ICCrPT
INTERNATIONAL CONFEDERATION OF CARDIORESPIRATORY PHYSICAL THERAPISTS

**February 2020**

***Welcome to the International Confederation of Cardiorespiratory Physical Therapists (ICCrPT) newsletter: February 2020***

As the new President of the International Confederation of Cardiorespiratory Physical Therapists (ICCrPT), I would like to say hello!

The ICCrPT committee would like to thank the past executive committee who completed their term of office in May 2019: Shane Patman (Australia), Amanda Thomas (United Kingdom), Diana Hopkins-Rosseel (Canada), Yoshimi Matsuo (Japan), George Ntoumenopoulos (Australia), Judy King (Canada), Monika Fagevik Olsen (Sweden), Brenda Morrow (South Africa) and Natasha Plani (South Africa).

At WCPT 2019 Geneva we attended terrific cardiorespiratory focused symposia, platform presentations, rapid 5 presentations and poster presentations. You will find some reflections from Geneva, as well as results from the ICCrPT awards for best poster in this newsletter. We met many of you, our members, during our networking sessions, which was a lovely opportunity to share international cardiorespiratory practices. This newsletter also contains details of conferences, courses, websites, publications and much more!

A reminder too that membership of the ICCrPT is on an annual calendar year cycle, and membership is now due for 2020. Our executive committee will be in touch with all our member organisations soon for their renewals.

***Brenda O'Neill PhD, MCSP. President ICCrPT***

***Professor Shane Patman: Thank you and congratulations on appointment to the WCPT Congress Programme Committee.***

Shane recently finished his term as President of the International Confederation of Cardiorespiratory Physical Therapy (ICCrPT) and we are grateful for his years of commitment to promoting excellence in cardiorespiratory physiotherapy internationally, and for his stellar leadership on the ICCrPT.

We would like to congratulate Shane and wish him well as Chair of the Congress Programme Committee (CPC). The team of 11 physical therapists will shape the scientific programme for the World Confederation for Physical Therapy Congress 2021.

The event will bring the world of physical therapy together in Dubai, with a programme designed to showcase the best in physical therapy research, education and practice.

The ICCrPT executive wish to congratulate Shane on this achievement and look forward to working with him to promote cardiorespiratory physiotherapy at WCPT.

## *Meet the Current Executive Committee*

### Welcome to the ICCrPT Executive Committee 2019 to 2023:

**President:** Brenda O'Neill (United Kingdom)

**Vice President:** Karin Wadell (Sweden)

**Secretary:** Shirley Ngai (Hong Kong)

**Treasurer:** Alison Lupton-Smith (South Africa)

**Members (in alphabetical order):** Anna Christakou (Greece), Andreas Fruend (Germany), Anri Human (South Africa), Kentaro Kamiya (Japan), Tania Larsen (Canada), Harriet Shannon (United Kingdom)

**Please contact the executive committee through the website info@cardioresp.physio**

## *ICCrPT executive committee member spotlight*

**The executive committee member highlighted in this edition is Dr Anna Christakou, PT, MSc., PhD.**

Dr. Anna Christakou is a Member of the Executive Committee.

