusions/Significance of Findings: The development of an online stigma reduction education program has applicability to applied public health practice, as it can result in practice changes to promote stigma-free care and improve access to health services for PWID.

CREATING EMOTIONALLY SAFE WORK ENVIRONMENTS FOR PEOPLE EXPERIENCING MENTAL ILLNESS.

Elizabethmary Thomas¹

¹MSc RS candidate, University of Alberta

Introduction: People with serious mental illness (PSMI) are capable and willing to contribute meaningfully to the workforce. However, a vast majority experience employment marginalization and hazardous work environments. Stigma is a critical factor that casts people experiencing mental illness as incapable or dangerous. It is crucial to increase awareness among employers regarding psychological safety in workplaces for PSMI.

Objectives: This is community-based participatory action research (PAR) aiming to empower PSMI to co-develop a peer-support network that focuses on building their repertoire as valued employees and identifying and managing challenges in achieving longer tenure and career advancement.

Methods: Ten PSMI meet weekly for ten consecutive weeks. They utilize the Action Research Cycle, including problem identification, action, data collection, data analysis, and reflection, to support each other in their career journey and identify challenges and measures to maintain employment. Data collection involves recorded PAR sessions, group-developed materials, the researcher's reflective notes, and participants' journals.

Findings: The group identified stigma as an underlying challenge to job satisfaction and prioritized education as the critical action. A peer support network and a series of educational strategies are developed due to the PAR. Emerging themes include: understanding emotionally safe work environments, increasing awareness among peers, and educating employers.

Conclusion: We demonstrate the power of PSMI and their effort to advocate their concerns of advancing careers. This study identifies critical principles of PAR that link the concepts between client-centered and justice-based intervention and can be used to guide occupational therapy to empower marginalized populations.

PEDIATRIC PERFORMANCE-BASED OUTCOME MEASURES FOR UPPER EXTREMITY FUNCTION: SCOPING REVIEW AND LINKING TO THE INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH

Caroline Elfassy^{1,2}, Clarice Araujo^{1,2}, Tessah Dunn^{1,2}, Sarah Cachecho², Rose Elekanachi^{1,2}, Johanne Higgins³, Laurie Snider¹, Noemi Dahan-Oliel^{1,2}

¹McGill University, ²Shriners Hospitals for Children, ³Université de Montreal

Pediatric rehabilitation aims to improve functional outcomes in children with various health conditions. Performance-based outcome measures (PBOMs) are objective measures that assess physical capacity or performance in specific tasks or movements.

This scoping review aimed to identify the most frequently reported pediatric PBOMs of upper extremity (UE) function in the literature and link their content to specific International Classification of Functioning, Disability and Health (ICF) codes.

Pediatric UE PBOMs were searched in electronic databases. Three reviewers screened title and abstract for the following selection criteria: pediatric population (0-18 years) with any health status or health condition, purpose of the PBOM included UE function, PBOM, have published literature on the psychometric properties of the outcome measure, and be in English or French. Using Linking Rules, three reviewers linked extracted information to the ICF.

After the initial screening, 1786 full-text articles were reviewed, 1191 met the inclusion criteria, in which 77 outcome measures were identified and 32 were included in the linking process. From the included measures, 538 items were extracted and linked to the ICF. The most commonly cited included Assisting Hand Assessment, Jebsen-Taylor Hand Function Test, Melbourne Assessment of Unilateral Upper Limb, Quality of Upper Extremity Skills Test, the Box and Blocks. The Activity and Participation domain represented 364 codes (68%) followed by the Body Functions domain 174 codes (32%).

A majority of the outcome measures identified were linked with the Chapter 4: Mobility, Fine hand use of the ICF. Therefore, when selecting a PBOM, careful considerations needs to be made regarding which concept of health is to be assessed.

UNDERSTANDING THE STATE OF RESEARCH EVIDENCE INVOLVING FAMILY CAREGIVERS OF CHILDREN WITH CEREBRAL PALSY IN THE ARAB CONTEXTS: WORK IN PROGRESS

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Background: Raising a child with cerebral palsy (CP) can be incredibly rewarding and challenging. Caregivers, typically family, play an important role in supporting and caring for children with CP. The research in CP family caregiving is growing, but Arab family caregivers appear to be absent from this body of work.

Objective: This scoping review aims to explore the existing literature on family caregivers of children with CP in the Arab contexts and identify gaps in knowledge to guide future research and practice.

Methods: The scoping review was conducted following the JBI methodology for scoping reviews. Six major health-related databases (MEDLINE, CINAHL, EMBASE, Global Health, APA Psycinfo, and Google Scholar) were searched from November 2022 to February 2023. We selected peer-reviewed scientific articles reporting primary studies of family caregivers of children with CP in Arab countries, regardless of time or research design. Our protocol was registered prospectively with the Open Science Framework (<https://osf.io/9dc25/>).

Results: We identified ten studies that met our criteria published from 2013 onward. The data analysis is ongoing and is expected to be completed by the end of May 2023. Data will be analyzed quantitatively and qualitatively. We will present preliminary findings on the range and nature of CP family caregiving research in Arab contexts and the knowledge gaps in the existing literature.

Conclusion: We anticipate that the findings from this study will guide future research and inform the development of culturally sensitive and contextually appropriate interventions, programs, and services that support family caregivers of children with CP in the Arab world.

ADULT LEARNER PERSPECTIVES ON SKILL- AND LIFE-BASED OUTCOMES FOLLOWING LITERACY REMEDIATION

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Background: An alarming 15-40% of adults have low literacy skills, and it impacts every aspect of an individual's life - from education and employment to personal relationships. Adult literacy remediation programs have mixed results, and one metric that is not often considered is how adult learners perceive the impacts of literacy training on their day-to-day lives.

Objective: The study aims to document perspectives of adult literacy learners after participation in a literacy-based remediation program.

