3. 請用中文簡述本研究的三個限制為何？（15分）

Limitations
The first limitation involves the methodology. If it were feasible, a three-arm study including a restorative, a compensatory and a combined intervention group might provide greater insights. However, we have designed a study for investigation purposes in which a combined intervention is compared with a control group, since we could find no previous studies that have used this inter- vention approach with apraxia disorders.
Since the two groups receive different amounts of intervention, there is also potential for attention bias. However, the authors are required to comply with the protocol for upper limb apraxia at the hospital from which the patients are recruited, and it is not possible to change the control group.
The second limitation is that not all the original validation articles of the measures used in the present study, such as the De Renzi test for ideomotor apraxia, the recognition of gestures tests and the Barthel test, reported test-retest reliability. This is a critical aspect when potential clinical changes over time are being measured. Despite this, we have opted to use these tools because of the frequency with which they have been utilized in previous apraxia research.
The third limitation is that we could find no previous reports that show the effect size of the combined intervention; therefore, our sample size may not be adequate. However, in a clinical context, we hope that the combined approach achieves at least the minimum clinically important difference shown for other apraxia treatments. It is for this reason that the sample size has been calculated based on this value. In addition, recruiting patients with upper limb apraxia is difficult. As a result, previous research on this issue has used a smaller or similar sample size.

4. 請翻譯以下一段文字成流利的中文。（15分）

Restricted participation, or leading an unbalanced lifestyle, may cause individuals with disabilities to have increased feelings of low self-efficacy and helplessness, as well as feelings of social isolation (Kielhofner, 2008; Law, 2002). Previous studies have demonstrated the effect of standardized lifestyle/life skills intervention on well- being and social participation for healthy older people(Clark etal., 2012; Jackson etal.,1998; Yamadaetal.,2010), patients with stroke (Lund etal.,2012), and homeless people with mental illness (Helfrich etal.,2006, 2007), however, there was limited evidence pertaining to the efficacy of occupation-based intervention on the QOL enhancement for persons with depression in Taiwan(Hsiao et al.,2007).

文章出處：Chen, Y.L., Pan, A.W., Hsiung, P.C., Chung, L., Lai, J.S., Gau, S.S.F., & Chen, T.J. (2015). Life Adaptation Skills Training (LAST) for persons with depression: A randomized controlled study. Journal of Affective Disorders, 185, 108-114.

接次頁

5. 請閱讀以下 Zingmark et al. (2014) 論文摘要，以中文扼要陳述研究 "目的" 及 "結論" (15 分) 。

Scand J Occup Ther. 2014 Nov;21(6):447-57. doi: 10.3109/11038128.2014.927919.

Occupation-focused interventions for well older people: an exploratory randomized controlled trial.

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Abstract

OBJECTIVE:

The aim of this exploratory randomised controlled trial (RCT) was to evaluate three different occupation-focused interventions for well older people by estimating effect sizes for leisure engagement and ability in activities of daily living (ADL) and thereby identifying the most effective interventions.

METHODS:

One hundred and seventy seven persons, 77-82 years old, living alone and without home help, were randomized to a control group (CG), an individual intervention (IG), an activity group (AG), and a one-meeting discussion group (DG). All interventions focused on occupational engagement and how persons can cope with age-related activity restrictions in order to enhance occupational engagement. Data were collected by blinded research assistants at baseline, three, and 12 months. Ordinal outcome data were converted, using Rasch measurement methods, to linear measures of leisure engagement and ADL ability. Standardized between-group effect sizes, Cohen's d, were calculated.

RESULTS:

While all groups showed a decline in leisure engagement and ADL over time, the IG and the DG were somewhat effective in minimizing the decline at both three and 12 months. However, the effect sizes were small.

CONCLUSIONS:

The findings indicate that occupation-focused interventions intended to minimize a decline in leisure engagement and ADL were sufficiently promising to warrant their further research.

KEYWORDS:

ADL; effect size; health promotion; healthy ageing; leisure engagement

見背面

6. (1)請簡介 WHODAS 2.0 (5 分)

(2)請說明 WHODAS 2.0 應用於 mental disorders 個案可能遭遇之挑戰 (10 分)

Using the WHODAS 2.0 to Assess Functional Disability Associated With DSM-5 Mental Disorders

The WHODAS 2.0 possesses strong psychometric properties and provides a global disability score as well as six domain scores: cognition, mobility, self-care, getting along with others, participation in society, and life activities. However, several challenges emerge in attempting to use WHODAS 2.0 scores—particularly the self-report version—as a one-size-fits-all metric of functional disability associated with mental disorders. First, the WHODAS 2.0 was developed as a measure of disability associated with all physical and mental disorders. As such, many items are not relevant for assessing disability related to mental disorders. Second, there are no established thresholds for interpreting the global or domain-specific scores in relation to the criterion of clinically significant impairment. Moreover, it is unclear whether any cutoff score would be meaningful across patients with different types of mental disorders, let alone for patients with any kind of disease or disorder and across all demographic categories. Third, the instructions for the WHODAS 2.0 require respondents to make attributions about the source of their disability. These attributions may be inaccurate, particularly in the context of co-occurring disorders. A fourth difficulty emerges when interpreting scores on the life activities domain, which comprises household and work/school activities. When completing this scale, people who are neither working nor in school are instructed to skip these items. Therefore, this key aspect of disability is not reflected in the disability scores for people who are not working because of functional disability. Paradoxically, someone who is working despite some level of disability in this domain will complete these items and receive a higher disability score. Finally, when assessing someone who is socially withdrawn as a result of a mental disorder, the respondent may, because of his or her isolation, report little or no difficulty in social functioning. Thus, scores on the WHODAS 2.0 must be contextualized to be interpretable.

