

Vocational Rehabilitation in Generalist Community-Based Rehabilitation: A Scoping Review of Existing Supports for Practitioners.

Authors

Chisom Cassandra Idenyi¹

Joanna Fady¹

1. AUT Person Centred Rehabilitation Research Centre, Te Wānanga Aronui o Tāmaki Makaurau / Auckland University of Technology, Aotearoa New Zealand.

Protocol version

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Abstract

Objective: This scoping review will map supports, tools, training, strategies, and organisational arrangements that are documented in academic and grey literature to enable generalist community-based rehabilitation practitioners to initiate or deliver vocational rehabilitation (VR) for adults with functional limitations from injury or adult-acquired conditions. It will also describe the nature and content of each support.

Introduction: Work participation is an important rehabilitation outcome, yet vocational rehabilitation is not consistently embedded within generalist community-based rehabilitation services. Practitioners often report challenges related to knowledge, confidence, resources, and organisational support for addressing a patient's VR needs or work-related issues. Mapping the supports available to practitioners is therefore an important step toward understanding how vocational rehabilitation can be better integrated into routine rehabilitation practice. It is also needed before intervention development or an effectiveness-focused review.

Inclusion criteria: Population: generalist community-based rehabilitation practitioners serving adults who have functional limitations from injury or adult-acquired conditions.

Concept: supports that enable them to address work participation or VR. **Context:**

community, outpatient, transitional, primary-care, or mixed rehabilitation settings. Empirical studies of any design and relevant grey literature will be eligible. **Type of Sources:** Empirical studies (any design) and grey literature sources will be included. Sources focused solely on settings or practitioners considered to be specialist VR (not generalist rehabilitation) or focused only on client-level outcomes without practitioner enablement will be excluded.

Methods: The review will follow JBI methodology for scoping reviews and will be reported according to PRISMA-ScR. A three-step search will cover MEDLINE, Embase, CINAHL, PsycINFO, Scopus, Web of Science Core Collection, and targeted grey-literature sources. Two reviewers will independently screen titles/abstracts and full texts following a pilot screening exercise to ensure consistent application of the eligibility criteria. Data will be charted in a piloted form, mapped descriptively, and summarised using directed descriptive content analysis. No critical appraisal is planned because the objective is to map rather than estimate effectiveness.

Keywords: community care; organisational supports; rehabilitation practitioners; return to work; occupational rehabilitation; vocational rehabilitation

Introduction

Vocational rehabilitation is a process intended to help people overcome barriers to accessing, remaining in, or returning to work after injury, illness, or impairment (Lyons & Pettigrew, 2014). In the present review, VR is treated broadly as early conversations about work, work-focused assessment, goal setting, education, coordination, intervention, and liaison with employers, compensation systems, employment services, or other relevant parties. The focus is the practitioner-facing infrastructure that makes work-focused rehabilitation feasible within generalist services, rather than VR programme content or outcomes.

The issue is timely because work needs often arise while people are receiving mainstream rehabilitation, while access to dedicated VR expertise is often variable and inconsistent. Vocational rehabilitation is increasingly recognised as a shared responsibility that extends beyond specialist services into routine, generalist community-based rehabilitation (CBR). In Aotearoa, researchers have identified the importance of early work conversations when function changes to help people understand work possibilities and keep options open (Martin et al., 2022). Practitioners in generalist settings are well positioned to initiate conversations about work with their clients; however, vocational rehabilitation is not consistently embedded within routine rehabilitation practice, and clinicians often report limited resources, knowledge, confidence, and access to supporting frameworks (Watter et al., 2023b; Bedekar et al., 2026). People may lose jobs or fall out of work as a result.

A 2023 framework focused on an acquired brain injury population proposed integrating VR across assessment, planning, intervention, monitoring/evaluation, and discharge within early transitional community rehabilitation (Watter et al., 2023a). Yet a companion clinician study found that provision varied substantially across services in Queensland, Australia, including differences in access, the VR components offered, and rehabilitation timeframes (Watter et al., 2023b). More recently, an Australian survey of experienced allied-health clinicians reported high interest in VR training alongside limited resources and uneven confidence in several core activities (Bedekar et al., 2026). Implementation research from an early traumatic-injury service similarly identified team education and clear communication processes as important for integrating VR (Barclay et al., 2026).