Methods: In this study, survey data was collected from participants completing an adult literacy training program from a literacy centre called Project Adult Literacy Society (PALS) and was analyzed to explore how participants viewed their progress and goal attainment after 4 to 6 months in the program. Quantitative and qualitative responses to questions about skill-based (i.e., reading and writing) and life-based (i.e., use of skills in daily living, confidence) improvements were analyzed.

Results: Participants reported skill-based improvements both in targeted (i.e., reading, spelling) and generalized skills (speaking, numeracy). In addition, there was a significant, positive correlation between self-perceived improvement and self-perceived ability to deal with daily challenges. Finally, thematic analysis revealed that participants also reported a number of improvements in their daily lives, including their overall reading and writing abilities, more confidence and independence, and accomplishments in academic, professional and social areas.

Conclusion: As individuals ultimately function in complex social environments, it is important to consider client perspectives when evaluating the effectiveness of literacy remediation programs. Here, participants reported positive changes in skill- and life-based outcomes during a community-based literacy remediation program.

WE NEED TO TALK: INCORPORATING THE PATIENT VOICE INTO A STRUCTURED CRITIQUE OF PHYSIOTHERAPY COMMUNICATION COMPETENCY

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Background: The importance of communication competence for positive clinical outcomes in physiotherapy is well established. “Good” communication improves patient satisfaction, trust, patient engagement and subjective experiences of symptoms and pain. It is essential for patient safety and high-quality care. Yet, studies find that physiotherapy care often remains “didactic” - overly focused on compliance and task-based discussion. Physiotherapists have limited awareness of what patients value in the care encounter, often interrupting patients and focusing on their own problem solving and clinical tasks rather than attending to their patients’ emotional and relational communication needs. Existing documents and discussions about communication competence among physiotherapists were developed and validation by practising physiotherapists without any input from patients. We know what physiotherapists think is important in communication, but not what patients think is important.

Objective(s): To bridge this knowledge gap, this study will answer: what do physiotherapy patients most value in their care experience? Are there contextual variables that are important in understanding patient preferences? What do findings tell us about patient views on priority constructs of communication competence?

Methods: Using a qualitative interpretive description methodology, semi-structure interviews will be conducted with diverse adult physiotherapy patients to elicit views on the physiotherapy care experience and patient priorities when communicating with their physiotherapist. Responses will be analyzed using inductive reasoning to identify patient preferences for communication competence.

Significance of Findings: Study outcomes will help build the foundation for patient-informed physiotherapy care through a constructive critique of the Essential Competency Profile.

UNDERSTANDING NATURAL SUPPORTS IN CANADA: A SCOPING REVIEW

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Natural supports play a crucial role in the lives of people with disabilities and their families by providing emotional, informational, and instrumental support. Providing and receiving natural supports (typically unpaid, and given out of a sense of love, loyalty and/or necessity) can often be seen as essential for realization of a good life. These supports can also help maximize benefits received from more formalized rehabilitation services. Despite their critical role in our society, Canadian economic/social policies often fail to create environments in which natural supports can flourish.

We conducted a scoping review to assess how published literature has defined natural supports in the Canadian context. Notably, we found that there is a dearth of evidence examining how natural supports for adults with disabilities and their families are defined and constituted in Canada. Oftentimes, the definitions and examples identified did not fully capture the complexity of natural support. Moreover, what evidence does exist largely lacks an exploration of how natural supports are used in the lives of families who are further marginalized, including those who are Indigenous, live in rural communities, immigrants, identify as LGBTQIA+, and those who are racialized. We highlight the need for future research that more comprehensively captures the essence of natural support experiences in Canada. Additionally, we advocate for increased research and policy to support natural care to complement, not supplant, formal paid care. Finally, we recommend further examination of the voices represented in existing natural support literature and improved recognition and integration of equity-deserving community knowledges.

CRISIS RESPONSE APPROACHES FOR FAMILY MEMBERS OF THOSE WHO SERVE: A SCOPING REVIEW IN PROGRESS

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Introduction: When critical incidents with military members or public safety personnel occur, psychological supports may be available to them. When training accidents or other line of duty death occurs, the broader occupational community can be deeply impacted. It is unclear to what extent psychological supports or crisis programs are offered to families beyond the family directly experiencing the tragedy. The purpose will be to identify and describe available crisis response programs for family members of those who work in defence and public safety sectors. This will help to inform the development of a crisis response program for family members of military and public safety personnel.

Methods: The procedures for this scoping review follow Arksey and O'Malley's five-step framework, in addition to the consultation step to integrate subject matter experts with knowledge of programs across service elements and sectors. Databases to be searched include CINAHL, MEDLINE, and PsycINFO. Search terms include 'crisis response', 'programs', 'support', 'famil*', 'public safety personnel', and 'military'. Covidence will be used for reference storage, screening, full text review and data extraction.

Expected Results: Data extraction and evidence synthesis will focus on issues related to program content, mechanisms for delivery, timing and frequency of programming, and indicators of program and support effectiveness.

Conclusions: Families of active duty military and PSP serve alongside their loved ones. When a member of the service is killed, families throughout the occupational community can experience indirect impacts. This study directly responds to a gap identified by the broader community and will inform the development of evidence-based programs and supports for families.

PEDIATRIC OCCUPATIONAL THERAPISTS' (OTS) JOURNEYS TOWARDS CULTURALLY SAFER CARE THROUGH PARTICIPATION IN A COMMUNITY OF PRACTICE: A QUALITATIVE STUDY PROPOSAL

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Background: Racism and prejudice contribute to the health inequities of Indigenous people in Canada. Indigenous communities have called for cultural safety training for healthcare providers as one way to address these inequities. Cultural safety is not established through single educational events, rather requires ongoing critical reflexivity and engagement by the healthcare provider. Communities of practice (CoPs) are intentional, co-created learning groups that facilitate collective skill development. CoPs may support ongoing reflexivity and learning required to advance culturally safer practices among OTs.

