

國立成功大學

113學年度碩士班招生考試試題

編 號：297

系 所：職能治療學系

科 目：職能治療文獻閱讀

日 期：0202

節 次：第 3 節

備 註：不可使用計算機

※ 考生請注意：本試題不可使用計算機。請於答案卷(卡)作答，於本試題紙上作答者，不予計分。

請閱讀以下四篇研究摘要並回答問題。

研究一

出處：Hsiao, H-Y, Wang, T-Y, Lee, C-H, & Lu, Y-C (2023). A preliminary study of the Kawa model based program for Ketamine users. *Taiwan Journal of Occupational Therapy*, 41, 177-198.

標題：川流模式應用於物質使用障礙症初探：以 K 他命使用者戒治為例

摘要

背景：川流模式 (Kawa Model) 以象徵之方式，將人生比喻為河流，透過個案畫出河流中的空間、浮木、河床與石頭，來呈現個人對生活的期待、察覺自身特質與限制。川流模式適合於高風險族群，從其文化與價值觀出發，避免汙名化效應。本研究.....[句子刪去]

方法：16 名個案同意參與，根據川流模式的涵義，分別描繪「人生河流圖」與「生活河道剖面圖」，描述物質使用對職能生活的影響，辨識自身戒治的助力與阻力因子，並給予活動滿意度評值。

結果：研究發現影響戒治之生活阻力包含：經濟、情緒壓力、K 他命(毒品)、法令罰則等；生活助力包含：工作、朋友、家人、休閒興趣等。以六點量表評估，整體參與滿意度平均為 5.26 ($SD = 0.782$)，整體治療滿意度平均為 5.30 ($SD = 0.731$)。

結論：川流模式可促進 K 他命使用者在短期內建立治療同盟、正視物質使用對職能生活面向的影響。個案所列出的戒治相關因子，與目前實證發現影響戒治之因素一致。研究結果可協助建構未來對此類族群的介入方案。

研究二

出處：Chen, Y-M, Yang, Y-S, Chen, M-D, & Chang J-J. (2023). xxxxxx. *Taiwan Journal of Occupational Therapy*, 41, 21-41.

摘要

背景：目前國內以行動健康模式，利用手機搭配手機應用程式功能 (Application, App) 功能應用在中風上肢復健訓練的研究鮮少，因此有待開發合適的系統及探討其可行性及滿意度。本研究目的探討具行動健康模式之復健系統應用在急性後期腦中風上肢功能訓練之可行性和滿意度。

方法：收集 10 位急性後期腦中風患者，且每位受試者皆執行每周 5 天、每天 8 回、每回 5 分鐘，共計每日 40 分鐘的智慧型手機上肢復健 App 介入，並持續 6 周。

結果：在系統易用性量表 (System Usability Scale, SUS) 整體平均分數為 78.0 分，為 C 級具良好滿意度。在半結構化質性訪談中，歸類出三項主要因素，分別為驅動程式 / 應用程式因素、個案因素與網路系統因素，以及其各項的次要素。在質性訪談部分，發現個案反映的正向回饋中，多數認為動作訓練項目適中、能提升動機、增進上肢功能恢復，以及將訓練內容類化到日常生活等。

結論：在結果顯示患者認為此 App 系統為可接受、滿意度佳、易使用且易學習的復健訓練系統。

研究三

出處： Rhodus, E. K., et al. (2023). Feasibility of telehealth occupational therapy for behavioral symptoms of adults with dementia: Randomized controlled trial. *American Journal of Occupational Therapy*, 77(4), 7704205010.

摘要**Objective**

To assess the feasibility of a novel telehealth intervention to support occupational engagement in community-residing people with AD.

Design

Single-blind, three-arm, parallel, randomized controlled trial.

Setting

Occupational therapy delivered through telehealth in participants' homes.

Participants

People with AD who reside in the community with behavioral symptoms and their care partners (dyads).

