

# Knowledge translation to promote “best practice” for rehabilitation of children with cerebral palsy: Understanding the context



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## BACKGROUND & OBJECTIVE:

- **Knowledge translation (KT)** initiatives that facilitate the implementation of **evidence-based (EB)** rehabilitation practice can optimize patient outcomes.<sup>1</sup>
- Dissemination and implementation of KT strategies in healthcare settings are often challenging due to **feasibility** and **organizational factors**.<sup>2</sup>
- **Objective:** to describe existing KT strategies for promoting EB rehabilitation for children with **cerebral palsy (CP)** and to understand how **contextual factors** impact the effectiveness.

## RESULTS:

- The scoping review included **18 articles** published between 2010-2023.
- The most common outcome investigated was **EB practice behaviour** (n=10).
- Common KT intervention **barriers** included lack of time, resources, funding and organizational challenges.
- **Facilitators** included using knowledge brokers/champions, tailoring approaches and protected time for clinicians.

**METHODS:** The scoping review was guided by the framework of Arksey & O'Malley and Levac et al.<sup>3,4</sup>

**1) RESEARCH QUESTION:** What current KT strategies are used to promote EB rehabilitation for children with CP?

**2) IDENTIFY:** Two team members searched databases for studies of all research methodologies about KT strategies for pediatric CP rehabilitation.

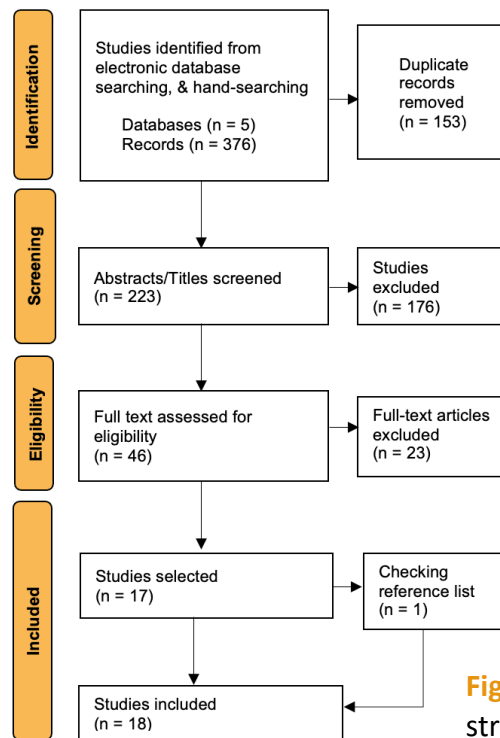
**3) SELECT:** Both team members initially reviewed all titles/abstracts. Both team members read selected articles in full for inclusion decision.

**4) EXTRACT, MAP AND CHART:** Extracted information about the KT strategy, organizational characteristics, outcomes, barriers/facilitators, and key findings.

**5) COLLATE, SUMMARIZE AND REPORT RESULTS:** Analyzed data using a descriptive numerical summary and qualitative inductive content analysis to identify key findings and implications.

**6) STAKEHOLDER CONSULTATION EXERCISE:** Met with stakeholders (clinicians and researchers) to discuss and receive feedback on the results.

Figure 1. Flow Diagram of Study Selection



## 6) STAKEHOLDER RESULTS:

→ Include site clinician managers from the start of implementation to promote the adoption of KT strategies.

→ External funding or changes to local funding systems are needed to support professionals in leading a KT initiative in their healthcare setting.

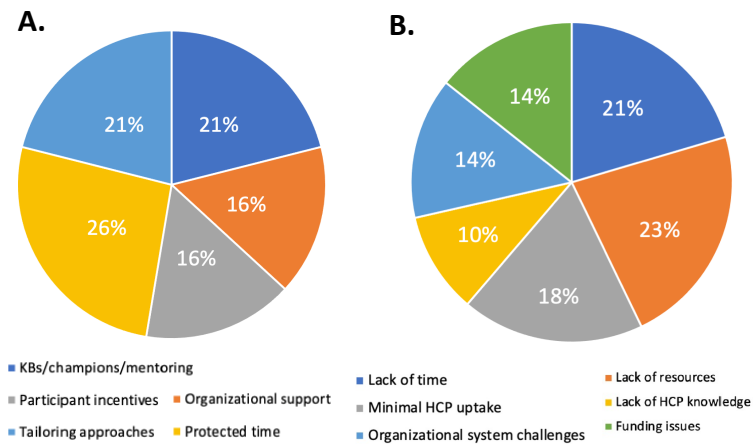
## KEY FINDINGS:

**MULTIFACETED:** Using a multi-method approach to implement a KT strategy is shown to be the most effective (e.g., combination of workshops, online resources and knowledge brokers).

**TAILORED:** To overcome organization-specific barriers, KT strategies should be designed to target and meet the organization's needs, having a context-specific approach.

**CONVENIENT:** Due to the clinician's limited time and financial compensation, a short and accessible KT strategy may facilitate clinician uptake.

Figure 2. Reported facilitators (A) and barriers (B) in KT strategy implementation



## CONCLUSION:

Provides valuable insights into the **contextual factors** that inform healthcare organizations, researchers, and healthcare professionals in developing and implementing an effective multifaceted KT strategy for pediatric EB rehabilitation.

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## REFERENCES:

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