Objectives: Explore the: 1) impact of participation in a cultural safety CoP on the practices of pediatric OTs working in an urban environment, 2) value of CoPs as a model for Indigenous cultural safety training (ICST).

Methods: Participants (n=6-8) will engage in six facilitated CoP sessions. CoP content will be based on ICST best practices and participants' expressed learning needs. Data collection will include individual, semi-structured interviews completed before and after the CoP series, and group reflections completed during the CoP sessions. Directed content analysis, based on the Cultural Safety Framework (Horrell et al., 2021), will guide initial coding. Narrative inquiry methodology will be used to explore themes in the OT's stories of their journeys towards culturally safer care. The participants' stories will be reorganized and combined to highlight common and disparate themes.

Conclusions/Significance of Findings: Presented as one or more re-storied narratives describing OTs' journeys towards culturally safer care (including successes and challenges), this study will describe the CoPs impact on OTs' attitudes and behaviours, informing if and how CoPs may support future ICST.

THE EFFECT OF A STORY-TELLING ATTENTION-REFOCUSING INTERVENTION ON PARENTAL STRESS IN PARENTS WITH INFANTS IN THE NEONATAL INTENSIVE CARE UNIT

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Background/Rationale: Newborn admission to the neonatal intensive care unit (NICU) is a stressful situation for primary caregivers. Prevalence of some acute stress symptoms is nearly universal after NICU admission, with evidence showing physical separation due to infection control or minimal handling measures to be a major contributor to parental stress. A contact-free intervention to lower parental stress in the NICU could improve health outcomes for parents and developmental outcomes for infants, while minimizing potential health risks to infants in the unit.

Methods: A randomized trial was conducted in a level 2/3 NICU at Kingston Health Sciences Centre. Parents were randomized to either the intervention or standard care control group. The Story-Telling Attention-Refocusing (STAR) intervention involved parents using story prompts to share stories related to themselves or their families and friends with their infants over a 10-minute period, 3 times a week. Outcomes measured included parental stress via the Parental Stressor Scale (PSS:NICU) and anxiety using the State Trait Anxiety Inventory (STAI).

Results: Nineteen parents completed the study (9 experimental, 10 control). There was no significant difference in STAI scores between groups ($p = 0.513$), but mean PSS:NICU scores between groups were close to significant ($p = 0.059$), showing lower levels of parental stress in the intervention group. Data collection is ongoing.

Conclusions: Preliminary findings suggest that the STAR program has the potential to lower parental stress in the NICU.

Impact: An effective intervention to lower stress in the NICU may reduce the incidence of chronic stress-related disorders in this high-risk population, improve parent-infant interactions and infant developmental outcomes.

SOCIAL FACTORS ASSOCIATED WITH THE DEVELOPMENT OF HIGH NUTRITION RISK

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Background: Nutrition risk, the risk of poor nutritional status, is prevalent in community-dwelling adults and has negative consequences including frailty, hospitalization, institutionalization, mortality, and decreased quality of life. While social factors that are associated with nutrition risk have been identified in cross-sectional studies, it is unknown what social factors are associated with the development of high nutrition risk in community-dwelling Canadians.

Objectives: To determine which social network, demographic, and health variables were able to predict the development of high nutrition risk in Canadian adults at midlife and beyond, using baseline and first follow-up data from the Canadian Longitudinal Study on Aging.

Methods: Binomial logistic regression was used to examine the predictors of the development of high nutrition risk at first follow-up, three years after baseline, in individuals originally not at high risk.

Results: At baseline, 35.0% of participants were at high nutrition risk and 42.2% were at high risk at follow-up. Among those who were not at high risk at baseline, 27.4% developed high nutrition risk at follow-up. Lower levels of social support, lower social participation, and poor self-rated healthy aging were predictors of the development of high nutrition risk at follow-up. Lower nutrition risk scores at baseline were predictors of the development of high nutrition risk.

Conclusions: Individuals with low levels of social support, low levels of social participation, and poor self-rated healthy aging should be screened proactively for nutrition risk

HOW EMOTIONS ARISING FROM LOCOMOTOR MOVEMENTS MODULATES THE COLLISION AVOIDANCE STRATEGIES AMONG INDIVIDUALS WITH CHRONIC TRAUMATIC BRAIN INJURY

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Introduction: Avoiding collisions with surrounding pedestrians is necessary to navigate safely in the community. Adults with moderate-to-severe traumatic brain injury (m/sTBI) have difficulty navigating complex environments and understanding the emotions of others.

Objectives: To determine the extent to which persons with m/sTBI, in comparison to healthy controls, can modulate their circumvention strategies in response to approaching pedestrians presenting different emotional gait patterns.

Methods: To date, 10 chronic individuals with m/sTBI (age 44.5 ± 13.4 yrs) and 5 healthy controls (CTLs, age 43.5 ± 5.9 yrs) were immersed in a virtual scene using a virtual reality headset. They walked towards a distant target while avoiding virtual pedestrians (VRPs) coming in their locomotor path from 3 different directions (middle, left and right) and displaying 4 emotional gait patterns (happy, sad, angry and neutral). Data from only one direction (middle) was analyzed for this presentation. Minimum distance maintained from the approaching VRP, distance from the VRP at the onset of trajectory deviation (onset distance) and average walking speed was contrasted between groups (2 levels) and emotional gait conditions (4 levels).

Preliminary Results: The m/sTBI group adopted slower walking speeds and larger minimum distances compared to controls. A modulatory effect of emotional gait was observed on walking speed, minimum distance maintained from interferers and onset distance, and this modulation was similar between groups.

Conclusion and Significance: The observed changes amongst m/sTBI participants could reflect conservative collision avoidance strategies and underlying deficits in sensorimotor and cognitive functions. The findings contribute to understanding the modulatory role of emotions on the ability of people with m/sTBI to navigate in the community.