She is a part-time Lecturer in the Department of Physiotherapy, University of West Attica, Athens, Greece and has been a clinical physiotherapist at Evagelismos General Hospital in Athens for more than 10 years. She also has a Bachelor degree of the School of Sport Sciences and Physical Education, University of Athens, Greece. She has extensive clinical experience in ICU and is actively involved in research and development in ICU and respiratory health in collaboration with local hospitals. She completed her PhD in 2008 on motor behaviour and psychosomatic state of injury among athletes. She has 51 research publications in peer reviewed International and Greek scientific journals, over 100 (oral and poster) presentations in Greek and International congresses, more than 80 presentations as a visited speaker in Greece, five book chapters and over 300 citations of her research. Additionally, she has teaching experience in B.Sc. degrees in the Department of Physiotherapy in Athens, in Aigion and in the School of Sports Science and Physical Education in Athens. She has teaching experience in the M.Sc. programmes of (a) the Department of Physiotherapy in Athens, in Lamia and in Aigio, (b) the School of Medicine in Athens and (c) the School of Sport Sciences and Physical Education. She has been the supervisor of a research project at First Critical Care Medicine at Evangelismos General Hospital regarding heterotopic ossification in critically ill patients and has participated in other research projects in ICU. She has successfully supervised Bachelor and MSc students of Department of Physiotherapy Athens and Aigio and School of Medicine, University of Athens. She is a fundamental member of the Scientific Section of Cardiorespiratory Physiotherapy and Rehabilitation of the Pan-Hellenic Physiotherapy Association from 2014 until now as a Treasurer (2014 - 2016) and President (2016 - present). As a coordinator of the subgroup “Physiotherapy of ICU” and a President of the Scientific Section, many scientific goals have been achieved promoting cardiorespiratory and ICU physiotherapy and rehabilitation in Greece. Current research projects include the examination of inspiratory muscle training with high flow in respiratory muscle strength, quality of life and functional state of difficult to wean patients in ICU.

You can also contact Anna through the ICCrPT Website.

## ICCrPT member organisations 2019

Australia *(foundation member)*
Cardiorespiratory Physiotherapy Australia

Canada *(foundation member)*
Cardiorespiratory Division

Denmark
Danish Society for Cardiovascular and Respiratory Physiotherapy

Greece
Cardiovascular and Respiratory Physiotherapy – Rehabilitation Section of Panhellenic Physiotherapy Association
www.tkafa.gr

Hong Kong
Cardiopulmonary Specialty Group (CPSG)

Japan *(foundation member)*
Special Interest Subgroup in Cardiovascular, Pulmonary and Metabolic Physical Therapy

New Zealand
Physiotherapy New Zealand Cardiothoracic Special Interest Group

Norway *(foundation member)*
Norsk Fysioterapeutforbund's (NFF) (Norwegian Physiotherapist Association) group of Cardiorespiratory Physical Therapists

South Africa *(foundation member)*
Cardiopulmonary Physiotherapy Rehabilitation Group
https://www.saphysio.co.za/membership-groups/special-interest-groups/cardio-pulmonary-rehabilitation/

Sweden *(foundation member)*
Sektionen for andning och cirkulation

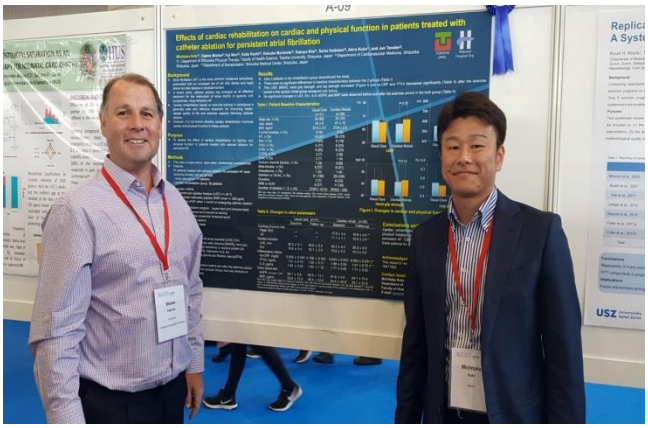
United Kingdom *(foundation member)*
Association of Chartered Physiotherapists in Respiratory Care (ACPRC)

Associate members 2019
Andreas Fruend (Germany)
A Aburu (Jordan) (Europe)
Peer Mohamed Ali (UAE)

## WCPT Geneva 2019

There was terrific cardiorespiratory representation at WCPT 2019. Sessions included oral presentations, posters and important focused symposia including "Preparing cardiorespiratory physical therapists for technology revolution in the digital age" and "Pre-operative physiotherapy."

Here are some prize-winning Cardiorespiratory posters.





