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Literature Search Results

Search request date: 26/01/10
Search completion date: 4th February 2010
Search completed by: Janet Badcock

Enquiry Details

Mobility and palliative care
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Report
Effectiveness of physiotherapy in the palliative care of older people
Report on the clinical effectiveness of physiotherapy in the palliative care of older
people.
22%22Effectiveness%20of%20physiotherapy%20in%20palliative%20care%20of
%20older%20people%22%22

Research
Computer-Based Assessment of Symptoms and Mobility in Palliative Care:
Feasibility and Challenges
European Palliative Care Research Collaborative
Even Hovig Fyllingena, Line M. Oldervoll, PhDa, Jon Håvard Loge, MD, PhDb, Marianne Jensen Hjemstad, PhDc,
Volume 38, Issue 6, Pages 827-836 (December 2009)
The aims of the study were to explore the ability of cancer patients who are primarily
receiving palliative care to use a touchscreen computer for assessment of symptoms
and mobility and to investigate which factors predicted the need for assistance during
the assessment. Before the main data collection, a pilot study was conducted to explore
the preferences of these patients toward using such a computerized assessment tool.
Patients were recruited from nine different inpatient and outpatient palliative care and
general cancer clinics in Norway. The patients responded to 60 items on symptoms and
mobility directly on the computer. In the pilot study (n=20), 11 patients (55.0%) preferred
computerized assessment over paper and pencil, whereas five (25.0%) had no
preference. In the main data collection, 370 patients (52.7% men with mean age 62
years and mean Karnofsky Performance Status score of 70) completed the assessment.
Eighty-six patients (23.2%) required assistance. Patients requiring assistance were
significantly older, had worse performance status, and poorer cognitive function than
those not requiring assistance. Predictors for requiring assistance were age (P<0.001)
and performance status (P<0.001). Because higher age and worse performance status
resulted in more need of assistance, assessment tools should be short and user-friendly
to ensure good compliance in frail patients.
A first step in the development of an international self-report instrument for physical functioning in palliative cancer care: a systematic literature review and an expert opinion evaluation study.
Author(s): Helbostad, J, Holen, J, Jordhoy, M

Citation: J Pain & Symptom Management, February 2009, vol./is. 37/2(196-205), 0885-3924 (2009 Feb)
Publication Date: February 2009
Abstract: Systematic literature review and expert panel consultation to identify physical functioning items from existing assessment tools, with the aim of informing the development of a self-report instrument for advanced cancer patients. The sub-dimensions of mobility and self-care and the application of computerised adaptive testing (CAT) to the instrument are discussed. 28 refs.

Methods for assessing physical functioning in cancer patients.
Author(s): Stene, G, Kaasa, S, Helbostad, J
Citation: European J Palliative Care, 2008, vol./is. 15/4(168-71), 1352-2779 (2008
Abstract: Assessment of physical functioning in palliative care cancer patients, including the rationale for assessment, performance tests, self-reporting and other assessment methods. The use of body-worn sensors as a means of objectively measuring activity is described and possible future developments are discussed. 22 refs.

A practical instrument to explore patients' needs in palliative care: the Problems and Needs in Palliative Care questionnaire: short version.
Author(s): Osse, B, Vernooij-Dassen, M, Schade, E
Citation: Palliative Medicine, July 2007, vol./is. 21/5(391-9), 0269-2163 (2007 Jul)
Publication Date: July 2007
Abstract: Research in the Netherlands into the development of a short version of the Problems and Needs in Palliative Care (PNPC) questionnaire. The value of the questionnaire in empowering patients is highlighted and the form used is included. 23 refs.

The Effect of a Physical Exercise Program in Palliative Care: A Phase II Study
Journal of Pain and Symptom Management, Volume 32, Issue 6, Pages 513-515
M. Maddocks, S. Mockett, A. Wilcock

Are palliative cancer patients willing and able to participate in a physical exercise program?
Objective: The primary aim of the present article was to identify palliative care patient populations who are willing to participate in and able to complete a group exercise/physical training program designed specifically for the individual patient.
Method: We conducted a prospective phase II intervention study examining the willingness and ability of palliative care cancer patients to participate in a group exercise physical training program. Patients who were diagnosed with incurable cancer and had a life expectancy of less than 1 year at two outpatient clinics were invited to participate in an exercise program in the hospitals. The groups met twice a week over a 6-week period.
Results: One hundred one consecutive patients were asked for inclusion. Sixty-three patients agreed to participate. Sixteen (25%) of the 63 patients dropped out after consent was given, but before the program started due to medical problems, social reasons, or death. Thus, 47 patients started the exercise program. Thirteen patients withdrew during the program due to sudden death, medical problems, or social reasons. The most frequent reasons for withdrawal were increased pain or other symptoms. Thirty-four patients completed the exercise program.