THE IMPACT OF VIRTUAL EDUCATION AND TRAINING PROGRAMS ON THE SELF-EFFICACY OF INFORMAL CAREGIVERS OF OLDER ADULTS: A SCOPING REVIEW

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Introduction: Informal caregivers of older adults often feel unprepared and underconfident in their role. Conventional (in-person) caregiver psychoeducation or skills-based interventions are difficult to accommodate in their unpredictable routines.

Objective: The aim of this study was to map the impact of virtual caregiver psychoeducation interventions on informal caregivers of older adults.

Methods: A scoping review was performed. All studies published in English were included if they studied virtual interventions with a primary education/training component for caregivers of older adults. The literature search was conducted in three databases (MedLine, CINAHL, PsycInfo). Charted data was narratively described as themes related to the study characteristics, intervention and population characteristics, and outcomes observed.

Results: Thirteen studies were included in the review. Twelve were quantitative studies. While the sample sizes ranged from twelve to 250, the majority of the participants were White, female, and spouses of the care recipient. The duration of all studies was less than three months or less. Seven interventions were offered via online modules, three via telephonic conversations, two via teleconferencing, and one via a blended format. Only four studies demonstrated low-sized effects on the self-efficacy of caregivers, particularly those who used the intervention more frequently.

Conclusion: Despite the preliminary evidence of improvement of self-efficacy, the impact of the educational aspect of multi-component interventions is difficult to establish. Due to the complexity of the self-efficacy outcome, longer studies are required. Further, studies with a diverse cohort of participants, beyond the ones connected to healthcare institutions, are needed.



ABSTRACTS BY SESSION

WEDNESDAY, JUNE 7 2023



FEASIBILITY OF DIABETES SELF-MANAGEMENT COACHING PROGRAM FOR INDIVIDUALS WITH TYPE 2 DIABETES IN THE ETHIOPIAN PRIMARY CARE SETTING: A MIXED-METHODS PARALLEL-GROUP RANDOMIZED CONTROLLED TRIAL. A PRELIMINARY RESULT.

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Background: Diabetes mellitus is a chronic metabolic disorder and a significant cause of disability and impaired quality of life globally. Health coaching is an emerging self-management support to empower individuals with type 2 diabetes. This study aims to determine the feasibility of the diabetes self-management coaching program and evaluate the effect on clinical and psychosocial outcomes.

Methods: The study employed a mixed-method feasibility randomized controlled trial. The study used a block randomization method to allocate forty individuals with type 2 diabetes. The study addresses feasibility outcomes: acceptability, eligibility, recruitment and retention rates, and clinical outcomes. Ten volunteer RCT participants were interviewed to explore the program's acceptability and analyzed using a qualitative content analysis approach.

Result: The DSM Coaching program was rigorously adapted, translated, and applied to individuals with type 2 diabetes in Ethiopia. A total of 252 individuals with type 2 diabetes were assessed for eligibility. The participant's eligibility, recruitment, and retention rate is 23.4%, 67.8%, and 90%, respectively. Of the eligible individuals, 40 patients signed the consent form and were allocated randomly to intervention and control groups. The mean age of the treatment and control group at baseline was 54.65 and 53.9 years, respectively. There was no significant difference in the baseline HbA1c level. The mean BMI of the intervention and control groups is 26.9 and 25.2, respectively.

Conclusion: The preliminary findings showed the DSM coaching program is acceptable by individuals with type 2 diabetes.

DIAGNOSIS AND MANAGEMENT OF PATIENTS WITH MUSCULOSKELETAL DISORDERS USING TELEMEDICINE: A SYSTEMATIC REVIEW WITH META-ANALYSIS

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Rationale: Telemedicine is an emerging solution to care for various health conditions. However, initial remote diagnosis of musculoskeletal disorders (MSKDs) involves some challenges such as the impossibility to perform a thorough hands-on evaluation compared to a usual in-person evaluation where a clinician will assess range of motion, strength or perform special tests on the patient. No meta-analysis has been performed to date on the initial remote assessment of patients with MSKDs.

Objective: To perform a systematic review with meta-analyses on the diagnosis and care concordance following an initial assessment performed remotely and an in-person assessment for the evaluation of various MSKDs.

Methods: An electronic search was conducted up to June 2022, using terms related to telemedicine and assessment of MSKDs. Methodological quality of studies was assessed with the QUADAS-2 tool. Random-effect model meta-analyses were performed. GRADE was used to synthesize the quality and certainty of the evidence.

Results: Twenty concordance studies were eligible and included adult participants (n=1493) with various MSKDs. Pooled Kappa and PABAK for the diagnostic concordance between remote and in-person assessment of peripheral MSKDs were respectively of 0.85 (95%CI: 0.80 - 0.90, 6 studies, n=231) and 0.86 (95%CI: 0.81 - 0.91, 5 studies, n=184). Pooled raw agreement for spinal MSKDs diagnosis was 82% (4 studies, n=382). Pooled Gwet ACI for treatment plan concordance between remote and in-person assessment of MSKDs was 0.90 (95%CI: 0.80 - 0.99, 2 studies, n=142).

Conclusion: Diagnostic concordance between remote and in-person assessments for peripheral MSKDs is good to excellent. Treatment plan concordance between in-person and remote assessments for MSKDs is probably good to excellent.

DIFFERENTIAL EFFECTS OF ACUTE CARDIOVASCULAR EXERCISE ON EXPLICIT AND IMPLICIT MOTOR MEMORY: THE MODERATING EFFECTS OF FITNESS LEVEL

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Background and Objectives: A single bout of cardiovascular exercise (CE) performed after practice can facilitate the consolidation of motor memory. However, the effect is variable and may be modulated by different factors such as the motor task's or participant's characteristics and level of awareness during encoding (implicit vs explicit learning). This study examines the effects of acute CE on the consolidation of motor sequences learned explicitly and implicitly, exploring the potential moderating effect of fitness level and awareness.