接次頁

7. 請閱讀摘要後回答下列問題。
   (1) 請問本研究的結論為何？(10 分)
   (2) 請為此論文訂一個適合的題目。(5 分)

Abstract

Background. Motor capability is commonly assessed inside the clinic, but motor performance in real-world settings (ie, outside of the clinic) is seldom assessed because measurement tools are lacking. *Objective.* To quantify real-world bilateral upper-limb (UL) activity in nondisabled adults and adults with stroke using a recently developed accelerometry-based methodology. *Methods.* Nondisabled adults (n = 74) and adults with chronic stroke (n = 48) wore accelerometers on both wrists for 25 to 26 hours. Motor capability was assessed using the Action Research Arm Test (ARAT). Accelerometry derived variables were calculated to quantify intensity of bilateral UL activity (ie, bilateral magnitude) and the contribution of both ULs to activity (magnitude ratio) for each second of activity. Density plots were used to examine each second of bilateral UL activity throughout the day. *Results.* Nondisabled adults demonstrated equivalent use of dominant and nondominant ULs, indicated by symmetrical density plots and a median magnitude ratio of −0.1 (interquartile range [IQR] = 0.3), where a value of 0 indicates equal activity between ULs. Bilateral UL activity intensity was lower ($P < .001$) and more lateralized in adults with stroke, as indicated by asymmetrical density plots and a lower median magnitude ratio (−2.2; IQR = 6.2, $P < .001$). Density plots were similar between many stroke participants who had different ARAT scores, indicating that real-world bilateral UL activity was similar despite different motor capabilities. *Conclusions.* Quantification and visualization of real-world bilateral UL activity can be accomplished using this novel accelerometry-based methodology and complements results obtained from clinical tests of function when assessing recovery of UL activity following neurological injury.

試題隨卷繳回

1. 請閱讀下列摘要後，回覆以下問題：
   (1) 請問本篇文章共回顧幾篇論文？(5分)
   (2) 請問本篇文章的主要發現有哪些？(5分)

Objective. The purpose of this review was twofold: (1) to gain insight into what is known from the literature about home modifications for people with Alzheimer' s disease (AD) and (2) to identify gaps in the literature that could lead to opportunities for research.
Methods. A systematic scoping review of peer-reviewed articles published from 1994 through 2014 explored home modifications and AD.
Results. Seventeen articles met the inclusion criteria. The three major findings pertain to (1) the caregiver role and caregiver training, (2) a client-centered collaborative approach to assessment and intervention, and (3) modifications for safety and function. Home modifications involved the physical and social environments as well as cognitive strategies at the task level.
Conclusion. Opportunities exist for the development of assessment procedures, the exploration of home modifications in the later stages of AD, and the study of home modification needs of people with dementia who live alone.

文章出處：Struckmeyer, L. R., Pickens, N. D. (2015) Home Modifications for People With Alzheimer' s Disease: A Scoping Review. American Journal of Occupational Therapy, 70, 1-9.

2. 依據下列文獻摘要，請說明此篇質性研究的目的(5分)與主要發現(10分)。

Background: The aim of this study was to explore experiences of cognitive impairment, its consequences in everyday life and need for support in people with mild cognitive impairment (MCI) or mild dementia and their relatives.
Methods: A qualitative approach with an explorative design with interviews was chosen. The participants included five people with MCI and eight people with mild dementia and their relatives. All participants were recruited at a geriatric memory clinic in Sweden. The Grounded Theory method was used.
Results: The following categories emerged: noticing cognitive changes; changed activity patterns; coping strategies; uncertainty about own ability and environmental reactions; support in everyday life; support from the healthcare system; consequences in everyday life for relatives; and support for relatives. The main findings were that people with MCI and dementia experienced cognitive changes that could be burdensome and changed activity patterns. Most of them, however, considered themselves capable of coping on their own. The relatives noticed cognitive changes and activity disruptions to a greater extent and tried to be supportive in everyday life. Degree of awareness varied and lack of awareness could lead to many problems in everyday life.
Conclusions: Perceived cognitive impairment and its consequences in everyday life were individual and differed among people with MCI or dementia and their relatives. Thus, healthcare professionals must listen to both people with cognitive impairment and their relatives for optimal individual care planning. Support such as education groups and day care could be more tailored towards the early stages of dementia.

見背面

文章出處：Johansson, M. M., Marcusson, J. & Wressle, E. (2015). Cognitive impairment and its consequences in everyday life: experiences of people with mild cognitive impairment or mild dementia and their relatives. International Psychogeriatrics, 27, 949-958.