

系所組別：職能治療學系

考試科目：臨床生理職能治療學

考試日期：0223，節次：1

※ 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。

1. 解釋名詞：(每題 5%，共 25%)
 - (1). occupational profile
 - (2). multicontext treatment approach
 - (3). dermatone
 - (4). metabolic equivalent (MET)
 - (5). metamemory
2. 對一位於上班途中發生車禍的 30 歲男性電腦維修工程師之頭部外傷職災個案而言，試述職能治療師如何進行相關的評估和介入，以協助其重返職場。(15%)
3. 試述職能治療師如何協助第七節頸椎完全損傷之 18 歲尚就學的脊髓損傷個案之就學與居家職能活動的表現，並促進其學習的成效。(15%)
4. 對罹患腦傷或退化性疾病的老年個案而言，試述一般醫療機構之職能治療與社區職能治療介入的重點，並比較其異同。(15%)
5. 試就以下個案的情況，擬定兩項你認為最重要需優先處置的職能治療目標和介入計畫；並說明所依據的理論或參考架構，以及你所運用的臨床推理。(15%)

Mrs. A is a 58-year-old woman with a 4-year history of rheumatoid arthritis. She lives with her husband in a large two-story home. Her primary roles are managing her household and caring for her 7-year-old grandson after school. Mrs. A values being active and productive. In her leisure time, she participates in temple activities and attends her grandson's school and sporting events. Mrs. A was referred to outpatient occupational therapy after an exacerbation of her arthritis that resulted in increased pain, fatigue, and difficulty engaging in many important daily occupations. On initial evaluation, Mrs. A identifies her primary concerns as maximizing her functional level and reducing her pain so that she can resume full participation in work, house cleaning, and child care. Clinical examination reveals pain and limitations in active range of motion in all upper extremity joints, especially her wrists and fingers. Mild synovitis is present at her wrist and metacarpophalangeal joints, but no other joint changes are noted. Pain and stiffness are interfering with daytime activities and are also making sleep difficult. Her energy level is significantly decreased, and she reports feeling tired all the time. Although she still manages to watch her grandson for 2 hours each afternoon, she is unable to care for her house to her liking and worries about participation restriction in her temple activities.

(背面仍有題目，請繼續作答)

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6. 請閱讀下列研究摘要，並回答問題。(15%)

Brauer, S. G., Hayward, K. S., Carson, R. G., Cresswell, A. G., & Barker, R. N. (2013). The efficacy of SMART arm training early after stroke for stroke survivors with severe upper limb disability: A protocol for a randomized controlled trial. *BMC Neurology*, 13, 71-78.

BACKGROUND: Recovery of upper limb function after stroke is poor. The acute to subacute phase after stroke is the optimal time window to promote the recovery of upper limb function. The dose and content of training provided conventionally during this phase is however, unlikely to be adequate to drive functional recovery, especially in the presence of severe motor disability. The current study concerns an approach to address this shortcoming, through evaluation of the SMART Arm, a non-robotic device that enables intensive and repetitive practice of reaching by stroke survivors with severe upper limb disability, with the aim of improving upper limb function. The outcomes of SMART Arm training with or without outcome-triggered electrical stimulation (OT-stim) to augment movement and usual therapy will be compared to usual therapy alone.

METHODS/DESIGN: A prospective, assessor-blinded parallel, three-group randomised controlled trial is being conducted. Seventy-five participants with a first-ever unilateral stroke less than 4 months previously, who present with severe arm disability (three or fewer out of a possible six points on the Motor Assessment Scale [MAS] Item 6), will be recruited from inpatient rehabilitation facilities. Participants will be randomly allocated to one of three dose-matched groups: SMART Arm training with OT-stim and usual therapy; SMART Arm training without OT-stim and usual therapy; or usual therapy alone. All participants will receive 20 hours of upper limb training over four weeks. Blinded assessors will conduct four assessments: pre intervention (0-weeks), post intervention (4-weeks), 26 weeks and 52 weeks follow-up. The primary outcome measure is MAS item 6. All analyses will be based on an intention-to-treat principle.

DISCUSSION: By enabling intensive and repetitive practice of a functional upper limb task during inpatient rehabilitation, SMART Arm training with or without OT-stim in combination with usual therapy, has the potential to improve recovery of upper limb function in those with severe motor disability. The immediate and long-term effects of SMART Arm training on upper limb impairment, activity and participation will be explored, in addition to the benefit of training with or without OT-stim to augment movement when compared to usual therapy alone.

(1). 請說明本研究的動機和實驗設計。(5%)

(2). 請說明本研究的依變項和獨變項，以及主要研究結果。(5%)

(3). 試由研究設計和臨床應用的觀點評論本研究，包括優點及主要限制。(5%)