## *Upcoming WCPT Regional Congress 2020-2021*

**11th Congress of the WCPT Africa Region**
*10 - 13 July 2020*
*Cotonou, Benin Republic*
*https://www.wcptafrica.org/wcpta-conferences/benin2020/*

**5th European Congress of the European Region WCPT**


*11-12 Sept 2020*
*Leuven, Belgium*
*https://kuleuvencongres.be/er-wcpt2020/home*

**WCPT Congress 2021 Dubai**


*8-10 April 2021*
*Dubai, UAE*
*https://www.wcpt.org/wcpt2021*

## *Upcoming international cardiorespiratory conferences March – June 2020*

**TSANZSRS 2020**


*27 – 31 March 2020*
*Melbourne, Australia*
*https://www.tsanzsrs2020.com/*

**American Thoracic Society International Conference 2020**
*15 – 20 May 2020*
*Philadelphia, United States*
*https://conference.thoracic.org/*

**British Thoracic Society Summer meeting 2020**
*11-12 June 2020*
*Manchester, United Kingdom*
*https://www.brit-thoracic.org.uk/education-and-events/summer-meeting/*

**CHEST Congress 2020**

CHEST Congress

*25-27 June 2020*
*Bologna, Italy*
*https://congress.chestnet.org/welcome-message/*

**For other events in 2020 please refer to:**

https://theconferencewebsite.com/conferences/respiratory-medicine

## *Why Join the ICCrPT?*

What are the benefits of membership of the International Confederation of Cardiorespiratory Physical Therapy (ICCrPT)? This is an official sub-group of the World Confederation of Physical Therapy (WCPT)

WCPT subgroups are independent organisations in their own right. They have a specific area of interest, and promote the advancement of physical therapy in their area of speciality. More importantly, the international sub-group structure allows speciality physiotherapy groups to inform and contribute to the core business of WCPT. Without speciality sub-group representation at an international level, there is a risk that the speciality area interests may not be recognised or promoted. This is particularly true for the smaller sub-group organisations.

There are currently 14 WCPT official subgroups representing the following specialities:

- Acupuncture
- Aquatic
- Cardiorespiratory
- EPAs
- Manual Therapy
- Mental Health
- Neurology
- Occupational health and ergonomics
- Older people
- Oncology, palliative care and HIV
- Paediatrics
- Pelvic and women's health
- Private Practice
- Sports

The ICCrPT recognise that the continuity of the specialty cardiorespiratory sub-group in the short and long term is dependent on the continued support of the cardiorespiratory member organisations and associated members from around the globe who have already joined or are eligible to do so. Inherent in this support is an appreciation of the benefits of membership for the global cardiorespiratory community, and an understanding of how the existence of the ICCrPT will ensure continued Cardiorespiratory Physiotherapy representation at all levels within the World Confederation of Physical Therapy. Specifically this benefit includes, but is not limited to:

1. Ensuring representatives of the *international cardiorespiratory physiotherapy community* are informing and contributing to **key WCPT platforms** including:
   - Policy and Standards
   - Policy Resources
   - Practice Resources
   - Education Resources
   - Global Health Resources
   - World PT Day Resources
   - International Campaigns
   - International Collaborations
   - Executive Management Boards

2. Ensuring that the *international cardiorespiratory physiotherapy community* is informing and contributing to **key international WCPT events** including:
   - Conference Planning Committees
   - International Scientific Committees
   - Abstract selection panels
   - International awards nomination and selection pathways
   - Conference prize nomination and selection pathways
   - The development and delivery of Cardiorespiratory themed focussed symposium
   - The development and delivery of Cardiorespiratory themed pre and post congress courses
   - The inclusion of Cardiorespiratory themed networking sessions

3. Ensuring that the *international cardiorespiratory physiotherapy community* remain informed of, and supported in order to **access WCPT information sharing** including:-
   - Other professional networks
   - Other international speciality networks
   - WCPT information gateways
   - WCPT communication channels
   - The WCPT Experts database (DOVE)
   - WCPT press releases
   - WCPT social media
   - WCPT Toolkits
   - WCPT collated resources
   - Information about commercial partnerships
   - Publicity materials

## *ICCrPT Member Organisation Focus.*

### *In this edition the ICCrPT focus is on Cardiorespiratory Physiotherapy developments in South Africa*

**News from South Africa**

**Meet CPRG**

The **Cardiopulmonary Rehabilitation Physiotherapy Group (CPRG),** under the auspices of the South African Society of Physiotherapy, is a special interest group for physiotherapists in South Africa working with people with a variety of cardio-pulmonary conditions to improve health-related quality of life and patient outcome. This special interest group has approximately 220 members.