Existing reviews map programmes for particular client groups rather than the supports that enable generalist practitioners initiate work-focused rehabilitation. For example, a 2025 scoping review of programmes for people with acquired physical disabilities identified 16 programmes and 46 service components, but found no two programmes identical (Mohamad et al., 2025). This heterogeneity, together with the practitioner capability and implementation issues above, indicates the need for a scoping review that maps the transferable vocational rehabilitation supports for practitioners in generalist community rehabilitation. Findings will inform a longer-term programme of research to investigate needs and develop supports to better enable this practice.

A preliminary search of JBI Evidence Synthesis, the Cochrane Database of Systematic Reviews, PROSPERO, MEDLINE, CINAHL, PsycINFO, Scopus, and Google Scholar was conducted and no current or underway scoping reviews on the topic were identified.

Review Objective and Questions

Objective

The objective is to map supports, tools, training strategies and organisational arrangements that are documented in academic and grey literature to enable generalist community-based rehabilitation practitioners to initiate or deliver vocational rehabilitation for adults with functional limitations from injury or adult-acquired conditions. It will also describe the nature and content of each support identified.

Primary Review Question

What supports, tools, training, strategies, and organisational arrangements are described in the literature to enable generalist community-based rehabilitation practitioners to initiate or deliver vocational rehabilitation for adults with functional limitations from injury or adult-acquired conditions?

Sub questions

- 1. What is the nature and content of each support, for example, training, assessment or screening tools, work-conversation resources, practice frameworks, referral pathways, case coordination, documentation systems, or organisational strategies?
- 2. What evidence and implementation gaps are apparent, particularly for transferability to Aotearoa New Zealand and comparable rehabilitation systems?

Eligibility Criteria

The Population–Concept–Context (PCC) framework will guide eligibility (Peters et al., 2024).

Table 1: Eligibility Criteria

	Inclusion criteria	Exclusion criteria
Population	Practitioners delivering generalist (non-specialist) community-based rehabilitation to adults (18 years or older) with functional limitations from injury or adult-acquired conditions (e.g. physiotherapists, occupational therapists, nurses, case managers, generalist rehabilitation counsellors, health coaches).	Specialist vocational rehabilitation settings and providers.
Concept	The concept is practitioner support for VR , defined as any resource, capability-building activity, process, tool, framework, or organisational arrangement/strategy intended to support generalist practitioners to discuss work, identify work needs, assess vocational issues, plan or coordinate VR, deliver work-focused interventions, or facilitate access to specialist VR or employment supports.	Focused only on client-level intervention or outcomes.

	These include formal interventions (training programmes, education, training, screening/assessment tools, conversation guides, frameworks, protocols, documentation, decision aids). Also included is informal/reported facilitators (e.g. organisational support, mentoring, policy, role clarity, confidence) documented in literature about barriers and facilitators.	
Context	Routine/generalist community-based rehabilitation settings including outpatient, transitional, primary-care, home-based, community-setting, or mixed rehabilitation services. Findings will be interpreted with particular attention to applicability within the Aotearoa New Zealand context. Acute inpatient settings will be included only when the support is designed to continue into, link with, or prepare for community-based rehabilitation.	

Country/setting scope

The review will focus on literature from Aotearoa New Zealand and OECD or comparable high-income countries with broadly similar injury compensation and rehabilitation system structures (e.g. Australia, UK, Canada, Netherlands, Nordic countries). However, we are also interested in what these high-income contexts can learn from how this work is done in lower-income contexts. Because of this we will not exclude literature from any country. The findings will be interpreted with a focus on the applicability to Aotearoa New Zealand and countries with similar rehabilitation systems. Differences between compensation system models (e.g. universal no-fault vs legally mediated workers' compensation) will be noted and discussed as a transferability consideration when interpreting findings for the Aotearoa New Zealand context.

Types of Sources/ studies

This scoping review will include peer-reviewed primary empirical research of any design; implementation and service-evaluation studies; programme descriptions with sufficient operational detail; guidelines; training manuals; practice frameworks; government, compensation-agency, professional-body, and service-provider reports; and relevant theses or dissertations where retrievable. Systematic reviews that meet the inclusion criteria will also be considered if they closely align with the research question for the present review. Position papers and editorials will also be considered for inclusion in this scoping review if they closely align with the research question. For the latter two categories, eligibility decisions will be made on a case-by-case basis through discussion.