Significance of results: A high proportion of incurable cancer patients were willing to participate (63%) in a structured exercise program. The attrition rate was high, but despite being severely ill, 54% of the patients completed the exercise period. This shows that a physical exercise program tailored to the individual patient is feasible in this population.

The Effect of Seated Exercise on Fatigue and Quality of Life in Women With Advanced Breast Cancer
Judith A. Headley, RN, PhD, AOCN®, CCRP1, Kristin K. Ownby, RN, PhD, ACRN

Purpose/Objectives: To examine the effects of a seated exercise program on fatigue and quality of life (QOL) in women with metastatic breast cancer.

Design: Randomized, controlled, longitudinal trial.

Setting: Outpatient clinic of a comprehensive cancer center.

Sample: Convenience sample of 38 women who were beginning out-patient chemotherapy.

Methods: Subjects were randomized to a control or intervention group; the intervention was performance of a seated exercise program using home videotape three times per week for four cycles of chemotherapy. All subjects completed the Functional Assessment of Chronic Illness Therapy-Fatigue Version IV (FACIT-F) at baseline and at the time of the next three cycles. Subjects were asked to document the frequency, duration, and intensity of all exercise participation on monthly calendars.

Main Research Variables: Exercise, fatigue, and QOL.

Findings: 32 subjects, 16 per group, completed the study follow-up. With a mixed modeling approach, total FACIT-F scores for the entire sample declined at a significant rate (p = 0.003) beginning with cycle 3 but at a slower rate for the experimental group (p = 0.02). Fatigue scores indicated less increase and physical well-being subscale scores showed less decline for the experimental group (p = 0.008 and p = 0.02, respectively).

Conclusions: Women with advanced breast cancer randomized to the seated exercise intervention had a slower decline in total and physical well-being and less increase in fatigue scores starting with the third cycle of chemotherapy.

Full text: http://ons.metapress.com/content/b4122782r0919737/

Physiotherapy management of cancer-related fatigue: a survey of UK current practice. Supportive Care in Cancer
Donnelly, Caroline M. (2009)
Palliative & Supportive Care (2005), 3:4:281-287 Cambridge University Press

Background: Physical decline is experienced by all palliative care patients and affects most aspects of life. Physical functioning (PF) is therefore a crucial domain for quality of life (QoL) assessments. The purpose of this study was to review how PF assessments are performed in QoL instruments developed for palliative care.

Methods: For identification of instruments, Medline searches up to April 2005 were performed using the terms (palliative care OR end of life care OR terminal care) AND quality of life AND (assessment OR instrument OR questionnaire). A total of 1326 hits were screened. Named QoL instruments were extracted from 240 abstracts and 46 relevant reports.
Items assessing PF were then identified and classified according to activity domains as described by the WHO International Classification of Functioning Disability and Health. Results: Of 224 different instruments detected, 39 were identified as developed for palliative care. Of these, 11 included original PF assessments. Two were comprehensive performance status measures made for staff assessment, 9 were multidimensional tools including 2—7 PF items. The content and phrasing of items varied considerably. All instruments included some aspects of self-care, whereas the coverage of mobility, domestic, work — and leisure activities was inconsistent. Interpretation: Despite its importance, PF assessment seems to be a minor part of palliative care QoL instruments. Clear definitions and conceptualization of PF are needed, as well as a consensus on relevant aspects to include in improved instruments. Performance scales already developed should be further explored with regard to content, validity and psychometric properties. Palliative Medicine 2007; 21: 673—682