**Members of CPRG GEC**

Currently the members of the group executive committee are:

| GEC member | Portfolio |
|---|---|
| **Alison Lupton-Smith** | Chairperson |
| **Brenda Morrow** | Past-chair/vice-chair |
| **Anri Human** | Secretary |
| **Michele Lottering** | Treasurer |
| **Lizl Van Heerden** | Education and CPD |
| **Rene Seale** | Marketing and newsletter |
| **Jacqui Schewitz** | Member without portfolio |

At the moment we have established Branch Committees in Gauteng and the Western Cape Province, but hope to expand to other provinces also.

Information is communicated to members via the CPRG Facebook Group (Cardiopulmonary Rehab Group) and newsletters distributed via email.

**Knowledge is power**

CPRG organises a post-graduate course (APDL Level II) that provides theoretical, practical as well as advanced skill development within the field, in both adult and paediatric practice and has been hosted every two years since 2009. The course comprises of theoretical lectures, practical sessions, hospital sessions as well as a new addition of simulation training at the Wits Sim lab, which allowed candidates to develop skills before attempting it on a patient.
The curriculum is currently being restructured to have a more blended learning approach and therefore the course will be hosted again in 2021.

Furthermore, CPRG organises various workshops, short courses and evening lectures throughout the country to enhance development and dissemination of information to our members.

**Research**

CPRG has always been an advocate for research and sponsored the congress fees for five of our members to attend and present their research at WCPT in Geneva 2019. Also, our Western Cape branch provided sponsorship to three members to attend the Southern African Critical Care Conference.

In addition, several of the members are involved in national and international scientific committees and research projects. CPRG proudly offers research awards to its members to undertake postgraduate research.

Advice and educational support is also regularly provided to clinicians and schools for learners with special needs as well as their families.

**Social Responsibility**

In 2019 CPRG contributed R5000 towards Rainbow Early Childhood Development Centre in Masiphumelele in Cape Town. This school recognises that children are our future and aims to provide a safe haven which fosters an environment dedicated to developing their physical, social and cognitive capacities of these children.

Besides the abovementioned, CPRG members are also involved in their communities!

Nel Housego Holtzhausen (NHH) Physiotherapists Inc., Jacques Erasmus Physiotherapists and the Cape Cystic Fibrosis Foundation collaborated to host "The Butterfly Walk" on the 2nd of June 2019.

The aim of the walk was to raise awareness around Cystic Fibrosis in South Africa and bring a dynamic, hopeful and positive community together for a good cause. The turnout was way beyond what was expected, with a total of about 230 people that joined on the day. South Africa needs more of these events, casting the spotlight on lung disease and promoting long-term changes in health behaviour.

Megan Whelan presented the South African Society of Physiotherapy in the Everest Challenge on the 24th of August to raise funds for the Sunflower Fund.

On the 31st of August, R23 500 was raised for the Muscular Dystrophy Foundation (MDF) during the Dawn to Dusk race that was hosted by the Akasia running club. Thank you Anri Human, Natascha Plani and everyone involved for opening your hearts to this worthy cause.

**Visibility of physiotherapy and collaboration with other organisations**

CPRG is a founder organisation of ICCrPT and has members representing cardio-pulmonary rehabilitation on various platforms to increase the visibility of physiotherapy among other health care professionals:

**Africa Health: Physio conference 2019**

The first Physio conference on Africa Health was hosted in Johannesburg during 2019 and conference attendance far exceeded what was expected. The programme had a strong focus on movement for health and the role of physiotherapy in the management of non-communicable diseases. The panel of quality speakers brought forth a strong message of advocacy and the unquestionable role of physiotherapy in improving health in South Africa and Africa as a continent.

We are proud to continue with the support of the congress in 2020.

