

國立成功大學

112學年度碩士班招生考試試題

編 號：301

系 所：職能治療學系

科 目：臨床生理職能治療學

日 期：0207

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。

一、名詞解釋 (25%)，每題 5 分。

1. Central cord syndrome
2. Stereognosis
3. Declarative memory
4. Emergent awareness
5. Tenosynovitis

二、問答題 (50%)

1. Task-oriented approach 是職能治療臨床常用以促進患者職能表現的治療途徑，請說明此途徑之核心概念、相關理論、進行方式，及適用對象。(25%)
2. 王奶奶今年 80 歲，平常與 45 歲女兒同住在電梯公寓大樓的 3 樓。王奶奶年輕時曾從事過多項職務，後來主要擔任銀行業務主管直到 65 歲退休。王奶奶喜愛的休閒活動為烹飪、財經資訊閱讀，及假日與女兒到郊山健行。王奶奶有高血壓病史，過去皆規律服藥。今年初，女兒注意到王奶奶忘記事情的頻率增加，服藥變得較不規律。近幾個月，王奶奶起床時，穿衣服的時間變久，甚至將上衣穿反或是搭配不符合季節的服裝。女兒也注意到媽媽做平常熟習的日常活動時間變長、容易撞到東西、情緒起伏變大或是不合適的反應。經醫師診斷後，轉介職能治療。


- (1) 請問這位個案可能的診斷為何？你會採用何種評估工具確認個案的問題呢？(10%)
- (2) 若你是王奶奶的職能治療師，會如何制定她的治療策略以最佳化她的職能表現呢？(15%)


三、研究文獻閱讀題(25%)

下列為一篇發表於 2022 年科學性期刊的論文內容節錄，請詳閱並回答下列問題：

1. 請依據前述論文擷取內容簡述此研究的重點為何？(10%)
2. 請列出此研究所採用之研究設計與統計方法。(5%)
3. 承 2. 請說明此類研究在研究設計與資料分析時，有哪些注意事項？(5%)
4. 請就摘要內容與表一推探此研究可能之優勢與限制。(5%)

Tactile Sensation Improves Following Motor Rehabilitation for Chronic Stroke: The VIGorous Randomized Controlled Trial

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Alexandra Borstad, PhD, PT¹ , Deborah Nichols-Larsen, PT, PhD²,
Gitendra Uswatte, PhD³, Nancy Strahl, BS⁴, Marie Simeo, PT⁵, Rachel Proffitt, OTD⁶, and
Lynne Gauthier, PhD⁷

Abstract

Background. Up to 85% of people with chronic stroke experience somatosensory impairment, which contributes to poor sensorimotor control and non-use of the affected limb. Neurophysiological mechanisms suggest motor rehabilitation may improve tactile sense post-stroke, however, somatosensory recovery has rarely been reported in controlled trials. **Objective.** To compare the effect of four upper limb motor rehabilitation programs on the recovery of tactile sensation in adults with chronic stroke. **Methods.** Adults with chronic stroke and mild or moderate upper extremity hemiparesis ($n = 167$) were enrolled in a multi-site randomized controlled trial. Participants completed three weeks of gaming therapy, gaming therapy with additional telerehabilitation, Constraint-Induced Movement therapy, or traditional rehabilitation. Here, we report the results of a secondary outcome, tactile sensation, measured with monofilaments, before and after treatment, and 6 months later. **Results.** A mixed-effects general linear model revealed similar positive change in tactile sensitivity regardless of the type of training. On average, participants were able to detect a stimulus that was 32% and 33% less after training and at 6-month follow-up, respectively. One-third of participants experienced recategorization of their level of somatosensory impairment (e.g., regained protective sensation) following training. Poorer tactile sensation at baseline was associated with greater change. **Conclusions.** About one-third of individuals with mild/moderate chronic hemiparesis experience sustained improvements in tactile sensation following motor rehabilitation, regardless of the extent of tactile input in the rehabilitation program. Potential for sensory improvement is an additional motivator for those post-stroke. Characteristics of those who improve and mechanisms of improvement are important future questions. Clinicaltrials.gov NCT02631850

Table 1. Comparison of treatment arms.

	CI Therapy	Self-Gaming	Tele-gaming	Traditional Care
In-clinic intervention	35 h, behavioral and motor focus	5 h, behavioral focus	5 h, behavioral focus	5 h, motor focus
Prescribed structured motor intervention	15 h (in-clinic)	15 h (game)	15 h (game)	5 h (in-clinic)
Therapist consults	10	4	10	4
Time in behavioral intervention	5–7 h	5 h	7.6 h	0 h
Rest	13–15 h	0 h	0 h	As needed
Total therapist time	35 h	5 h	7.6 h (5 h in clinic+2.6 for 6 tele-health visits)	5 h
Prescribed home practice	5 h task practice	5 h task practice	5 h task practice	5 h strengthening

Treatments occurred over a 3-week period. h = hours, game = Games That Move You video game system.