Eligibility criteria for studies

Inclusion criteria:

- Empirical studies (any design) and grey literature (guidelines, training manuals, evaluation reports) describing supports that enable practitioners to provide vocational rehabilitation intervention in generalist community rehabilitation.
- Studies reporting practitioner-level barriers/facilitators to initiating vocational rehabilitation interventions, where practitioner support/enablement is addressed.

Exclusion criteria:

- Studies solely about specialist vocational rehabilitation service delivery or outcomes.
- Studies focused only on client interventions or barriers/outcomes without addressing practitioner support.

Limits Studies published from January 2006 onwards will be eligible for inclusion. This date restriction has been applied to ensure the findings are relevant to contemporary health, rehabilitation, employment, and social care systems. Only sources in English will be included because the review team does not have resources for translation. This restriction will be reported as a limitation. The final search date will be recorded in the completed review.

Method

Methodological Approach and Reporting

The scoping review will be conducted in accordance with the JBI methodology for scoping reviews. JBI recommends an a priori protocol with PCC-congruent eligibility criteria, an iterative but transparent search process, piloted selection and charting procedures, and

finally, descriptive mapping rather than formal evidence synthesis for this review type (Peters et al., 2024). The completed review will be reported using PRISMA-ScR (Tricco et al., 2018). Search reporting will follow PRISMA-S (Rethlefsen et al., 2021).

Search Strategy

The search strategy will aim to locate and identify published and unpublished studies. A three-step JBI search strategy will be used in this scoping review.

1. **Initial limited search:** MEDLINE (Ovid) and CINAHL (EBSCO) will be searched first to identify articles on the topic. Titles, abstracts, and subject headings of relevant records will be analysed to refine terminology.
2. **Comprehensive database search:** The final search strategy will be adapted for MEDLINE (Ovid), CINAHL (EBSCOhost), PsycINFO (Ovid), Scopus . The strategies will be peer-reviewed by an academic librarian before execution (McGowan et al., 2016).
3. **Supplementary and grey literature searching:** Reference lists of all included sources and relevant reviews will be screened. Forward, sideways and backward citation searching will be conducted in Scopus (forward and sideways for a selected subset ranked as highest relevance). In addition, Google Scholar (first 200 hits) will be used to undertake natural-language searches and citation searching to identify potentially relevant sources not captured through database searching. Targeted grey-literature searching will follow the pre-specified sources and procedure below.

Search terms will be developed from four concepts:

- Vocational rehabilitation
- Community-based rehabilitation
- Generalist practitioners
- Practitioner support

Preliminary testing will determine which combinations of concept blocks are used at search term level and which are applied only at screening level. The search strategy will include keyword searches and subject heading searches where applicable within the database. AI (LLM) tools may be used to assist brainstorming synonyms and adjacent terms within each block.

The review team in consultation with a librarian will refine adjacency operators, controlled vocabulary, field tags, and the balance between sensitivity and precision. See Tables 2 and 3 for details for the draft search terminology and search strategy, subject to review and testing.

Table 2: Concept blocks for search strategy development

Concept	Illustrative keywords	Illustrative subject headings (database-adapted)
Vocational rehabilitation	vocational rehabilitation, return to work or return-to-work, work readiness, work reintegration, work intervention, occupational rehabilitation, workplace rehabilitation, work-focused care, employment support, vocational support, work participation, vocational integration	Vocational Rehabilitation
Community-based rehabilitation	generalist rehabilitation, community rehabilitation, community-based rehabilitation, community health service, rehabilitation service, outpatient rehabilitation, primary care rehabilitation, community care Proximity search of community and rehabilitation.	Community Health Services, Rehabilitation Centres.
Generalist practitioner	allied health, physiotherapist, physical therapist, occupational therapist, health coach, case manager, health navigator, rehabilitation counsellor, nurse	Allied Health Personnel, Physical Therapists, Occupational Therapists, Nurses, Case Management.
Practitioner support	Training, education, mentor, supervision, framework, guideline, protocol, tool, facilitator, capacity building, professional development	Professional Education, Inservice Training, Practice Guideline, Implementation Science, Knowledge Translation.