**Partnership with the Critical Care Society of South Africa**

Physiotherapists are integral members of the interdisciplinary team in critical care. CPRG members are entitled to a subsidised membership fee to join the CCSSA society. In addition, we have physiotherapy representation on both the executive council and the Western Cape branch of the CCSSA.

**South African Thoracic Society (SATS)**

A physiotherapy programme was hosted at the annual SATS conference in Pretoria during 2019. The programme emphasised the role of physiotherapy in lung transplantation and behaviour change. CPRG is in the process of engaging with SATS to further physiotherapy representation within the society.

**What have our members been up to?**

CPRG members present at various multi-disciplinary congresses both nationally and internationally, are representatives on various committees and provide expertise for various foundations and institutions in our country. In addition, our members are also involved in the organisation (as Congress organising and Scientific Committee members) of both local and international congresses in the field of critical care, cardiorespiratory care and neuromuscular diseases.

For more information on CPRG and activities in South Africa, you can contact the CPRG GEC members via the CPRG email address (cardio-pulmonary@saphysio.co.za) or refer to the SASP website (https://www.saphysio.co.za/membership-groups/special-interest-groups/cardio-pulmonary-rehabilitation/).

## *ICCrPT Research focus*

The ICCrPT would like to support research undertaken by our member organisations. For example, we can help you publicise surveys or provide advice.

An online survey is about to commence to establish current physiotherapy practice in intensive care and specifically to report on the use of chest physiotherapy assessments and intervention techniques in both intubated and non-intubated critically ill patients. This is led by Dr George Ntoumenopoulos (Consultant Physiotherapist Critical Care, St Vincent's Hospital Sydney) and Associate Professor Shane Patman (Former President of the International Confederation of Cardiorespiratory Physical Therapists [ICCrPT]; Associate Dean, School of Physiotherapy, University of Notre Dame Australia).

If you would like more information or to participate in this research project "International Survey of Chest Physiotherapy Management of Adult Intensive Care Unit Patients" please contact George or Shane. The online survey takes approximately 15 minutes to complete.

George.Ntoumenopoulos@svha.org.au
shane.patman@nd.edu.au

## Topical publications in ICU

***The ICCrPT Knowledge Translation Committee has chosen to highlight the following 2019 publications relevant to Physical Therapy Practice in ICU:***

**Effects of early mobilization in patients with cardiac surgery**

A systematic review and meta-analysis provides conclusive evidence of the therapeutic effect of early mobilization for non-emergency cardiac surgery patients in the intensive care unit on cardiac surgery patients in the ICU. See: Chen B et al. A systematic review and meta-analysis of the effects of early mobilization therapy in patients after cardiac surgery: a protocol for systematic review. Medicine 2020;99:4(e18843). http://dx.doi.org/10.1097/MD.0000000000018843

**Efficacy of early mobilization among critically ill adult patients**

A systematic review and meta-analysis demonstrated no apparent differences between early mobilization and usual care in terms of in-hospital mortality and health-related QoL among critically ill patients in the ICU. Detailed larger studies are warranted to evaluate the impact of early mobilization on in-hospital mortality and health-related QoL in critically ill patients. See Okada Y et al. Early versus delayed mobilization for in hospital mortality and health-related quality of life among critically ill patients: a systematic review and meta-analysis. J Inten Care 2019; 7:57. https://doi.org/10.1186/s40560-019-0413-1

**Impact of mobility program on ICU patients**

Patients who participated in an ICU mobility program had better functional status at discharge from the ICU. The other benefits of the program included better performance in the mobility tests and improved maximum voluntary ventilation performance. See: Schujmann DS et al. Impact of a Progressive Mobility Program on the Functional Status, Respiratory and Muscular Systems of ICU Patients: A Randomized and Controlled Trial. Crit Care Med 2019; XX:00–00 http://10.1097/CCM.0000000000004181