Interventions

(1) HARMONY (Helping older Adults cReate & Manage OccupatioNs successfully), a telehealth intervention that applies principles of individualized guided discovery with environmental cueing for caregivers of persons with AD to promote activity participation and manage behavioral symptoms; (2) standardized training regarding the use of a sensory-based approach in dementia care; and (3) a control, including home safety education and weekly monitoring of behaviors.

Outcomes and Measures

Feasibility was assessed as the primary outcome measured by completion of at least 75% of the telehealth sessions. Secondary outcomes included change in functional activity performance and neuropsychiatric behavioral symptoms.

Results

Twenty-eight dyads participated. The intervention was feasible, with high adherence to weekly visits (M number of visits 5.4 for HARMONY, 4.9 for standardized training, and 4.6 for control), with high participant retention in the intervention arms. HARMONY demonstrated promise in improving patient performance and behavioral symptoms.

Conclusions and Relevance

HARMONY is feasibly delivered through telehealth service and has a positive effect on occupational performance and behavioral symptoms of AD.

研究四

出處： McCarty, D. B., et al. (2023). A feasibility study of a physical and occupational therapy-led and parent-administered program to improve parent mental health and infant development. *Physical & Occupational Therapy in Pediatrics*, 1-20.

摘要：**Aims**

Extremely premature birth puts infants at high risk for developmental delay and results in parent anxiety and depression. The primary objective of this study was to characterize feasibility and acceptability of a therapist-led, parent-administered therapy and massage program designed to support parent mental health and infant development.

Methods

A single cohort of 25 dyads - parents (24 mothers, 1 father) and extremely preterm (<28 wk gestation) infants – participated in the intervention. During hospitalization, parents attended weekly hands-on education sessions with a primary therapist. Parents received bi-weekly developmental support emails for 12 months post-discharge and were scheduled for 2 outpatient follow up visits. We collected measures of parent anxiety, depression, and competence at baseline, hospital discharge, and <4 and 12 months post-discharge.

Results

All feasibility targets were met or exceeded at baseline and discharge ($\geq 70\%$). Dyads participated in an average of 11 therapy sessions (range, 5–20) during hospitalization. Lower rates of data collection adherence were observed over successive follow ups (range, 40–76%). Parent-rated feasibility and acceptability scores were high at all time points.

Conclusions

Results support parent-rated feasibility and acceptability of the TEMPO intervention for extremely preterm infants and their parents in the Neonatal Intensive Care Unit.

一、請根據研究一，回答下列問題。(15%)

1. 此研究的目的為何？(5%)

2. 請說明為何「川流模式適合於高風險族群，從其文化與價值觀出發，避免汙名化效應」？(10%)

二、請根據研究二，回答下列問題。(15%)

1. 請訂出此研究最適合之中文標題。(5%)

2. 請提出此研究之限制，以及可能的未來研究的方向及做法，並說明原因。(10%)

三、以上四篇研究中，有哪些研究有看可行性 (feasibility)，研究中是如何檢測可行性（操作型定義）？這些做法可能的優點與缺點為何？(25%)

四、請說明可行性研究 (feasibility study) 的目的、特色、重要性與接下來的研究發展方向。(15%)

五、以上四篇研究中，有哪些或哪個研究有檢測治療的效應？如何檢測？(10%)

六、根據以下所列證據層級標準，請分別列出四篇研究所屬的證據層級。(20%)

Levels of Evidence

(adapted from Sackett, D.L., Rosenberg, W.M., Muir Gray, J.A., Haynes, R.B. & Richardson, W.S. (1996).
Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72).

Level I: Systematic reviews, meta-analyses, randomized controlled trials

Level II: Two groups, nonrandomized studies (e.g., cohort, case-control)

Level III: One group, nonrandomized (e.g., before and after, pretest and posttest)

Level IV: Descriptive studies that include analysis of outcomes (single subject design, case series)

Level V: Case reports and expert opinion that include narrative literature reviews and consensus statements