

問答題（共六題，請依序回答）：

1. 請閱讀完以下文章後回答下列問題(15分)

- (1) 美國以感覺統合為主要或次要的治療執業重點之治療師人數約有多少？(3分)
- (2) 根據這篇文章，Sensory Integration的成本效益為何？(3分)
- (3) 過去針對Sensory Integration的療效研究，其結論為何？(9分)

Use of the sensory integration treatment approach is widespread in occupational therapy. Of the 50,000 occupational therapists practicing in the United States, 33% rate themselves as primarily practicing in pediatrics (American Occupational Therapy Association [AOTA], 1996). Of these, more than half rate sensory integration treatment to be a primary or secondary focus of their practice (AOTA, 1996). As of December 2006, the Sensory Integration Special Interest Section had about 12,000 members—the second highest number of members of the AOTA specialty sections (C. Foster, personal communication, December 19, 2006).

The potential cost to society of this intervention approach is considerable. Occupational therapy evaluations using a sensory integration frame of reference cost between \$500 and \$1,000; intervention costs between \$80 and \$180 for a 45- to 60-min session. (These cost figures are estimated from records at three large pediatric hospitals and from the three largest OT-SI private practice settings in the United States in 2005.) In the absence of rigorous effectiveness data, the cost-to-benefit ratio of this intervention approach is frequently questioned.

OT-SI has a 50-year history in the field (Ayres, 1954, 1960, 1961), with more than 80 published articles related to the effectiveness of the approach. Controversy exists regarding the interpretation of the findings of these studies. Four research syntheses are published (Arendt, MacLean, & Baumeister, 1988; Hoehn & Baumeister, 1994; Polatajko, Kaplan, & Wilson, 1992; Schaffer, 1984) as well as two meta-analyses. One meta-analysis suggests that the treatment approach has no positive effect (Vargas & Camilli, 1999); however, this study has significant methodological flaws. The study's flaws include (a) extremely small sample sizes (median sample size = 4.5 participants for 13 studies); (b) heterogeneous samples; (c) only general descriptions of treatment—for example, “replication was impossible”; and (d) such poor power that an effect was unlikely to be detected if present (Type II error). The other meta-analysis suggested that the intervention approach did have a positive effect, but the article is dated (Ottenbacher, 1982).

文章出處： Miller L.J., Coll J.R. & Schoen S.A. (2007) A Randomized Controlled Pilot Study of the Effectiveness of Occupational Therapy for Children With Sensory Modulation Disorder, *American Journal of Occupational Therapy*. 61, 228-238.

2. 請依照下列描述畫出此研究「選擇參與研究個案」之流程圖。(15分)

In Taiwan, the Bureau of Labor Insurance has administered the compensation scheme of workers since 1950. A retrospective study was carried out based on the computerized registry established by the Bureau of Labor Insurance, which included all compensated cases of permanent disability from 1986 to 2006. According to statements released by the Bureau of Labor Insurance in Taiwan, the term “approved compensation claim for permanent occupational disability” indicated that the disabilities of affected workers were caused by occupational injuries or diseases and that workers were unable to recover under medical care for at least one year, regardless of whether they were able to return to work.

In total, the computerized registry consisted of 106,437 compensation claims for permanent occupational disability resulting from work-related injuries with details of workers' gender, age at date of injury, types of disability and accident, body part affected, and monthly insured salary. Initially, 4,745 cases

were excluded because of incomplete information related to any one of the following items: sex, age at date of injury, and body part affected. Because of the occurrence of multiple injuries at different sites and difficulty in determining etiologic factors, another 18,605 cases with more than 2 types of disability were also excluded to simplify the analysis. Among these cases, 12,237 were compensated in a single application, and 6,368 suffered from recurrent injuries contributed by 3,049 subjects. Cases for whom there were disparities regarding injury type and compensation ($n = 179$) that might imply incomplete information or double registry were deleted as well. There were also 11,907 cases involving injury sites other than the upper or lower extremities that were not included. As summarized in Figure 1, 71,001 cases remained in the final analysis.

Among those workers included in this study, 8,017 suffered from injuries of their lower extremities and 62,984 of their upper extremities. These cases were further organized into those with injuries of the toes only ($n = 2,683$), the leg or foot only ($n = 5,334$), the fingers only ($n = 59,545$), and the hand or arm only ($n = 3,439$).

文章出處：Lin SH, Lee HY, Chang YY, Jang Y, Chen PC, Wang JD. Increased mortality risk for workers with a compensated, permanent occupational disability of the upper or lower extremities: A 21-year follow-up study. *American Journal of Epidemiology* 2010;171(8):917-923.

3. 請說明以下英文敘述之主題與要點。(15分)

Recommendations for the production of high-quality adaptations for questionnaire translation

The dual panel method is recommended for producing high-quality translations. The following recommendations are made:

Recruit 'translators' who currently live in the target country and whose command of English is good.

The meeting should be held in the country for which the measure is required.

Five to seven people enable fruitful discussion.

It is preferable to exclude professional translators.

An instrument developer should attend this meeting to explain the intent of the items and their specific meanings in the context of the questionnaire.