A Structured Exercise Program for Patients with Advanced Non-small Cell Lung Cancer
Temel, Jennifer S. MD; Greer, Joseph A. PhD; Goldberg, Sarah MD; Vogel, Paula
Introduction: Exercise improves functional outcome and symptoms for certain cancer populations, but the feasibility, efficacy, and safety of structured exercise in patients with lung cancer is unknown. In this study, we examined the feasibility of a hospital-based exercise program for patients with advanced non-small cell lung cancer.
Methods: This study included patients with newly diagnosed advanced stage non-small cell lung cancer and Eastern Cooperative Oncology Group performance status 0-1. A physical therapist facilitated twice-weekly sessions of aerobic exercise and weight training over an 8-week period. The primary end point was feasibility of the intervention, defined as adherence to the exercise program. Secondary endpoints included functional capacity, measured by the 6-minute walk test and muscle strength, as well as quality of life, lung cancer symptoms and fatigue, measured by the Functional Assessment of Cancer Therapy-lung and Functional Assessment of Cancer Therapy-fatigue scales.
Results: Between October 2004 and August 2007, 25 patients enrolled in the study. All participants received anticancer therapy during the study period. Twenty patients (80%) underwent the baseline physical therapy evaluation. Eleven patients (44%) completed all 16 sessions. An additional 6 patients attended at least 6 sessions (range, 6-15), and 2 patients only attended one session. Study completers experienced a significant reduction in lung cancer symptoms and no deterioration in their 6-minute walk test or muscle strength.
Conclusions: Although the majority of participants attempted the exercise program, less than half were able to complete the intervention. Those who completed the program experienced an improvement in their lung cancer symptoms. Community-based or briefer exercise interventions may be more feasible in this population.
Purpose: To systematically review and synthesize results of studies that examined the effects of exercise on persons with metastatic cancer.

Authors: Rebekah Beaton, Wendy Pagdin-Friesen, Christa Robertson, Cathy Vigar

Methods: Databases searched were MEDLINE, EMBASE, CINAHL, PsycINFO, and Cochrane Central Register of Controlled Trials. Search terms used were “metastatic or advanced or palliative AND cancer or neoplasms AND exercise or physical activity or exercise therapy or physical fitness.” The search identified 8 studies published in 10 articles between 2000 and 2007. Two quality-assessment tools were used, and levels of evidence were assigned according to the Oxford Centre for Evidence-Based Medicine (CEBM) guidelines.

Results: Of the eight studies, three were randomized controlled trials (RCTs) and five were case series. Because three of the RCTs were based on the same sample, only one was included in the results and discussion sections. CEBM levels of evidence ranged from 2b to 4. Two overall recommendations were made, one grade A and one grade C. Exercise interventions ranged from aerobic exercise and strength training to multidimensional programmes with exercise as one component. All studies used physical and/or quality-of-life outcome measures.

Conclusions: Review findings suggest that exercise may be beneficial for persons with metastatic cancer. Future research should clarify optimal exercise dose parameters.

Associations Between Physical Activity and Quality of Life in Cancer Patients Receiving Palliative Care: A Pilot Survey

Journal of Pain and Symptom Management, Volume 38, Issue 5, Pages 785-796

S. Lowe, S. Watanabe, V. Baracos, K. Courneya

“The healthy me appears”: Palliative cancer patients’ experiences of participation in a physical group exercise program

Hanne Paltielala1 c1, Edel Solvolla2, Jon Håvard Logea3a4, Stein Kaasaa4a5 and Line

Objective: Tentative results from a pilot study showed that patients with advanced cancer were willing and able to take part in a group exercise intervention. Limited knowledge exists, though, about the meaning and significance of such programs. The purpose of the present study was to understand the meaning of such an intervention for the individual participant and thereby to provide knowledge for shaping future clinical practice.

Methods: Thirty-four palliative cancer patients with a life expectancy of less than 1 year completed a 6-week group exercise program. Five randomly selected individuals were interviewed 7 months after completion. Results from a self-report evaluation questionnaire identified relevant themes that formed the basis of an interview guide. These were addressed in a semistructured interview. Verbatim transcripts were analyzed with a phenomenological–hermeneutical approach.

Results: Two main themes emerged from the interviews: (1) perceptions of the group and (2) a secure and caring setting for the group. Themes identified regarding perception of the group were a sense of belonging and commitment. Themes identified regarding a secure and caring setting for the group were a life-empowering group as a setting for enhancing coping, the qualifications of those who led the group, and a public gym as an unsuitable setting.

Significance of results: Our study indicates that an individually adjusted group exercise program, with competent leaders, can provide a setting to enhance psychological well-being in cancer patients with life expectancy below 1 year. Small sample size, however, limits the possibility to generalize the findings.
Methods for assessing physical functioning in cancer patients.
Citation: European J Palliative Care, 2008, vol./is. 15/4(168-71), 1352-2779 (2008
Author(s): Stene, G, Kaasa, S, Helbostad, J
Abstract: Assessment of physical functioning in palliative care cancer patients, including
the rationale for assessment, performance tests, self-reporting and other assessment
methods. The use of body-worn sensors as a means of objectively measuring activity is
described and possible future developments are discussed. 22 refs.

