International Centre for Allied Health Evidence

University of South Australia

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*i*CAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	SpARC
JC Facilitator	Felicity Watkins
JC Discipline	Speech Pathology

Question

Review Question/PICO/PACO

P Adults with communication impairment following neurological injury (e.g. stroke, progressive condition)

I The benefits of using tele-rehabilitation for delivering Speech Pathology communication intervention (emerging literature)

C Face-to-face sessions in clinic.

O Does the delivery of sessions via tele-rehabilitation have benefit over face-to-face sessions for ambulatory patients?

Article/Paper

Meltzer JA, Baird AJ, Steele RD, Harvey SJ. Computer-based treatment of poststroke language disorders: a non-inferiority study of telerehabilitation compared to in-person service delivery. Aphasiology. 2017 Jul 21:1-22.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the DOHSA librarian.

Article Methodology:

Click here to access critical appraisal tool

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the trial address a clearly focused issue?** Yes – The aim of the trial could clearly be applied to PICO: P – Chronic Post Stroke Communication Disorders I – Telerehabilitation C – in-person rehabilitation O – Gains by participants with completion of homework outside of therapist contact time
2	✓			**Was the assignment of patients to treatments randomised?** Yes – However, to prevent systematic confounding of results "The randomized design demanded that some participants be assigned to the TR group regardless of what technological resources they had at home"
3	✓			**Were all of the patients who entered the trial properly accounted for at its conclusion?** Yes – the patient flow is documented thoroughly **Is it worth continuing?** Yes
4			✓	**Were patients, health workers and study personnel 'blind' to treatment?** No – Blinding was not described throughout the study. It is not clear if this was because blinding was not possible, or if there was a different reason to exclude it.
5	✓			**Were the groups similar at the start of the trial?** Yes. Participant differences were acknowledged and analysed within these groups.
6	✓			**Aside from the experimental intervention, were the groups treated equally?** Yes – Both groups received IP (in-person) assessment in the first and last weeks, and therapy during the intervening 10 weeks. Appointments were conducted generally on the same day of the week at the same time with only one or two rescheduling. The initial IP treatment meeting for each person was the same regardless of intervention group.
7				**What are the results?** Participants improved significantly on all measures, with statistically equivalent gains between in person and tele-rehabilitation groups for WAB-AQ, CLQT, and CETI. Only the CCRSA showed an advantage for the in-person group. Gains on WAB-AQ were correlated with total time spent on offline exercises. **How large was the treatment effect?** Statistically significant on all measures ($p < .05$)

8				**How precise was the estimate of the treatment effect?** 95% CI
9	Journal Club to discuss			**Can the results be applied to the local population?** **CONTEXT ASSESSMENT (please refer to attached document)** – *Infrastructure* – *Available workforce (? Need for substitute workforce?)* – *Patient characteristics* – *Training and upskilling, accreditation, recognition* – *Ready access to information sources* – *Legislative, financial & systems support* – *Health service system, referral processes and decision-makers* – *Communication* – *Best ways of presenting information to different end-users* – *Availability of relevant equipment* – *Cultural acceptability of recommendations* – *Others*
10				**Were all important outcomes considered?**
11				**Are the benefits worth the harms and costs?**
12				**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
13				**What are your next steps?** ***ADOPT, CONTEXTUALISE, ADAPT*** **And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
14				**What is required to implement these next steps?**

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