Inform the group of the model underlying the questionnaire, how it was developed, its design and its content and target audience.

Inform the group of the translation requirements (in particular accessibility and acceptability of wording).

The group should work as a team with a co-ordinator whose task is to check that none of the parameters are neglected (in particular, structural and metric aspects that could be overlooked).

Allow adequate time for the meeting to explore all issues fully.

Once the translated version of the instrument is agreed, have it assessed by a lay panel, again working as a group:

The coordinator involved in the first panel should work with this panel also to ensure that the original meaning of the items and the questionnaire structure are maintained.

The results of this meeting should be used to make final decisions about the wording of the questionnaire.

The whole procedure should be reported in detail, in particular explaining translation choices and changes made following lay panel testing. This not only provides information on the process undertaken but also constitutes a thorough final review.

文章出處：McKenna BMC Medicine 2011 9:86 doi:10.1186/1741-7015-9-86

4. 請將下面文章段落，簡要翻譯成中文 (15分)

The Determinants of Successful Aging

A large body of research and theoretical literature confirms that physical, cognitive, and social functioning, broadly speaking, are key factors of successful aging and that multiple lifestyle choices, behaviors, and psychosocial factors influence them. Thus, lifestyle choices that can impede or facilitate successful aging can potentially change the course of the health span. Empirical studies have shown that many age-associated declines in physical and cognitive functioning can be explained in terms of lifestyle factors such as smoking, physical activity, and nutrition. Smoking contributes to lung dysfunction, chronic airflow obstruction, and nearly half of cancer-related mortalities. Physical activity enhances physiological functioning, mitigates the development of chronic disease and disease-related morbidities, and lowers the risk of cognitive dysfunction. Diets of adequate nutritional quality and quantity have been shown to prevent the occurrence of obesity and malnutrition, which are precursors to impaired health and functioning. Hence, older adults who abstain from smoking, engage in physical activity, and sustain quality dietary habits may improve their health span and quality of life.

文章出處：Franklin N. C. & Tate C. A. (2009). Lifestyle and Successful Aging: An Overview. *American Journal of Lifestyle Medicine*, 3: 6-11.

5. 請根據以下文章回答下列各題：(20分)

(1) WFOT對美加將職能治療師的教育訓練提升至碩士程度的立場為何？

(2) 學者們認為將職能治療師的教育訓練提升至碩士程度，可能對職能治療專業造成哪些影響？

Graduate-entry vs. bachelor-level programmes: The debate

Currently, both the United States and Canada have phased out all bachelor entry-level occupational therapy degrees. Consequently, a number of arguments have been put forward for increasing entry-level qualifications, in part led by occupational therapy educators in North America. The WFOT's (2008) Position Paper on occupational therapy entry-level qualifications endorses multi-level entry and supports the move towards higher degree-level entry as circumstances may permit. However, WFOT also recognizes potential challenges, including:

- whether a higher entry-level poses a barrier to graduates from other member countries gaining registration to practice,
- the possible impact on indigenous nationals or other educationally disadvantaged people's entry into the profession because of higher qualification enrolment requirements and
- subsequent delays in entry to the workforce, as well as mechanisms for previously qualified therapists to attain the higher qualification (WFOT, 2008).

In arguing that the increasing complexity of practice demands a masters level qualification, it has been claimed that masters qualified therapists will

- bring greater maturity to the role (Allen et al., 2001),
- work independently and make professional decisions supported by evidence (Polatajko, Polgar & Cook, 1999),
- contribute to the development of the profession (Polatajko et al.),
- use research skills to evaluate their practice (Lall, Greenwood-Klein & Brown, 2003) and
- generate 'a body of researched knowledge that will support the viability of the profession' (Allen et al., p. 575).

To date, there is limited evidence to support such claims. Rogers, Brayley and Cox (1988) examined the activities and roles of a group of American occupational therapists educated at four levels: certificate, bachelor, entry-level masters and research masters. Those educated at the research masters level participated in roles of education, leadership, publication and research significantly more often (Rogers et al.).

However, Baptiste (2001) challenged the assumption that masters graduates will have advanced research skills proposing that this is dependent on the content and structure of the curriculum as the degree to which research skills are embedded varies.

文章出處：Farnworth L, Rodger S, Curtin M, Brown T, Hunt SG. Occupational therapy entry-level education in Australia: which path(s) to take? Australian Occupational Therapy Journal 2010 Aug;57(4):233-8.

6. 請將下面文章段落，簡要翻譯成中文(20分)

A practitioner is professionally current if they can demonstrate engagement in some or all of the following:

A. Lifelong learning by:

- Using evidence to inform practice and clinical reasoning.
- Updating skills and knowledge through attendance at professional development events.
- Enrolling in and engaging in further study.
- Participating in research activities.

B. A reflective process to evaluate performance (Cross, Liles, Conduit & Price, 2004).

C. Being interested in and contributing to the development of the occupational therapy profession.

文章出處：Murray C, and Lawry J. Maintenance of professional currency: Perceptions of occupational therapists. Australian Occupational Therapy Journal 2011; 58, 261-9

試題隨卷繳回