Methods: Fifty-six healthy adults (24.1 ± 3.3 years, 32 female) were recruited. After practicing with either the implicit or explicit variant of the Serial Reaction Time Task (SRTT), participants either performed a bout of 16 min of vigorous CE or rested for the same amount of time. Consolidation was quantified as the change in SRTT performance from the end of practice to a 24 h retention test. Fitness level (VO₂peak) was determined through a graded exercise test. Awareness (implicit vs explicit learning) was operationalized using a free recall test conducted immediately after retention.

Results: Our primary analysis indicated that CE had no statistically significant effects on consolidation, regardless of the SRTT's variant utilized during practice. However, an exploratory analysis, classifying participants based on the level of awareness gained during motor practice, showed that CE negatively influenced consolidation in unfit participants who explicitly acquired the motor sequence.

Conclusions: Our findings indicate that fitness level and awareness in sequence acquisition can modulate the interaction between CE and motor memory consolidation. These factors should be taken into account when assessing the effects of CE on motor memory.

THE CO-DESIGN OF A COGNITIVE HEALTH PRODUCT FOR OASIS PROGRAMS: A PHASED RESEARCH PROJECT

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Background: Cognitive decline affects older adults' health and quality of life and can impact their ability to live independently in their homes and community. The Oasis Program provides various activities to support older adults to age well in naturally occurring retirement communities. Co-design is an emerging healthcare research methodology that actively engages people with professional and lived experiences to improve health services by making decisions together.

Objective: The overarching goal of this 3-phase study is to develop, with Oasis Programs in Kingston (ON), a product which targets cognitive health for older adults aged 55 plus using a co-design process.

Methods: Phase 1: A secondary cross-sectional analysis of a multi-site longitudinal study will determine the prevalence and factors associated with cognitive impairment among Oasis members. Data analysis will be completed using subjective cognitive decline information and administered Trail Making Test-B (TMT-B) and Clock Drawing Test (CDT). The test scores will be interpreted using age and education-adjusted norms. Phase 2: A scoping review will determine how co-design has been used to develop cognitive health-related programming with community-dwelling older adults. It will follow Arksey and O'Malley's framework, and the databases to be searched include MEDLINE, CINAHL, Embase, and PsychINFO. Phase 3: Using a co-design process, the research team, Oasis coordinators and Oasis members will co-create a product targeting cognitive health.

Conclusion: This study will allow the elaboration of a co-design protocol and a co-designed cognitive health product for Oasis Programs and provide insight into the current cognitive health and cognitive needs of Oasis Program members.

A STUDENT-LED CLINIC FOR INNOVATIVE INTERPROFESSIONAL EDUCATION IN GERIATRICS

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This project has two goals: to expand service provision to people at risk of cognitive decline and to improve interprofessional clinical education. The proposed project involves implementation of a student-led clinic to provide timely access to education and coaching on brain health to patients. A solution that fosters collaborative relationships between interprofessional healthcare students and patients such as student-led clinics offer promising opportunities to deliver health promotion and wellness education. An occupational therapist will oversee students in facilitating learning of motivational interviewing skills and brain health education for older adults. Outcomes of patient satisfaction and experience with the student-led clinic, as well as student's skills will be captured using surveys. In addition, open-ended questions in focus groups with students will examine what parts of the clinical placement furthered their collaborative care skills, as well as provide suggestions for ongoing improvement of the student-led clinic. The interprofessional student-led clinic hopes to fill a gap in service delivery to improve the quality of life of our seniors we serve, in addition to developing the skills of our future workforce to provide collaborative care for the aging population.

DEMOGRAPHIC AND DISEASE CHARACTERISTICS ASSOCIATED WITH PAIN INTENSITY, KINESIOPHOBIA, BALANCE, AND FALL SELF-EFFICACY AMONG PEOPLE WITH OSTEOARTHRITIS: A CROSS-SECTIONAL STUDY

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Background: Osteoarthritis (OA) is a common degenerative joint disease leading to significant pain, mobility limitation, economic burden, reduced quality of life, and disability among adults globally. Psychological factors related to pain intensity (PI), kinesiophobia, fall self-efficacy (FSE), and balance may lead to a poor OA prognosis. This study was designed to explore the association between PI, kinesiophobia, FSE, balance, age, gender, marital status, site of OA, duration, symmetry, comorbidity, and adaptive behaviours among patients with knee or hip OA.

Methods: This cross-sectional study involved 70 purposively selected participants aged 59.91 ± 11.12 years. Numeric pain rating scale, Tampa scale for kinesiophobia, fall-efficacy scale, and timed up-and-go test were used to measure PI, kinesiophobia, FSE, and balance, respectively. Statistical analyses were completed with the Pearson correlation test, independent samples t-test, and multiple linear regression.

Results: The participants were mainly women ($n=59, 84.3\%$). However, there was no gender difference in the reported PI, kinesiophobia, FSE, and balance. There was a significant correlation between FSE and balance ($r=0.422, p<0.001$). Kinesiophobia was significantly associated with the presence of comorbidity ($\beta=0.240, p=0.001$) and knee OA ($\beta=0.208, p<0.042$). There was an association between FSE and the use of a walking aid ($\beta=-0.442, p<0.042$), stop-for-rest during walking ($\beta=-0.292, p=0.002$), presence of comorbidity ($\beta=0.209, p=0.014$), and bilateral lower limb OA ($\beta=0.167, p=0.057$). Balance was associated with the use of a walking aid ($\beta=-0.421, p<0.001$) and stop-for-rest during walking ($\beta=-0.294, p=0.006$).

Conclusion: Osteoarthritis-related psychological distress affects both men and women. This study support integration of psychological outcomes in the assessment, management, and follow-up of people with lower limb osteoarthritis. Moreover, comorbidity worsened psychological distress among people with osteoarthritis. Therefore, the traditional biomedical management of osteoarthritis can be optimised by timely diagnosis and treatment of comorbidities, and the inclusion of psychotherapy.

