

一、請以中文翻譯下段文章(40%)

The concept of participation has been recognized by the World Health Organization (WHO) as an important dimension of functioning. The recently published International Classification of Functioning, Disability and Health (WHO, 2001) has been widely adopted as a common model to describe disablement and functioning among individuals who experience limitations in the performance of meaningful daily activities. This model identifies three relevant dimensions: body function and structure, activity, and participation. Each dimension focuses on a distinct level of complexity, ranging from functioning/disablement at the level of internal structures and body systems to the individual's participation in a social environment. The ICF also recognizes the important role that contextual factors (environmental and personal) play in the level and extent of one's functioning. In fact, while disablement at the body function and structure level is defined to a large extent as 'within' the individual, the activity and participation levels are understood as a function of the 'individual-in-context' (Law and Dunn, 1993). The emphasis on the context of children's behaviour is highly consistent with both current developmental (Rogoff, 1990) and rehabilitation theory propositions (Coster and Haley, 1992; Dunn et al., 1994) that context is a critical factor influencing an individual's function. However, until recently, there has been little research on functional performance across different contexts among children with disabilities (e.g., see Simeonsson et al., 2001; Palisano et al., 2003).

Occupational therapists practising in school environments must identify meaningful functional outcomes that will enable children's participation. A lack of measures describing function at the activity and participation levels of the ICF has been a major problem hindering the objective documentation of meaningful outcomes for children with disabilities who attend regular schools. The School Function Assessment (SFA; Coster et al., 1998) has addressed this problem. The different scales included in the SFA, which were conceptually based on the international model proposed by the WHO, facilitate description of multiple levels of function among children with impairments who attend elementary school. Thus, the SFA allows paediatric service providers to attend to those aspects of functioning in schools that are highly valued by the children, their families, and school personnel.

The purpose of the present study was to identify predictors associated with school participation in a large, heterogeneous sample of children with disabilities from across the United States. A unique feature of this work is the examination of children's participation across different school settings including not only the classroom but also other important contexts such as playground, mealtime, transportation to and from school, and transitions within school. Each of these school contexts may require a unique set of functional skills to meet its specific demands. Findings from the present study may help clarify the important factors supporting effective engagement by children with disabilities in elementary school programmes.

二、請簡要敘述作者用以進行此文獻搜尋以及回顧之方式 (30%)

We included in the review all feature articles of the five journals from 2001 through 2005 and excluded editorials, book reviews, letters to the editor, short news items, and editor commentaries. In addition, we excluded published papers of the national professional organizations (e.g., documents accepted by the American Occupational Therapy Association's Representative Assembly). Brief reports and presentations from professional meetings were included. One journal was reviewed online (*AOTJ*), and four (*AJOT*, *BJOT*, *CJOT*, and *OTJR*) were reviewed in hard copy.

We coded all articles on the basis of type of article, type of research, practice area, and professional issues. The CINAHL database codes were used to record the type of article (e.g., research, review, presentation, and descriptive), and we then developed codes for the articles' content based on the study's aims. We developed the codes for the analysis on the basis of the literature review and piloted them by reviewing 1 year of *AJOT*. Once the codes were finalized, we used them to categorize all articles in the five journals over 5 years. (See Table 1 for a list of the codes and their definitions.) Only one code was entered for each category. For example, research designs that combined qualitative and quantitative methods were categorized as mixed. When more than one practice area was included, the study was categorized as "multiple." Most article topics were either practice related (e.g., rehabilitation, school based, geriatrics) or professional issues (e.g., reimbursement, education and training issues, issues related to the role and scope of occupational therapy); however, some articles were coded for both a practice area and a professional issue (e.g., the topic was occupational therapy scope of practice in rehabilitation).

We each reviewed each feature article. An Excel database was developed to record the type of article, type of research, and practice area. When we had questions about correct categorization, we made notes in the database and later discussed and resolved the discrepancies or questions. We agreed on all the final categorizations. The Excel files (one for each journal volume) were reviewed for accuracy or missing data, then combined and transferred to a SPSS 14.0 data file. After combining all data, we transformed the codes into numbers and computed frequencies and percentages for each of the categories. Cross-tabulations were computed to analyze categories by journal and by year. To determine differences in frequency by year and by journal, we calculated Pearson chi-square values for each cross-tabulation analysis. Significance was set at $p = .01$.

三、請依據本段摘要以中文回答下列各題：（每小題 10 分，共 30 分）

1. 該研究的目的可能為何？
2. 簡述作者如何將所收集的各項資料作分析比較？
3. 研究結果顯示哪些評估工具的得分較可預測中風後的生活品質？

Background: Health-related quality of life (HRQOL) measures assess the impact of disease on the physical, emotional, and social aspects of patients' lives. Although HRQOL measures are used increasingly, factors associated with HRQOL poststroke and the ability of stroke-specific versus generic HRQOL measures to predict patient-reported HRQOL are not well known.

Methods: A total of 71 patients were evaluated 1 month postischemic stroke with a new stroke-specific HRQOL measure-the SS-QOL-and the SF-36, a generic HRQOL measure. Stroke severity, impairments, and functional limitations were also measured. Demographic variables and outcome measure scores were compared between patients rating their overall HRQOL the same as prestroke versus those with overall HRQOL worse than prestroke. Independent predictors of overall HRQOL were identified using multivariable modeling.

Results: Variables associated with better overall HRQOL were higher (better) SS-QOL and Barthel Index scores, and lower (better) NIH Stroke Scale and Beck Depression Inventory scores. Independent predictors of good overall HRQOL were the SS-QOL score (odds ratio [OR], 2.97; 95% CI, 1.3, 7.1; $p = 0.01$) and NIH Stroke Scale score (OR, 0.69; 95% CI, 0.47, 0.99; $p = 0.05$). Demographic factors and SF-36 scores were not associated with overall HRQOL ratings.