

# 國立成功大學

## 115學年度碩士班招生考試試題

編 號：202

系 所：職能治療學系

科 目：職能治療文獻閱讀

日 期：0204

節 次：第 3 節

注 意：1. 不可使用計算機  
2. 請於答案卷(卡)作答，於  
試題上作答，不予計分。

➤ 請閱讀以下四篇期刊研究之摘要，並回答下列問題。

### 研究一

#### 出處&標題:

Yokoi K, Kawasaki I, Takeda A, Eakman AM, Hirayama K. Profile of Independence in Activities of Daily Living Among Patients With Parkinson's Disease: A Retrospective Observational Study. Am J Occup Ther. 2025 May 1;79(3):7903205040.

#### 摘要:

**OBJECTIVE:** To evaluate the ADL independence and dependence profiles of patients with PD on the basis of disease stages.

**DESIGN:** Retrospective observational study.

**SETTING:** Hospital in Japan.

**PARTICIPANTS:** Patients with PD (N = 209; 75 men and 134 women), with a mean age of 73.3 yr (SD = 7.7).

**OUTCOMES AND MEASURES:** The Hoehn and Yahr (H-Y) stage was used to determine patients' disease severity. The Barthel Index (BI) was used to determine independence in performing ADLs.

**RESULTS:** In the H-Y Stage 2 group, the prevalence of independence in mobility and stairs was low, whereas that in other ADLs was high. In the H-Y Stage 3 group, more than half of the patients had limitations in bathing, mobility, and navigating stairs, although most patients remained independent in other ADLs. In the H-Y Stage 4 group, more than half of the patients required assistance with most ADLs, except feeding and bowel control. In the H-Y Stage 5 group, the prevalence of independence during feeding and grooming was relatively high.

**CONCLUSIONS AND RELEVANCE:** Dependence in ADL domains differs by PD stage, with direct implications for occupational therapy intervention.

### 研究二

#### 出處&標題:

Lin KC, Li YC, Lin YF, Lau HY, Kuo CC, Lin CJ, Wu YH, Lin CY. Clinic- and Home-Based Practice of Mirror Therapy Preceding Augmented Reality in Stroke Rehabilitation: A Crossover Study. Am J Occup Ther. 2025 May 1;79(3):7903205160.

#### 摘要:

**OBJECTIVE:** To investigate the effects of mirror therapy preceding augmented-reality therapy in the clinic and home setting.

**DESIGN:** Single-blinded, randomized crossover study.

**SETTING:** Rehabilitation clinics and home environment of participants.

**PARTICIPANTS:** Thirty-one stroke survivors.

**INTERVENTION:** Participants were randomized to receive clinic-based practice first or home-based practice first. The intervention involved mirror therapy-primed augmented-reality practice. Participants received nine treatment sessions, with a 3-wk washout period between two phases.

**OUTCOMES AND MEASURES:** Outcome measures included the Fugl-Meyer Assessment Scale of Upper Extremity (FMA-UE), Berg Balance Scale (BBS), Chedoke Arm and Hand Activity Inventory, Motor Activity Log (MAL), and Stroke Impact Scale (SIS).

**RESULTS:** Clinic-based practice significantly improved the FMA-UE ( $p = .04$ ), BBS ( $p = .01$ ), and SIS Mobility domain scores ( $p = .05$ ). Home-based practice showed a trend for better performance on the MAL. Clinic-based practice revealed retention of treatment gains at the 3-mo follow-up assessment on the FMA-UE ( $p = .01$ ) and the Activities of Daily Living-Instrumental Activities of Daily Living ( $p = .01$ ), Mobility ( $p = .02$ ), and Hand Function ( $p = .03$ ) domains of the SIS.

**CONCLUSIONS AND RELEVANCE:** Clinic-based practice improved motor and balance deficits, whereas home-based practice may enhance functional arm use. Practice setting is relevant for consideration in stroke rehabilitation.

### 研究三

#### 出處&標題:

St John B, Chen HT, Woolley A, Ausderau K. Convergent Validity of the Feeding and Eating in Autism Together Assessment (FEAST). Am J Occup Ther. 2025 Jul 1;79(4):7904205110.

