SPCR internship projects 2026

Name & email supervisor(s): Nadia Corp; n.corp@keele.ac.uk

Name & email of reviewer(s) for applicants applying to undertake this internship project:
Nadia Corp, n.corp@keele.ac.uk
Prof Mel Holden, m.holden@keele.ac.uk
Prof Danielle van der Windt, d.van.der.windt@keele.ac.uk

Length and dates of internship:

Flexible: 4 weeks full time (35 hours/week, 140 hours total) or part time equivalent (14 hours/week, 2 days – 10 weeks total; or 21 hours/week, 3 days – c. 7 weeks total)

Start date flexible with the 2 months from 1st June – 31st July 2026

Host department:
School of Medicine, Keele University

How will the internship be conducted:

☐ In person at the university
☐ Virtual/ from home
☒ Both are possible, depending on preference of student

Title internship project:
Non-surgical and non-pharmacological interventions for osteoarthritis in joints other than the knee: an Evidence and Gap Map

Summary of the internship project: *(max 250 words, can include hyperlinks to further information)*

The intern will join an ongoing project led by Dr Corp at Keele University, in collaboration with the international OARSI Rehabilitation Discussion Group Steering committee (chair: Prof Holden, https://oarsi.org/membership-discussion-groups/discussion-groups-rehabilitation). The project aims to develop an Evidence and Gap Map (EGM) to systematically identify and chart the evidence base and highlight critical evidence gaps in osteoarthritis (OA) rehabilitation interventions for joints other than the knee.

OA impacts multiple joints (hip, hand, foot, ankle, shoulder, elbow, spine, temporomandibular joint), however, research on rehabilitation (non-surgical, non-pharmacological) disproportionately focuses on knee OA[1,2]. Clinical guidelines often extrapolate knee OA evidence to other joints, e.g. hand or ankle/foot[3,] potentially overlooking joint-specific disease characteristics and thus compromising treatment applicability. Patient perspectives reinforce this gap: during a patient and public involvement workshop, an individual with ankle OA described feeling like the "forgotten cousin", underscoring the urgent need for joint-specific evidence.

The EGM will provide a structured, visual summary of research on rehabilitation for OA in joints other than the knee: summarising evidence across multiple dimensions including interventions,

outcomes, populations, geographical contexts, and study design. This will inform future research priorities and strengthen the evidence base for OA rehabilitation across all affected joints.

The intern will contribute to the conduct of the EGM and participate in relevant team meetings, with anticipated involvement in screening and/or data extraction and critical appraisal. They will receive authorship credit for their work in any resulting publication(s). Ongoing support will be provided through regular supervisory meetings and access to in-house systematic review training resources.

References

1. Holden MA, Nicolson PJA, Thomas MJ, Corp N, Hinman RS, Bennell KL. Osteoarthritis year in review 2022: rehabilitation. Osteoarthritis Cartilage. 2023 Feb;31(2):177-186. doi: 10.1016/j.joca.2022.10.004. Epub 2022 Oct 13. PMID: 36244626.
2. Hall M, van der Esch M, Hinman RS, Peat G, de Zwart A, Quicke JG, Runhaar J, Knoop J, van der Leeden M, de Rooij M, Meulenbelt I, Vliet Vlieland T, Lems WF, Holden MA, Foster NE, Bennell KL. How does hip osteoarthritis differ from knee osteoarthritis? Osteoarthritis Cartilage. 2022 Jan;30(1):32-41. doi: 10.1016/j.joca.2021.09.010. Epub 2021 Sep 29. PMID: 34600121.
3. National Institute for Health and Care Excellence. (2022). *Osteoarthritis in over 16s: Diagnosis and management* (NICE guideline NG226). https://www.nice.org.uk/guidance/ng226

Learning objectives:

Alignment it to the 2025 Vitae Researcher Development Framework:

Research–Subject knowledge; Research methods; Digital and technological capabilities:

- Develop an understanding of the purpose, methodology, and application of evidence synthesis, with a particular focus on Evidence Gap Maps in primary care health research: the fundamentals of which are transferrable across disciplines.
- Gain insight into systematic literature searching, including the use of bibliographic databases and grey literature sources.
- Acquire experience of screening studies against predefined inclusion and exclusion criteria.
- Contribute to data extraction, extracting key study data regarding study and population characteristics, interventions and outcomes.
- Gain skills in critical appraisal of studies of different study design and interpreting the implications.
- Develop an understanding of different study designs and their strengths, limitations, and applications in evidence synthesis.
- Build proficiency in academic writing, data management, and research documentation.
- Gain proficiency in using relevant research software tools (e.g., screening platforms).
- Understand principles of research transparency, reproducibility, and ethical conduct in evidence synthesis.

Research communities–Networking:

- Develop skills in collaborative research practices

Any further information: