

Limits of search filter development

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APPENDIX

Reading criteria for determining if the article is of interest to occupational therapy

The focus/aim/objective of the article is on assessing or treating patients referred for or receiving rehabilitation for a disability via occupational therapy (OT) for improving: mobility, functional status, activity impairments/limitations, or participation restrictions. The focus of services can include assessment, prognosis, treatment/prevention, and outcome evaluation. Types of services provided focus on preventing changes in occupation, maintaining current levels of occupation, and improving occupation that is diminished because of the impact of health conditions, injury, or changes in life circumstances.

- OT is focused on enabling people to participate in the occupations, which give meaning and purpose to their lives by facilitating changes in function (thinking, doing, feeling) and/or barriers in the social, institutional and/or physical environment. Occupation refers to anything that people do during the course of everyday life (self-care, productivity, and leisure).
- Providers can be occupational therapists, nurses, doctors, and dietitians. Occupational therapists can also use interventions that are provided by social workers.
- Interventions/treatments used focus on changes to the person, occupation, and/or environment to address problems in performing daily occupations. Interventions can include training, skill development, education, task adaptation, occupation development, environmental modification, support provision, or support enhancement [A1].
- Occupational therapists work with individuals across a broad range of health conditions, including children, adults and older adults with physical or mental health conditions, vocational services, chronic disease self-management, and prevention of secondary problems in occupation.

Exclusions:

- drug interventions
- speech language pathology

Reading criteria for determining if the article is of interest to physical therapy/physiotherapy

The focus/aim/objective of the article is on issues relating to management of patients (assessment/diagnosis, prognosis, treatment/prevention, outcome evaluation) who are at-risk or have physical dysfunction. The management focus is to maintain or improve physical function, health, and participation. The context can include health promotion/prevention, therapeutic/restorative vocational, chronic disease management, palliative rehabilitation for any disability via physical therapy/physiotherapy (PT), manual therapy, or exercise therapy.

- Physiotherapy is focused on enabling individuals to achieve optimal movement, health, and function. PTs determine a physical function diagnosis and provide interventions to minimize symptoms and optimize health/function.

- Interventions used by physical therapists include a wide range of physical agents, exercises, hands-on (manual) techniques, educational/motivational, retraining, devices/aids, technology-enabled interventions, and others. Interventions are often combined in multimodal programs. Some interventions provided by physical therapists are also used by chiropractors, osteopaths, kinesiologists, nurses, doctors, dietitians, and social workers and other professionals—as they are not protected acts.

Recognized subspecialties within physical therapy are most commonly organized by system/disorder and include: musculoskeletal (including manual therapy, arthritis, and hand therapy), cardiopulmonary also called cardiorespiratory, neurological, pain, geriatrics, women's health, oncology, pediatrics, sports, and occupational health. Subspecialties by treatment or context also exist and include electrophysical, acute care, home care, global health, wound management, burns, and acupuncture.

Exclusions:

- speech language pathology
- content that is “nice” to know for the purpose of referring patients to a specialist (e.g., referral of farmers with suspicion of hearing loss to a OT); these types of articles contain content that is outside the scope of PT practice; if we were to include these types of articles, everything could potentially be of interest to PTs
- genetic studies that do not impact current PT practice (e.g., a study investigating the association of a functional polymorphism in the 3' untranslated region of the SPII with systemic lupus erythematosus would be excluded)

Guidance for article inclusion/exclusion

Overall guiding principle: if physical therapy is mentioned in the title, abstract, or full-text of the article, include the study.

- Content related to prescription oral medications and injections: only include if the oral medication is administered by a PT; topical pharmaceuticals are to be included; also include any medications (injections) where it states in the article that the medication was administered by a PT—this will help ensure that PT practice at an international level is being considered
- Drug studies: include these studies when the medication is being compared with a physical therapy (e.g., a study evaluating if physiotherapy plus analgesics, but without benzodiazepines, is equivalent to the same therapy plus benzodiazepines would be included)
- Post-operative studies: only include when at least one of the outcomes is related to physical therapy (e.g., discusses when to mobilize the patient); exclude post-operative studies when all the outcomes are surgery related
- Genetic studies: exclude these studies when they do not impact PT practice (e.g., a study investigating the association of a functional polymorphism in the 3' untranslated region of the SPII with systemic lupus erythematosus would be excluded; also a study examining whether validated RA risk alleles are associated with RA in an African American population would be excluded)

- Cognitive deficits: include these articles if a physical therapist is involved; include these articles if the intervention is physical in nature (e.g., exercise) and/or the outcomes are physical in nature; do not include articles about cognitive deficits when both the intervention and outcomes are not physical in nature
- Health policy: include these articles if the content relates to PT practice (e.g., policies related to fall prevention); PT scope of practice includes diagnosis, etiology (causation), management (treatment), and prognosis (e.g., an article evaluating the causal relationship between occupational sitting and low back pain would be included)
- Imaging: include these studies when imaging is used to validate a physical exam (e.g., a study that describes the association between the physical signs of cervical myelopathy and the presenting imaging findings would be included); PTs are becoming increasingly involved in imaging

If you are having a difficulty making a decision, ask the following question: Does the content directly inform PT practice?; If yes, include the article.

Reference

A1. McColl MA, Law M. Interventions affecting self-care, productivity, and leisure among adults: a scoping review. *OTJR (Thorofare NJ)* 2013 Spring;33(2):110–9.