Title: A first step in the development of an international self-report instrument for
physical functioning in palliative cancer care: a systematic literature review and
an expert opinion evaluation study.
Citation: J Pain & Symptom Management, February 2009, vol./is. 37/2(196-205),
Author(s): Helbostad, J, Holen, J, Jordhoy, M
Abstract: Systematic literature review and expert panel consultation to identify physical
functioning items from existing assessment tools, with the aim of informing the
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the rationale for assessment, performance tests, self-reporting and other assessment
methods. The use of body-worn sensors as a means of objectively measuring activity is
described and possible future developments are discussed. 22 refs.

Title: Physical therapy utilization in hospice and palliative care settings in
Citation: Rehabilitation Oncology, 01 June 2009, vol./is. 27/2(3-8),
Author(s): Drouin JS, Martin K, Onowu N, Berg A, Zuellig L
Abstract: Purpose: Physical therapists (PT) are described as integral members of
hospice and palliative care teams; however, the degree that hospice administrators use
PT in these settings is not known. This study describes PT utilization in hospice and
palliative care settings as reported by hospice administrators in Michigan.
Methods/Subjects: A prospective, descriptive study using e-mailed surveys
(Zoomerang®) was performed to gather data from hospice administrators in Michigan.
Electronic mailings contained cover letters, informed consent, and online surveys.
Follow-up surveys were e-mailed 2 weeks later to nonresponders. Results/Discussion:
Thirty-one of 133 (23.7%) surveys were returned. Thirty of 31 (97%) respondents
reported using PT services in 2005; however, an average of only 2.4 to 3.0% (range of
0% to 5.0%) of patients were reported to have received PT in these settings. Survey
responses indicated that the most common medical diagnoses referred to PT were
stroke (70.0%), cancer (53.3%), multiple sclerosis (43.3%), and heart disease (40.0%).
Most frequent reported PT diagnoses treated were decreased mobility (83.3%),
decreased balance (76.6%), fall risk (76.6%), and gait training (73.3%). Most frequent
reported PT interventions were caregiver education (76.7%), fall prevention (73.3%), and
range of motion (66.7%). Most frequently reported PT outcomes were improvements in
caregiver confidence (66.6%), quality of life (63.3%), safety (60.0%), and mobility
(50.0%). Conclusion/Recommendations: Survey results suggest that PT is not
commonly used in hospice and palliative care settings in Michigan. Further study is required to determine the efficacy of PT in these settings.

Title: A hope in the end of the life [Spanish].
Citation: Gerokomos, 01 September 2008, vol./is. 19/3(128-134), 1134928X
Author(s): Rodríguez Martín CR, López Liria R, Pérez Rodríguez RC
Abstract: In those circumstances in which a person is coming at the end of his life, the target of the physiotherapist is of skeletal and nervous muscle delays the physical deterioration of the functions of the system and on the other hand, across the exercise, to transmit a desire of life and healing in the patient, who will contribute a better frame of mind and wellbeing. We have carried out a program of physical therapy with terminal patients in the Residencia Comarcal de Personas Mayores, Vélez-Rubio (Almería), obtaining big benefits both from the physical point of view and from the psychological one and hence emphasizing the importance of this professional, who accompanies the patient at the end of his life on a caress.

Title: Exploring the value of shiatsu in palliative care day services.
Citation: International Journal of Palliative Nursing, 01 May 2001, vol./is. 7/5(234-239),
Author(s): Cheesman S, Christian R, Cresswell J
Abstract: This qualitative study sought to evaluate the effects of shiatsu therapy on clients attending hospice day services. Eleven clients with advanced progressive disease received five therapy sessions each at weekly intervals. Data about the effects was collected through five unstructured interviews with each client. Four of these were conducted before, during, and shortly after the therapy regime, and the fifth was undertaken four weeks after treatment ended. All the interviews were tape-recorded, transcribed and subject to content analysis. The results of the analysis revealed significant improvements in energy levels, relaxation, confidence, symptom control, clarity of thought and mobility. These benefits were of variable duration - in some instances lasting a few hours but in others extending beyond the 5-week treatment regime. Action to ensure research trustworthiness included keeping research journals to provide an audit trail, conducting member checks and using peer debriefing. The study involved three overlapping cohorts of participants in a data collection period that took approximately 6 months.