EXPLORING THE UTILIZATION OF PHYSICAL ACTIVITY AND EXERCISE IN THE MANAGEMENT OF LOW BACK PAIN IN ETHIOPIA

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Problem: Following evidence-based clinical guidelines when treating low back pain (LBP) while considering patients' context is suggested. Current guidelines emphasize physical activity, exercise, education, and psychosocial intervention in LBP care. It is unclear whether Ethiopian physiotherapists adhere to evidence-based practices, particularly how physical activity and exercise are used in LBP management. Ethiopian physiotherapists' perspectives and experiences in active LBP treatment have not been studied previously, which hinders efforts to address healthcare disparities. This study explores the perceptions, attitudes, and experiences of Ethiopian physiotherapists and adult patients with LBP regarding physical activity and exercise intervention to manage low back pain.

Question: How do physiotherapists and adult patients with LBP in Ethiopia perceive and utilize physical activity and exercise to manage low back pain?

Objectives: To explore the experiences of physiotherapists and adult patients with LBP regarding physical activity and exercises in the management of LBP in Ethiopia. To identify the perceived facilitators and barriers to the use of physical activity and exercises in LBP care in Ethiopia, as reported by physiotherapists and adult patients. To develop a survey instrument to assess Ethiopian physiotherapists' knowledge, attitude, and practice of utilizing physical activity and exercise in LBP care.

Method: We will use a sequential exploratory mixed-methods design. Physiotherapists and patients from four referral hospitals will be interviewed initially, to gain valuable insight into their physical activity and exercise experiences. Based on the information gathered, we will create a survey to assess Ethiopian physiotherapists' knowledge, attitudes, and practices. Prior to combining qualitative and quantitative data, they will be analyzed separately.

MULTIDISCIPLINARY COLLABORATIONS IN RARE DISEASES: LESSONS LEARNED TOWARDS ESTABLISHMENT OF AN INTERNATIONAL REGISTRY FOR ARTHROGRYPOSIS

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Background: Arthrogryposis Multiplex Congenita (AMC) is a group of rare congenital musculoskeletal conditions characterized by joint contractures in two or more body parts. The fragmented knowledge in AMC prompted development of an international AMC registry to advance knowledge.

Objectives: To establish an international AMC registry, multidisciplinary collaborations were used to: (i) Identify common data elements (CDEs); (ii) Standardize the dataset using a coding system; (iii) Develop an IT infrastructure.

Methods: A mixed-method study comprised of four focus groups and three rounds of Delphi survey was designed to achieve consensus for CDEs among a panel of clinicians (Occupational/Physical therapy, orthopedics, pediatrics, neurology, obstetrics, physiatry, kinesiology, epidemiology), and adults with lived-experience. Human Phenotype Ontology (HPO) database was used to standardize AMC phenotypes and inconsistencies were addressed by extensive collaborations with the HPO's team. A multidisciplinary expert panel developed a federated data model using REDCap.

Results: The CDEs had 321 data elements. Sixty-five AMC phenotypes were standardized to the HPO, resulting in 39% inconsistencies. Two data curation algorithms for joint contracture ontologies were implemented in the HPO tree. The federated data model was developed in the REDCap for uptake by the partner sites across North America and Europe.

Conclusion/Significance of findings: Our experience with multidisciplinary collaborations can be summarized as: (1) Consensus-based methodologies provide an efficient methodological framework to achieve consensus among diverse experts and contribute to a sustainable basis for knowledge sharing and exchange; (2) Collaboration with lived-experience creates opportunities for knowledge mobilization and patients empowerment; (3) Collaboration with nonclinical stakeholders facilitates interdisciplinary efforts towards overarching knowledge base.

CLINICAL CARE OF MASTERS ATHLETES: A NEEDS ASSESSMENT SURVEY (IN PROGRESS)

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Background: The population of master athletes (MAs), individuals aged 35 or older that train towards or participate in athletic competition in sport, is increasing globally. Given the physiological changes of aging, MAs experience patterns of sports-related injuries not observed in young athletes, and may require specialized clinical care to optimize their health. However, little is known about the current state of clinical care for MAs and if it is meeting their needs.

Objective(s): This study seeks to: (1) identify the characteristics of clinical care received by MAs in sport medicine facilities, and (2) understand MAs perceived healthcare needs to prevent injury and prolong their ability to compete.

Methods: A cross-sectional, mixed-method health needs assessment of MAs will be conducted via online survey. Recruitment will occur by email invitation to patients at a local sport medicine clinic and athletes of community sport organizations (n=3) in London, ON, as well as through social media until the sample size is met (n=79). Eligible participants will complete a 27-item questionnaire on Qualtrics.

Expected Results: Outcomes of this study will outline the current clinical care and standard practices that MAs receive. It is expected that this study will uncover that MAs have health concerns not currently being addressed, and that the findings will identify and prioritize the most common needs of this population.

Conclusions/Significance of Findings: The results of this study will provide a foundation for the development of comprehensive and appropriate clinical care for MAs. This research will contribute to the long-term health and injury prevention among MAs.

EXPLORING THE RELATIONSHIP BETWEEN SELF-REPORTED AND PERFORMANCE-BASED OUTCOME MEASURES IN INDIVIDUALS WITH KNEE OSTEOARTHRITIS PRIOR TO TOTAL KNEE ARTHROPLASTY

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Background: Knee osteoarthritis (KOA) severity is assessed objectively via physical performance measures and subjectively via questionnaires like the Knee Osteoarthritis Outcome Score (KOOS). Higher BMI is associated with KOA as well as reduced self-efficacy and health perception.

Objectives: We aimed to explore the agreement between the Pain and ADL dimensions of the KOOS and physical performance measures (11-step stair climb test (SCT), 30s chair stand test (CST), 6-minute walk test (6MWT)), and if BMI had an effect on this relationship.