**Exercise interventions are delayed in critically ill patients**

This study aims to: (i) describe the time to exercise commencement (sitting and upright activities) relative to ICU admission and relative to achievement of initial neurological, respiratory and cardiovascular stability; (ii) examine factors associated with whether sitting and upright activities occurred in ICU; and (iii) examine factors associated with time taken to commence these activities after stability has been achieved. The results showed that many stable patients did not commence sitting or upright activity in ICU despite known benefits, or commencement was somewhat delayed. Opportunities may exist to improve patient outcomes through timely implementation of exercise-based interventions. See: Nickels MR,

et al. Exercise interventions are delayed in critically ill patients: a cohort study in an Australian tertiary intensive care unit. Physiotherapy 2019 https://doi.org/10.1016/j.physio.2019.06.011

**Development of a Virtual Reality System for Early Mobilization of Critically Ill Patients**
A virtual reality system for early mobilization in ICU was developed. This system has four main features-the diverse forms of mobilization based on muscle strength, the integration of exercise and cognitive training, the visualization of the mobilization process and the record of the trajectory during mobilization exercises. See: Wang J, et al. Development of a Virtual Reality System for Early Mobilization of Critically Ill Patients Stud Health Technol. Inform. 2019; 21;264:1805-1806. https://doi:10.3233/SHTI190657

**Key mechanisms by which post‐ICU activities can improve in ICU care**
This study identifies 5 key mechanisms that clinicians perceive to improve care in ICU, as a result of their involvement in post-ICU programs. See: Haines KJ et al. Key mechanisms by which post‐ICU activities can improve in‐ICU care: results of the international THRIVE collaboratives. Intensive Care Med 2019 45:939–947 https://doi.org/10.1007/s00134-019-05647-5

**Cycle ergometer training vs resistance training in ICU-acquired weakness**
Ergometer training and resistance training enhanced the effectiveness of standard care in order to improve (a) lower limb muscle strength, (b) walking ability and (c) cardiorespiratory fitness during inpatient rehabilitation of intensive care acquired weakness. In addition, ergometer training may be superior to resistance training. See: Veldema J et al. Cycle ergometer training vs resistance training in ICU-acquired weakness Acta Neurol Scand. 2019;140:62–71. https ://doi.org/10.1111/ane.13102

**Frailty in Critically Ill Trauma Patients**
Measuring frailty in a trauma ICU population was feasible. See: Tipping CJ. Frailty in Critically Ill Trauma Patients: A Prospective Observational Study to Determine Feasibility, Concordance, and Construct and Predictive Validity of Two Frailty Measures. Phys Ther. 2019 1; 99(8):1089-1097. https://doi:10.1093/ptj/pzz057

**Develop practical recommendations for physiotherapy for survivors of critical illness after hospital discharge**
Physiotherapy treatment goals should be directed toward improvement of aerobic capacity, physical functioning, activities in daily living, muscle strength, respiratory and pulmonary function, fatigue, pain, and health-related quality of life. Physiotherapy measurements and interventions to improve these outcomes are suggested to the study. See: Robin C et al. Physiotherapy treatment approaches for survivors of critical illness: a proposal from a Delphi study. Physiotherapy Theory Practice 2019 https://doi.org/10.1080/09593985.2019.1579283

**Which ICU patients benefit most from inspiratory muscle training?**
Physiotherapists should target ICU patients with moderate inspiratory muscle weakness (MIP ≥28 cmH2O) and moderate to high quality of life (EQ5D>40) within 48 h of ventilator weaning as ideal candidates for IMT following prolonged mechanical ventilation. See: Bissett B. et al. Which ICU patients benefit most from inspiratory muscle training? Retrospective analysis of a randomized trial. Physiotherapy Theory and Practice, 2019 https://doi.org/10.1080/09593985.2019.1571144

**Patient-Reported Functional Scale for the Intensive Care Unit**
Patient-Reported Functional Scale-ICU (PRFS-ICU) may be a useful tool to assess and monitor patients' perceptions of function over time. The study examines the feasibility, reliability, responsiveness and validity of the PRFS-ICU. See: Reid et al Feasibility, Reliability, Responsiveness, and Validity of the Patient-Reported Functional Scale for the Intensive Care Unit: A Pilot Study. J Intensive Care Med 2019, 1-9 https://doi:10.1177/0885066618824534

## Cochrane Reviews 2019

***The ICCrPT Knowledge Translation Committee has chosen to highlight the following 2019 Cochrane Reviews relevant to Cardiorespiratory Physical Therapy Practice:***