Title: Assessing physical functioning: a systematic review of quality of life measures developed for use in palliative care.
Citation: Palliative Medicine, 01 December 2007, vol./is. 21/8(673-682), 02692163
Author(s): Jordhoy MS, Inger Ringdal G, Helbostad JL, Oldervoll L, Loge JH, Kaasa S
Abstract: BACKGROUND: Physical decline is experienced by all palliative care patients and affects most aspects of life. Physical functioning (PF) is therefore a crucial domain for quality of life (Qol) assessments. The purpose of this study was to review how PF assessments are performed in Qol instruments developed for palliative care METHODS: For identification of instruments, Medline searches up to April 2005 were performed using the terms (palliative care OR end of life care OR terminal care) AND quality of life AND (assessment OR instrument OR questionnaire). A total of 1326 hits were screened. Named QoL instruments were extracted from 240 abstracts and 46 relevant reports. Items assessing PF were then identified and classified according to activity domains as described by the WHO International Classification of Functioning Disability and Health. RESULTS: Of 224 different instruments detected, 39 were identified as developed for palliative care. Of these, 11 included original PF assessments. Two were comprehensive performance status measures made for staff assessment, 9 were multidimensional tools
including 2-7 PF items. The content and phrasing of items varied considerably. All instruments included some aspects of self-care, whereas the coverage of mobility, domestic, work - and leisure activities was inconsistent. INTERPRETATION: Despite its importance, PF assessment seems to be a minor part of palliative care QoL instruments. Clear definitions and conceptualization of PF are needed, as well as a consensus on relevant aspects to include in improved instruments. Performance scales already developed should be further explored with regard to content, validity and psychometric properties. Palliative Medicine 2007; 21: 673-682.

Title: Physical therapy utilization in hospice and palliative care settings in Michigan: a descriptive study.
Citation: Rehabilitation Oncology, 01 June 2009, vol./is. 27/2(3-8),
Author(s): Drouin JS, Martin K, Onowu N, Berg A, Zuellig L
Abstract: Purpose: Physical therapists (PT) are described as integral members of hospice and palliative care teams; however, the degree that hospice administrators use PT in these settings is not known. This study describes PT utilization in hospice and palliative care settings as reported by hospice administrators in Michigan.
Methods/Subjects: A prospective, descriptive study using e-mailed surveys (Zoomerang®) was performed to gather data from hospice administrators in Michigan. Electronic mailings contained cover letters, informed consent, and online surveys. Follow-up surveys were e-mailed 2 weeks later to nonresponders. Results/Discussion: Thirty-one of 133 (23.7%) surveys were returned. Thirty of 31 (97%) respondents reported using PT services in 2005; however, an average of only 2.4 to 3.0% (range of 0% to 5.0%) of patients were reported to have received PT in these settings. Survey responses indicated that the most common medical diagnoses referred to PT were stroke (70.0%), cancer (53.3%), multiple sclerosis (43.3%), and heart disease (40.0%). Most frequent reported PT diagnoses treated were decreased mobility (83.3%), decreased balance (76.6%), fall risk (76.6%), and gait training (73.3%). Most frequent reported PT interventions were caregiver education (76.7%), fall prevention (73.3%), and range of motion (66.7%). Most frequently reported PT outcomes were improvements in caregiver confidence (66.6%), quality of life (63.3%), safety (60.0%), and mobility (50.0%). Conclusion/Recommendations: Survey results suggest that PT is not commonly used in hospice and palliative care settings in Michigan. Further study is required to determine the efficacy of PT in these settings.

Title: An audit of the use of the Barthel Index in palliative care.
Citation: International Journal of Palliative Nursing, 01 November 2007, vol./is. 13/11(543-548), 13576321
Author(s): Godfrey J, Poole L
Abstract: The Barthel Index (Mahoney and Barthel, 1965) is an objective tool which assesses an individual's ability to perform activities of daily living; for example, personal care, mobility, transfers, bathing and feeding. The purpose of this study was to investigate whether the Index could be used with patients with life-threatening illnesses who are admitted to the inpatient intermediate care unit, to aid clinical practice, establish patients’ current level of function, and highlight any progress or deterioration in abilities. The overall aim was to facilitate discharge planning and ensure that patients were managed in their preferred place of care. This was a clearly defined group of patients in a specific clinical area. The authors recognise that to improve consistency of findings, the study may need to be applied to a larger cohort of patients with a greater research emphasis. The article presents the results of an audit of 50 patients. The findings suggest that those patients with a low Barthel score on admission, or those with a score
dropping by ten or more per week, are significant predictors of a short prognosis. It concludes that the Barthel Index would be a useful tool in the community to prevent inappropriate admission for those with a low score where the patient wishes to die at home. It could also be used as a monitoring tool to help discharge planning and fast-tracking to the preferred place of care in inpatient settings, and may also assist in community health care (CHC) planning.

**Full Text:**
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This paper is available in full text with an NHS Athens account.

**Additional Material**

**Powerpoint: the effects of exercise on persons with metastatic cancer**
https://circle.ubc.ca/bitstream/handle/2429/1457/01.pdf;jsessionid=E2BF287B4DC401EE4E38B446E4D6857?sequence=1