Methods: We analyzed baseline data gathered for a study on knee implant design. Participants completed the KOOS and performed the CST, SCT, and 6MWT. Pearson's correlation coefficient examined the relationship between variables. Multiple regression examined the relationship of BMI, a physical performance measure, and their interaction with a self-report measure for each possible combination.

Results: Twenty-five participants were analyzed. There was a moderate, positive correlation between KOOS-ADL and the 6MWT ($r=0.411$) and a moderate, negative correlation between KOOS-ADL and the SCT ($r=-0.463$). The interaction between BMI and CST explained 17.8% of the variance in KOOS-ADL scores ($p=0.041$). The SCT explained 21.4% of the variance in KOOS-ADL scores ($p=0.023$). The 6MWT explained 16.8% of the variance in KOOS-ADL scores ($p=0.047$). No other measures explained a significant amount of variance in KOOS scores ($p<0.05$).

Conclusion: There were no or weak relationships between physical performance and self-reported measures. Physical performance and self-report measures are not interchangeable. BMI did not significantly affect the relationship, except in the case of the CST.

COLLABORATION OF SPEECH AND LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS IN THE COMPREHENSIVE ASSESSMENT OF A FLUENT APHASIA PATIENT

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Background: Aphasia, an acquired neurogenic language disorder, is a deficit in the expression and comprehension of language. Although the auditory comprehension deficit is one of the basic problems in aphasia, audiology tests to assess auditory processing in aphasia with posterior damages are rarely done.

Objective: This study aimed to demonstrate the importance of audiology assessments in this aphasia by performing a comprehensive assessment of a Persian post-stroke patient with fluent aphasia who had experienced an ischemic stroke in the left temporoparietal lobe two years before the assessment.

Methods: Persian Western Aphasia Battery, Verbal Apraxia test, and Mini-Mental State Examination were used to evaluate language, speech, and cognition abilities respectively. After conventional hearing tests, central auditory processing tests were also performed to evaluate his auditory functioning.

Results: According to the results, he had moderate conduction aphasia (AQ=52%) with severe repetition problem, moderate to severe verbal apraxia (scored 41 out of 50), mild cognitive deficit (scored 21 out of 30), dichotic listening deficit (25% right ear and 55% left ear in Dichotic-Digit-Test), and temporal processing limitation (gap detection of 25msec and more), and perceiving problems in the close set Word-In-Noise test (number of words identified correctly were 25 out of 35 in the right ear and 23 out of 35 in the left ear).

Conclusion: This comprehensive assessment of the patient with aphasia revealed an auditory processing disorder. Therefore, the teamwork collaboration between speech and language pathologists and audiologists seems necessary in fluent aphasia patients with posterior damages and results in the detection and rehabilitation of auditory comprehension and auditory processing disorders in this group of patients.

DEVELOPING ARTHROGRYPOSIS REHABILITATION EXPERT GUIDANCE (DARE): TOWARDS BEST PRACTICE FOR EVALUATION AND TREATMENT

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Background. Arthrogryposis Multiplex Congenita (AMC) is a group of conditions that presents with joint contractures in two or more body areas affecting 1/3000 to 1/56,000 live births. Although early intensive rehabilitation is warranted, few studies documented the rehabilitation of children with AMC. When research-based evidence is lacking to guide clinical decisions, the experience and knowledge of clinicians, patient and family representatives is essential.

Objective(s). To develop expert guidance statements for the rehabilitation management of children with AMC.

Methods. Integrated knowledge translation (iKT) multi-phase project, using mixed methodological designs to (1) identify current rehabilitation practices using a clinician survey; (2) develop the expert guidance for pediatric AMC rehabilitation based on findings from previous scoping reviews and survey results, using the Grading of Recommendations, Assessment, Development and Evaluations framework (GRADE) with a panel of interdisciplinary expert clinicians, patient and family representatives, and researchers; (3) to achieve consensus on the guidance using a modified Delphi process with a wider panel of international AMC experts.

Results. The guidance includes 16 sets of recommendations on the early intervention and motor development, interventions targeting muscle and joint function, orthotics, mobility training and assistive equipment, participation in areas of life (self-care, school, leisure, domestic and social), pain management, psychosocial wellbeing, and perioperative rehabilitation.

Conclusions/Significance of Findings. Currently, the Rehabilitation Guidance for AMC is under appraisal using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool. Theoretical facilitators and barriers toward implementing clinical guidance into practice were anticipated among rehabilitation clinicians and managers to inform the design of dissemination and implementation strategies.

WHERE ARE THE FAMILIES? THE ROLE OF FAMILIES IN REHABILITATION SCIENCE

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Background: Rehabilitation science is a field which encompasses various research approaches all centering around ways to improve the quality of life for peoples with disabilities. Traditionally, this field has followed a biomedical model, but this model limits our understanding of disability to the individual level. Though there has been a shift in thinking to start considering how environmental factors influence the disability experience, a consideration that is underrepresented in conceptualizations of disability is families and how they are impacted. Regardless of age, families are an important part of the rehabilitation process.

Objective: This presentation aims to highlight the important role of families in rehabilitation science as individuals with their own needs and concerns.

Methods: Using passive environmental scanning and the Queen's University Rehabilitation Science House as a conceptual guide, the current role of family will be explored in relation to how they relate to the Rehabilitation Science House and how families are excluded.

Results: Though some aspects of the family experience of disability have been explored, families are largely excluded from the Rehabilitation Science House and by extension rehabilitation science as a whole. The literature that does exist highlights what families are needed for in relation to the person with the disability and not families as a group with their own needs.

Conclusion: To strengthen the field of rehabilitation science, the ideas of what constitutes rehabilitation need to be expanded and the current understandings challenged.

