Agenda – Journal Articles

- PubMed / MyNCBI
- CINAHL
- Summon Hinari
- Google Scholar
CINAHL (Cumulative Index to Nursing and Allied Health Literature)

- allied health database
- OT, PT, nursing, alternative medicine, etc.
- ~5 million citations compared to 25 million in PubMed
- Some overlap with PubMed, but additional citations as well
**PICO:** In patients with hemiplegia, is constraint induced movement therapy effective in regaining motor control?

<table>
<thead>
<tr>
<th>P – Patient, Population, Problem</th>
<th>OR together a few keywords (OR is more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>hemiplegia OR paralysis OR stroke rehabilitation</td>
<td></td>
</tr>
<tr>
<td>constraint induced therapy OR CIT OR restraint therapy</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>motor control OR motor activity OR motor function</td>
<td></td>
</tr>
</tbody>
</table>
Login to Hinari via a private browser window

Chrome

Firefox
Login to the HINARI website in order to get access to the full text articles. Then click the “Access the content” link.
1) Login to Hinari
2) Click on the “Databases and Article searching” link.
3) On the next page, click on the “CINAHL” link.
Run a Search - CINAHL

1) Uncheck the “Suggest Subject Terms” box.
2) Enter keywords for each concept into individual search boxes. Notice “OR” and “AND”.
3) Check the boxes next to “Peer Reviewed” and “English Language”.
4) Click “Search”.

Run a Search - CINAHL
5) Drag bar to limit to “last 5 years”.
6) Apply other filters if necessary.
Full text not linked – CINAHL

To see if the full text for any of these citations is offered to your institution, go back to the Hinari Journal A-Z list. Search for journal, and then article.
Clicking on the article title will NOT open to an abstract.

However, if you email citations to yourself, the email will contain abstracts.

To email citations:
1) Click on the folder icon to add the item to the list of citations to be emailed. Selected items will have a yellow folder.
2) Next, click on “Folder”.
3) Check the box for “Select /deselect all”.
4) Click “Email”.
5) Enter your email address in the “Email to:” box. Add a Subject.
6) Click “Send”.
7) Email Confirmation notice will pop up.
8) Click “Continue”.
Email with citation abstracts – CINAHL

9) Email will come from “ephost@ebsco”.

10) It will contain **article abstracts** for many citations.

11) The links will **NOT** take you to full text articles.

12) Note Journal title and go back to Hinari A-Z Journal list to see if full text is offered.

<table>
<thead>
<tr>
<th>Record: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constraint-induced movement therapy early after stroke improves rate of upper limb motor recovery but not long-term motor function (Synopsis).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persistent link to this record (Permalink):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Record: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effects of modified constraint-induced movement therapy combined with trunk restraint in chronic stroke: A double-blinded randomized controlled pilot trial (includes abstract) Dae-Hyung Bang, Won-Seob Shin, Ho-Suk Choi; NeuroRehabilitation, 2015; 37(1): 131-137. (P) (Article) ISSN: 1053-8135 AN: 109168723</td>
</tr>
</tbody>
</table>

| Abstract: BACKGROUND: Reducing the compensatory mechanism by restraining the unnecessary movement may be helpful in relearning the upper-limb movement. OBJECTIVE: To investigate the effects of a modified constraint-induced movement therapy (mCIMT) with trunk restraint (TR) in chronic stroke patients with moderate impairment. METHODS: Eighteen participants with hemiparesis were randomly assigned to mCIMT + TR or mCIMT. Each group underwent 20 (1 h/d) intervention session (5 d/wk for 4 weeks). Patients were assessed with the action research arm test (ARAT), the Fugl-Meyer assessment upper extremity (FMA-UE), the modified Barthel index (MBI), and the motor activity log (MAL-AOU and MAL-QOM). RESULTS: The mCIMT combined with trunk restraint group exhibited greater changes in the ARAT, FMA, MBI, and MAL (MAL-AOU and MAL-QOM) compared with the mCIMT group. Statistical analyses showed significantly different in ARAT (Z = -2.17, P = 0.03), FMA-UE (Z = -2.49, P = 0.01), MBI (Z = -2.44, P = 0.02), MAL-AOU (Z = -2.17, P = 0.03), and MAL-QOM (Z = -2.17, P = 0.03) between groups. CONCLUSION: These finding suggest that mCIMT combined with trunk restraint is more helpful to improve upper extremity function than mCIMT only in patient with chronic stroke. |

<table>
<thead>
<tr>
<th>Persistent link to this record (Permalink):</th>
</tr>
</thead>
</table>
Practical Exercises

Please complete CINAHL Exercises 1-6
Thank you!!

Material developed by:
Karin Saric, MLIS
ksaric@usc.edu

Information Services Librarian
University of Southern California

On behalf of the Research4Life programmes

The HINARI Team
World Health Organization
Geneva, Switzerland
researchforlife@who.int
hinari@who.int
Twitter: @R4LPartnership; @hinari_trainers