#### 摘要:

**OBJECTIVE:** To establish the convergent validity of the Feeding and Eating in Autism Together (FEAST) questionnaire compared with two other validated parent-reported feeding assessments with similar constructs, the Behavior and Mealtime Behavior Index of Children (BAMBIC) and Screening Tool of Feeding Problems applied to Children (STEP-CHILD).

**METHOD:** Data from the Survey for Characterization of Feeding Challenges in Autistic Children-US (N = 349) were used to determine the convergence between the FEAST, BAMBIC, and STEP-CHILD using Pearson's correlation tests.

**DESIGN:** Cross-sectional validation study.

**RESULTS:** The FEAST total score and FEAST Behavior subscale were found to have moderate, positive correlations with comparison measures, supporting the convergent validity of the FEAST. Relationships between the remaining FEAST subscales and BAMBIC and STEP-CHILD subscales were primarily weak or nonsignificant, demonstrating that their respective scores are capturing distinct factors related to feeding. One expected exception was a moderate positive correlation between the FEAST Oral Motor subscale and the STEP-CHILD Chewing Problems subscale.

**CONCLUSIONS AND RELEVANCE:** The FEAST demonstrates adequate convergent validity the BAMBIC and STEP-CHILD. The weak correlations of the FEAST Gastrointestinal Health, Sensory Processing, and Oral Motor Skills subscales provide evidence that FEAST may capture additional information about the factors that influence feeding challenges. The FEAST provides clinicians and researchers with a new comprehensive assessment of feeding challenges for autistic children.

#### 研究四

##### 出處&標題:

Ibrahim C, Smith D, Craig J, Pineda R. Type and Timing of Oral Motor Interventions Neonatal Therapists Use in the Neonatal Intensive Care Unit. Am J Occup Ther. 2026 Jan 1;80(1):8001205090.

##### 摘要:

**IMPORTANCE:** Oral motor interventions are used in the neonatal intensive care unit (NICU) to support the development of oral feeding skills in preterm infants. Literature regarding which oral motor interventions are used, when they are implemented, and how parents are involved is lacking.

**OBJECTIVE:** To benchmark evidence of oral motor interventions in the literature against reported use in NICU practice, understand the type and timing of oral motor interventions used, and understand perspectives about implementation of oral motor interventions and family involvement in these interventions.

#### 一、請根據研究一，回答下列問題。(25%)

1. 請試推想作者可能是由何種方式獲得本篇研究之數據? (5%)
2. 請問不同 H - Y Stage 1-5 的病患，其 ADL 活動獨立和依賴性表現為何? (10%)
3. 請問並加以說明本篇研究之限制或缺點可能有哪些? (10%)

#### 二、請根據研究二，回答下列問題。(30%)

1. 請畫出本研究的實驗流程圖 (study-flowchart)，需說明評估和介入時機和順序。(10%)
2. 請問在研究中如何做到 Single-blinded? (5%)
3. 請說明 Single-blinded 對於實驗證據的意義和價值。(5%)
4. 請評析本研究實驗設計上的優點和可能潛在限制為何(10%)。

#### 三、請根據研究三，回答下列問題。(30%)

1. 請說明何謂” convergent validity” ? (5%)
2. 本篇作者如何驗證 FEAST 的 convergent validity? (5%)
3. 有些 FEAST subscales 分數和這兩項 feeding questionnaires (BAMBIC and STEP-CHILD)的 subscales 分數呈現弱或無相關，請問可能的原因為何? (5%)

4. FEAST 還需要檢驗那些其他心理計量特性，才能更確定此工具量測結果的正確和可靠性？請列舉 2 項，並分別說明要如何加以驗證這兩項特性。(15%)

四、請根據研究四，回答下列問題。(15%)

1. 請說明作者所設定的研究目的為何？(5%)
2. 請依據上述研究目的方向，草擬一份研究企畫案提供給作者 (如會採用的研究設計、研究對象的條件、如何進行等)。(10%)