

本試題是否可以使用計算機：可使用，不可使用（請命題老師勾選）

1. 解釋名詞：(每題 5 分，共 30 分)
  - (1). metacognition
  - (2). visual foundation skills
  - (3). work hardening
  - (4). digit flexor tendon gliding exercise
  - (5). paralytic dysphagia
  - (6). error-free learning
  
2. 試比較臨床治療常用之 remedial therapy 和 adaptive therapy 兩者之假設和治療原則的異同，並舉例說明之。(15 分)
  
3. 試說明如何運用 Toglia 所提出之「多重情境療法」來改善腦傷個案的記憶功能障礙。(15 分)  
(multicontext approach)
  
4. 試就以下個案的情況擬定職能治療的目標，設計治療計畫或治療活動，並說明所依據的理論基礎或參考架構。(20 分)

Mr. A is a 20-year-old man with C6 complete tetraplegia resulting from a motorcycle accident 3 months ago. Mr. A is a sophomore student at a university in Tainan city. He is single and lives with classmate in a rented apartment near campus. He has a large and supportive family in Kaohsiung. After his injury, Mr. A's mother, aunt, and two of his sisters came to live with him for two months. After Mr. A was referred to occupational therapy, an occupational therapist evaluated him and reported the following major problems: (a). moderate depression, lack of engagement with the rehabilitation program, excessive dependency on family; (b). decreased upper limb strength and endurance, and poor hand use; (c). C6 dermatome intact, but impaired C7 dermatome and absent below; (d). unable to feed, brush teeth, groom, dress, write, phone and use a computer (priorities identified by Canadian Occupational Performance Measure). In addition, Mr. A was hoping to stay in Tainan and resume his studies.

(背面仍有題目,請繼續作答)

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5. 請閱讀以下兩篇文章摘要，並回答問題。（每題 5 分，共 20 分）

Article 1 :

Desrosiers, J., Bourbonnais, D., Corriveau, H., Gosselin, S., & Bravo, G. (2005). Effectiveness of unilateral and symmetrical bilateral task training for arm during the subacute phase after stroke: a randomized controlled trial. *Clinical Rehabilitation*, 19, 581-593.

**OBJECTIVE:** To evaluate the effect of an arm training programme combining repetition of unilateral and symmetrical bilateral tasks for people in the subacute phase after stroke.

**DESIGN:** Randomized controlled trial.

**SETTING:** Inpatient functional rehabilitation unit.

**SUBJECTS:** Forty-one people who had had a stroke, in the subacute phase, receiving conventional arm occupational and physical therapy, were randomized to an experimental group (n=20) and a control group (n=21).

**INTERVENTIONS:** In addition to the usual arm therapy in the rehabilitation unit, the experimental group received an arm therapy programme (15-20/45-min sessions) based on repetition of unilateral and symmetrical bilateral tasks. The control group received additional usual arm therapy of a similar duration and frequency to the experimental treatment.

**MAIN MEASURES:** The effect of the programme was judged on the basis of: (1) arm impairments (motor function, grip strength, gross and fine manual dexterity and motor co-ordination), (2) arm disabilities in tasks related to daily activities, and (3) functional independence in activities of daily living (ADL) and instrumental ADL (IADL).

**RESULTS:** Although both experimental and control groups of participants improved similarly during the study period, the statistical analyses did not show any difference between the groups at the end of the treatment for the different dependent variables evaluated: (1) arm impairments:  $p = 0.43-0.79$ ; (2) arm disabilities:  $p = 0.16-0.90$ ; and (3) functional independence:  $p = 0.63$  and  $0.90$ .

**CONCLUSIONS:** An arm training programme based on repetition of unilateral and symmetrical bilateral practice did not reduce impairment and disabilities nor improve functional outcomes in the subacute phase after stroke more than the usual therapy.

- (1). 請說明本研究的自變項 (independent variables) 和依變項 (dependent variables) 為何。
- (2). 請說明本研究的主要結果及其所根據的理由。

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Article 2 :

van Heugten, C. M., Dekker, J., Deelman, B. G., Stehmann-Saris, J. C., & Kinebanian, A. (2000). Rehabilitation of stroke patients with apraxia: the role of additional cognitive and motor impairments. *Disability & Rehabilitation*, 22, 547-554

**PURPOSE:** The present study investigated which additional cognitive and motor impairments were present in stroke patients with apraxia and which of these factors influenced the effects of treatment.

**METHOD:** A group of 33 patients with apraxia were treated according to the guidelines of a therapy programme based on teaching patients strategies to compensate for the presence of apraxia. Patients were treated at occupational therapy departments in general hospitals, rehabilitation centres and nursing homes. The outcome of the strategy training was studied in a pre-post test design; measurements were conducted at baseline and after 12 weeks of therapy. The pretreatment scores of the patients with apraxia were compared to normscores and scores of a control group of patients without apraxia (n = 36) to investigate which impairments are present. The following variables were analysed in order to determine which factors influence outcome: additional neuropsychological deficits (comprehension of language, cognitive impairments due to dementia, neglect and short term memory), level of motor functioning, severity of apraxia and performance on activities of daily living (ADL), and some relevant patient characteristics (gender, age, type of stroke, time since stroke, and location of treatment).

**RESULTS:** The results showed that the presence of apraxia is associated with the presence of additional cognitive and motor impairments. The successful outcome of strategy training was not negatively influenced by cognitive comorbidity. The outcome seemed to be more prominent in patients who were more severely impaired at the start of rehabilitation in terms of the degree of motor impairments, the severity of apraxia and the initial ADL dependence. The ADL observations, however, displayed a ceiling effect, which was taken into account in discussing the results. Demographic variables, especially age, did not predict the outcome of treatment.

**CONCLUSIONS:** We suggest that the effect of this training is stronger in more severely disabled patients. However, neither the presence of additional cognitive impairments nor the severity of motor problems nor old age should be an indication for refraining from treating apraxia.

- (1). 請簡單說明本研究的實驗設計為何。
- (2). 請說明本研究的主要結果與其可能的臨床建議。