Table 3: MEDLINE (Ovid) Strategy Draft

1	("vocational rehabilitat*" or "return to work" or return-to-work or "work readiness" or "work* reintegration" or "work* intervention" or "occupational rehabilitat*" or "workplace rehabilitat*" or "work* focused care" or "employment support" or "vocational support" or "work* participation" or "vocational integration").mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
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2	vocational rehabilitation/
3	1 or 2
4	("generalist rehabilitation" or "community rehabilitation" or "community-based rehabilitation" or "community health service*" or "rehabilitation service" or "outpatient rehabilitation" or "primary care rehabilitation" or "community care").mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
5	community health services/ or exp community health nursing/ or community mental health services/ or counseling/ or occupational health services/ or rehabilitation centres/
6	4 or 5
7	("allied health" or physiotherapist or "physical therapist" or "occupational therapist" or "health coach" or "case manager" or "health navigator" or "rehabilitation counsel*" or nurse).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
8	allied health personnel/ or community health workers/ or physical therapists/ or occupational therapists/ or nurses/ or nurses, community health/ or nurses, public health/ or case managers/
9	7 or 8
10	(training or education or mentor* or supervision or framework* or guideline* or protocol or tool* or facilitator or "capacity building" or "professional development").mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]
11	practice guideline/ or implementation science/ or exp inservice training/ or education, professional/ or education, continuing/ or education, nursing, continuing/ or mentoring/ or translational science, biomedical/
12	10 or 11
13	Test combinations of 3, 6, 9 and 12 for best sensitivity and precision

Grey Literature Search

Grey literature will be searched to capture practice frameworks, guidelines and resources unlikely to appear in bibliographic databases. Grey literature will be searched systematically using a structured, sector-based checklist based on the logic of the CADTH Grey Matters checklist (CADTH, 2024), but tailored to vocational rehabilitation, which sits across social

policy, compensation, and international labour sectors. Table 4 outlines the draft source checklist, subject to review and testing.

Table 4: Grey Literature Source Checklist

Sector	Example Sources
Compensation/insurance authorities	ACC (NZ); WorkSafe/WCB bodies (Australia, Canada); AWCBC Knowledge Centre; equivalent industrial insurance boards. Limited to countries with similar rehabilitation systems to NZ.
Government/social policy departments	Ministry of Social Development, Ministry of Health, or equivalent labour/employment/disability portfolios; OECD (cross-country sickness/disability employment policy). Limited to countries with similar rehabilitation systems to NZ.
Professional & sector bodies	Physiotherapy, occupational therapy, and rehabilitation counselling associations; vocational rehabilitation professional associations (e.g. IAVRP or jurisdictional equivalents). Limited to countries with similar rehabilitation systems to NZ.
International/development bodies	International Labour Organization (ILO); World Health Organization (WHO), focused on rehabilitation rather than mainstream disability employment policy.
Academic grey literature	ProQuest Dissertations & Theses; relevant conference proceedings (rehabilitation/occupational medicine).

Search process using search engine

- Fixed, pre-agreed search strings will be run.
- Google searches limited to first 50–100 results per string.
- site: operators used to target known relevant organisations directly where possible.
- All grey literature searches documented as per PRISMA-S: exact strings, date run, number of results screened, source.
- Grey literature search time-limited to a fixed number of days, agreed in advance, to maintain feasibility within the review timeframe.

Study/Source of Evidence Selection

Following the search, all database records imported into Rayyan for screening. Before formal screening, the two reviewers will independently screen a pilot sample of 25 titles and

abstracts using a written eligibility inclusion criteria guide, discuss discrepancies, and refine operational definitions.

Two reviewers will independently screen and assess titles, abstracts and full texts in detail against the inclusion criteria. Independent screening will begin when at least 75% agreement is reached, consistent with JBI guidance (Peters et al., 2024).

Disagreements will be resolved through discussion; a third independent reviewer will be consulted as required to resolve anything that cannot be agreed through discussion. Reasons for exclusion at full text will be recorded.

The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a PRISMA flow diagram.

AI-assisted screening tools within Rayyan may be used to support prioritisation and reduce screener fatigue but do not replace dual independent human screening.

Any AI use, software version, purpose, and human-verification process will be disclosed in the completed review and aligned with institutional and journal policy.