Continuous positive airway pressure (CPAP) for acute bronchiolitis in children

*Kana R Jat, Joseph L Mathew*

https://doi.org/10.1002/14651858.CD010473.pub3

Exercise-based cardiac rehabilitation for adults with heart failure

*Linda Long, Ify R Mordi, Charlene Bridges, Viral A Sagar, Edward J Davies, Andrew JS Coats, Hasnain Dalal, Karen Rees, Sally J Singh, Rod S Taylor*

https://doi.org/10.1002/14651858.CD003331.pub5

School-based self-management interventions for asthma in children and adolescents: a mixed methods systematic review

*Katherine Harris, Dylan Kneale, Toby J Lasserson, Vanessa M McDonald, Jonathan Grigg, James Thomas*

https://doi.org/10.1002/14651858.CD011651.pub2

Positive end-expiratory pressure for preterm infants requiring conventional mechanical ventilation for respiratory distress syndrome or bronchopulmonary dysplasia

*Nicolas Bamat, Julie Fierro, Yifei Wang, David Millar, Haresh Kirpalani*

https://doi.org/10.1002/14651858.CD004500.pub3

Systemic corticosteroids for the management of cancer-related breathlessness (dyspnoea) in adults

*Alison Haywood, Jacqueline Duc, Phillip Good, Sohil Khan, Kirsty Rickett, Petra Vayne-Bossert, Janet R Hardy*

https://doi.org/10.1002/14651858.CD012704.pub2

Exercise-based cardiac rehabilitation for adult patients with an implantable cardioverter defibrillator

*Kim M Nielsen, Ann-Dorthe Zwisler, Rod S Taylor, Jesper H Svendsen, Jane Lindschou, Lindsey Anderson, Janus C Jakobsen, Selina K Berg*

https://doi.org/10.1002/14651858.CD011828.pub2

Exercise training for advanced lung cancer

*Carolyn J Peddle-McIntyre, Favil Singh, Rajesh Thomas, Robert U Newton, Daniel A Galvão, Vinicius Cavalheri*

https://doi.org/10.1002/14651858.CD012685.pub2

Interventions to promote patient utilisation of cardiac rehabilitation

*Carolina Santiago de Araújo Pio, Gabriela SS Chaves, Philippa Davies, Rod S Taylor, Sherry L Grace*

https://doi.org/10.1002/14651858.CD007131.pub4

Interventions to support return to work for people with coronary heart disease

*Janice Hegewald, Uta E Wegewitz, Ulrike Euler, Jaap L van Dijk, Jenny Adams, Alba Fishta, Philipp Heinrich, Andreas Seidler*

https://doi.org/10.1002/14651858.CD010748.pub2

Mediterranean-style diet for the primary and secondary prevention of cardiovascular disease

*Karen Rees, Andrea Takeda, Nicole Martin, Leila Ellis, Dilini Wijesekara, Abhinav Vepa, Archik Das, Louise Hartley, Saverio Stranges*

https://doi.org/10.1002/14651858.CD009825.pub3

Non-invasive positive pressure ventilation for prevention of complications after pulmonary resection in lung cancer patients

*Maria FS Torres, Gustavo JM Porfírio, Alan PV Carvalho, Rachel Riera*

https://doi.org/10.1002/14651858.CD010355.pub3

Outpatient versus inpatient treatment for acute pulmonary embolism

*Hugo HB Yoo, Vania Santos Nunes-Nogueira, Paulo J Fortes Villas Boas, Cathryn Broderick*

https://doi.org/10.1002/14651858.CD010019.pub3

Non-invasive positive pressure ventilation (CPAP or bilevel NPPV) for cardiogenic pulmonary oedema

*Nicolas Berbenetz, Yongjun Wang, James Brown, Charlotte Godfrey, Mahmood Ahmad, Flávia MR Vital, Pier Lambiase, Amitava Banerjee, Ameet Bakhai, Matthew Chong*

https://doi.org/10.1002/14651858.CD005351.pub4

Interventions for promoting participation in shared decision-making for children and adolescents with cystic fibrosis