UNDERSTANDING THE PROCESS OF ACCESS TO PRIMARY HEALTHCARE FOR ADULTS WITH DISABILITIES IN RURAL ETHIOPIA

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Background: Adults with disabilities (AwDs) in Ethiopia, most of whom live in rural areas, experience significant barriers to accessing primary healthcare (PHC) services and have substantial unmet healthcare needs. However, the evidence to understand what impacts the process of PHC access remains limited. Importantly, there is a lack of an in-depth conceptual understanding that accounts for AwDs' lived experiences and the critical institutional and structural contexts in which they live and the PHC delivery system operates.

Objective: The study aims to generate a theoretical understanding of the process of access to PHC for AwDs in rural Ethiopia by exploring the dynamics between individual (micro), institutional (mezzo), and system-level (macro) factors in a rural context.

Methods: The study will employ a constructivist grounded theory design. Participants will be recruited from four purposively selected rural districts. Participants include AwDs (16), families/caregivers of AwDs (8), PHC providers (6), and health system leaders (4); the number may increase as the study unfolds. Intensive interviews (with AwDs), key informant interviews (with the other participants), non-participant observations, and document reviews will be conducted using semi-structured guides/checklists to gather rich and diverse data. Observation will assess the physical accessibility and accommodation of PHC settings and the interactional processes in service delivery, and document review will investigate relevant policies and guidelines.

Significance: The emerging theory will yield a patient-centered conceptual framework, portraying the process of and barriers to accessing PHC for the study population. The framework would give a conceptual foundation for further research and identify specific policy and system change areas.

WHAT DOES BORDERLINE DO? AN AUTO-ETHOLOGY

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This presentation unsettles the discursive debates surrounding the diagnosis of 'borderline personality' ('traits' or 'disorder'), a highly stigmatized psychiatric label for a cluster of relational and affective patterns with unresolved clinical challenges. Feminists have long critiqued the diagnosis as inherently misogynistic, but Mad-affirmative scholars have called for more nuanced accounts of borderline. The borderline diagnosis can be resonant and relieving for some, and borderline affects can provide insight into micro- and macro-political power dynamics. Nevertheless, as decolonizing and intersectional scholars warn, any reclamation or reworking of 'borderline' risks being co-opted by colonizing systems that accept, value, and care for certain (white, cisgender, affluent) borderlines, while continuing to pathologize, stigmatize, and criminalize racialized, queer, and otherwise marginalized presentations of borderline. Intersectional oppression patterns experiences and perceptions of borderline: who gets diagnosed and how, and what does 'borderline' then do? Rather than unpacking what borderline is' or 'should mean,' this paper asks what borderline *does*, for whom, and in which socio-political contexts. Reimagining borderline as immanent and intersectional troubles its universal rejection, reclamation, or recategorization. I draw on post-structural philosophies of immanence, intersectional feminist affect theory, and Mad studies to develop an auto-ethological account of what borderline does affectively, relationally, and socio-politically. Learning to value my own borderline affect as a white, ciswoman settler, I specifically interrogate the risks of whitening borderline, and explore what else borderline might do. Finally, I imagine what viewing diagnoses as immanent and intersectional might do in clinical, academic, societal, and interpersonal settings.

BEYOND REPAIR: A GROUNDED THEORY OF SOCIAL INCLUSION OF WOMEN AFTER OBSTETRIC FISTULA SURGICAL TREATMENT IN ETHIOPIA

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Background: Due to a traumatic birthing experience and chronic incontinence, women surviving obstetric fistula- an abnormal opening in the birth canal due to prolonged and obstructed labor, usually experience negative physical, psychological, and social consequences. Women require comprehensive interventions such as surgery and rehabilitation focusing on functional and social participation outcomes to avert these consequences. However, in Ethiopia, there is a lack of studies focusing on the social inclusion of women with obstetric fistula and the available rehabilitation services supporting their social inclusion.

Objective: Through this dissertation, I aim to develop a substantive theory of the social inclusion process of women after obstetric fistula surgery and their return to the community focusing on available social supports and services.

Method: I will use the constructivist paradigm and Charmaz's grounded theory. I propose to conduct three studies. I will begin with a qualitative study that explores women's experiences. In study two, I will examine the experiences of family members regarding formal and informal support and health care professionals' perspectives regarding rehabilitation services for women after surgery. The data collection for all three studies will involve in-depth, semi-structured interviews. Finally, the findings from these two studies will be used together to develop a substantive grounded theory of their social inclusion.

Implication: My research will contribute to understanding how women with obstetric fistula are included in their family and social life after experiences associated with reproductive health traumas and medical procedures. I will contribute knowledge to provide insight into rehabilitation and social inclusion processes.

MOBILIZING THE BODY: A SYMPTOMOLOGY OF THE BODY IN PHYSIOTHERAPY

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Physiotherapy's concept of the body-as-machine, was created in response to historically determined problems faced by the early profession and was pivotal in gaining both professional and public recognition, establishing the profession as the provider of orthodox physical rehabilitation. I argue that physiotherapy has since detached the concept of the body-as-machine from its historically determined problem and is thinking it in isolation. Drawing from the work of French philosopher Gilles Deleuze and French psychoanalyst Felix Guattari, I use the theoretically informed concept-as-method to posit that concepts have mobility by being connected to the constantly changing field of problems they are entangled in. The concept of the body-as-machine is rendered sedentary and immobile, and through the conventions of opinion and dogma is understood as representing some concrete 'thing' in the world. In my thesis, I undertake what Deleuze and Guattari call a symptomology. That is, an act of extracting myself from the dogmatic opinion of physiotherapy and drawing out a new mobile concept of the body in connection with the profession's problematic field. I attempt to demonstrate the value of symptomology in physiotherapy not by simplifying the concepts of the body but by teasing out its complexity or multiplicity. The new concept of the body is not intended to represent a static thing in the world, rather it is intended to be mobile and move with the world. In other words, I hope to reinstitute movement back into the concept of the body which opens up new orientations for thought and possibilities for physiotherapy theory and practice.



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