Data Extraction

A draft charting form will be piloted independently by both reviewers on three to five included sources and revised by consensus. One reviewer will chart all included sources; a second reviewer will independently verify a purposive sample of at least 20% of charted records, including all grey-literature sources and all sources judged ambiguous or information-rich. Discrepancies will be resolved by discussion, and the form will be updated transparently if needed. If appropriate, authors of papers will be contacted to request missing or additional information where required. The primary author will manually extract data and then AI tools will be used to create another extraction summary for comparison. Samples will be independently checked by the second author.

The charting form will capture:

1. Bibliographic details and source type (peer-reviewed/grey literature).
2. Country, injury population, and compensation or rehabilitation-system context, if reported.
3. Setting, service model, and practitioner or team type.
4. Support category, tool and detailed description.
5. Intended practitioner capability, behaviour, or service process supported.

6. Intervention description using relevant TIDieR items (Hoffmann et al., 2014), including why, materials, procedures, provider, mode, setting, dose or intensity, tailoring, modifications, and fidelity, where applicable.
7. Development process, underpinning theory or framework, and stakeholder involvement.
8. Implementation strategy, barriers, facilitators, and contextual conditions.
9. Evaluation design, outcomes assessed, and reported findings, evidence of use.
10. Author-stated gaps and review-team notes on applicability to Aotearoa New Zealand.

Data Analysis and Presentation

Charted data will be organised using a descriptive content analysis approach informed by Hsieh and Shannon's directed content analysis method (Hsieh & Shannon, 2005). Initial categories will be developed from the review objectives and existing vocational rehabilitation literature and may be refined iteratively during analysis. Planned categories include: (1) education or capability building; (2) tools and decision support; (3) frameworks, pathways, or documentation; (4) coordination and referral; (5) employer or interagency engagement; and (6) organisational, funding, or implementation supports. Any modifications to the category structure will be documented transparently.

Results will be presented/reported in:

- (a) a PRISMA-ScR flow diagram;
- (b) a characteristics table;
- (c) a support-by-setting or practitioner matrix;
- (d) an implementation barrier or facilitator map;
- (e) a narrative or thematic summary of evidence gaps and transferability considerations.

The review will map reported gaps in literature to directly inform subsequent intervention development but will not pool effects, conduct meta-analysis, undertake a qualitative evidence synthesis, or make graded recommendations for practice. This is consistent with JBI guidance that scoping reviews map evidence descriptively (Peters et al., 2024).

Critical Appraisal

No methodological quality or risk-of-bias appraisal is planned. This decision follows from the review objective which is to map the existence, characteristics of practitioner supports across heterogeneous evidence and grey literature, rather than to estimate effectiveness or

make recommendations for practice. If the review team later identifies a discrete, effectiveness-focused question, it will be addressed in a separate systematic review protocol.

AI use statement

Artificial intelligence (LLM) tools will be used in a limited, disclosed, and human-verified capacity throughout this review. This may include:

- Search term brainstorming (verified via librarian review)
- Screening prioritisation support (not replacing dual human screening)
- Production of comparison data extraction summaries (to compare against summaries extracted by student primary author to assist with learning and spot-checked by supervisor co-author).
- Feedback/editing support for synthesis sections.

All AI-assisted outputs will be checked against primary sources by a human reviewer prior to inclusion in the review. This use will be reported transparently in the review's methods section, consistent with current guidance on AI use in systematic and scoping reviews.

Protocol Amendments, Publication, Dissemination, and Conflicts of Interest

The protocol will be deposited on Auckland University of Technology's Tuwhera Open Research Repository before full screening begins.

Amendments will be dated, described, and justified in the final review. Findings will be submitted as a dissertation and will be prepared for journal publication and stakeholder dissemination.

The authors will declare funding and conflicts of interest before the protocol is finalised. No funder will influence study selection, charting, or interpretation.

Table 5: Proposed Timeline

Phase	Activity	Timeframe
1	Protocol development; librarian search strategy peer review; review of related dissertation proposal.	1 st August to 25 th September 2026
2	Tuwhera Protocol publication; Literature search	26 th September to 7 th October 2026
3	Title/abstract screening	7 th to 20 th October 2026

Phase	Activity	Timeframe
4	Full-text screening	20 th October to 30 th November 2026
5	Data extraction and mapping	1 st to 31 st December 2026
6	Synthesis, writing, and dissertation submission	1 st January to 10 th March 2027
7	Reformatting for submission for publication	1 st June to 30 th August 2027

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