*Helen Malone, Susan Biggar, Sheila Javadpour, Zai Edworthy, Greg Sheaf, Imelda Coyne*

https://doi.org/10.1002/14651858.CD012578.pub2

Positional therapy for obstructive sleep apnoea

*P R Srijithesh, Rajeswari Aghoram, Amit Goel, Jayaraj Dhanya*

https://doi.org/10.1002/14651858.CD010990.pub2

Exercise training undertaken by people within 12 months of lung resection for non-small cell lung cancer

*Vinicius Cavalheri, Chris Burtin, Vittoria R Formico, Mika L Nonoyama, Sue Jenkins, Martijn A. Spruit, Kylie Hill*

https://doi.org/10.1002/14651858.CD009955.pub3

Interventions for smoking cessation in people diagnosed with lung cancer

*Linmiao Zeng, Xiaolian Yu, Tingting Yu, Jianhong Xiao, Yushan Huang*

https://doi.org/10.1002/14651858.CD011751.pub3

Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation

*Jamie Hartmann-Boyce, Bosun Hong, Jonathan Livingstone-Banks, Hannah Wheat, Thomas R Fanshawe*

https://doi.org/10.1002/14651858.CD009670.pub4

Singing as an adjunct therapy for children and adults with cystic fibrosis

*J. Yoon Irons, Peter Petocz, Dianna Theadora Kenny, Anne B Chang*

https://doi.org/10.1002/14651858.CD008036.pub5

Inhaled corticosteroids for cystic fibrosis

*Ian M Balfour-Lynn, Karen Welch, Sherie Smith*

https://doi.org/10.1002/14651858.CD001915.pub6

Balneotherapy for chronic venous insufficiency

*Melissa Andreia de Moraes Silva, Luis CU Nakano, Lígia L Cisneros, Fausto Miranda Jr*

https://doi.org/10.1002/14651858.CD013085.pub2

Smoking reduction interventions for smoking cessation

*Nicola Lindson, Elias Klemperer, Bosun Hong, José M Ordóñez-Mena, Paul Aveyard*

https://doi.org/10.1002/14651858.CD013183.pub2

Compression therapy for treating post-thrombotic syndrome

*Sara Azirar, Diebrecht Appelen, Martin H Prins, Martino HAM Neumann, Adriaan NP de Feiter, Dinanda N Kolbach*

https://doi.org/10.1002/14651858.CD004177.pub2

Respiratory muscle training in children and adults with neuromuscular disease

*Ivanizia S Silva, Rafaela Pedrosa, Ingrid G Azevedo, Anne-Marie Forbes, Guilherme AF Fregonezi,*

*Mário ET Dourado Junior, Suzianne RH Lima, Gardenia MH Ferreira*

https://doi.org/10.1002/14651858.CD011711.pub2

Exercise interventions for smoking cessation

*Michael H Ussher, Guy E J Faulkner, Kathryn Angus, Jamie Hartmann-Boyce, Adrian H Taylor*

https://doi.org/10.1002/14651858.CD002295.pub6

Real-time video counselling for smoking cessation

*Flora Tzelepis, Christine L Paul, Christopher M Williams, Conor Gilligan, Tim Regan, Justine Daly, Rebecca K Hodder, Emma Byrnes, Judith Byaruhanga, Tameka McFadyen, John Wiggers*

https://doi.org/10.1002/14651858.CD012659.pub2

Mobile phone text messaging and app-based interventions for smoking cessation

*Robyn Whittaker, Hayden McRobbie, Chris Bullen, Anthony Rodgers, Yulong Gu, Rosie Dobson*

https://doi.org/10.1002/14651858.CD006611.pub5

Workplace interventions for treatment of occupational asthma

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Positive expiratory pressure physiotherapy for airway clearance in people with cystic fibrosis

*Maggie McIlwaine, Brenda Button, Sarah J Nevitt*

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Positive airway pressure therapy for the treatment of central sleep apnoea associated with heart failure

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Pressure modification or humidification for improving usage of continuous positive airway pressure machines in adults with obstructive sleep apnoea

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