1. 解釋名詞：（每題 5 分，共 25 分）

   (1). post-traumatic amnesia

   (2). anosognosia

   (3). functional capacity evaluation

   (4). complex regional pain syndrome

   (5). therapeutic rapport

2. 試分別說明職能治療師如何運用不同的練習（practice）和回饋（feedback）來促進腦傷個案的動作學習。（10 分）

3. 試說明職能治療師面對老年個案的評估和介入時應考量的重點。（10 分）

4. 試比較職能治療對於處理腦傷個案知覺問題常用的兩類治療模式之異同，並以失用症（apraxia）個案為例說明其優缺點。（10 分）

5. 身為一職能治療師，試就以下個案的情況簡單說明：

   （1）職能治療對個案、雇主和轉介的醫師可提供的服務內容為何？（10 分）

   （2）針對個案而言，職能治療的介入所依據的理論基礎或參考架構為何？（5 分）

   （3）你所運用的臨床推理為何？（5 分）

   Mr. A is a 35-year-old male who worked two jobs to support his family. He worked as a doorkeeper during the day at a hotel, and cleaned offices at night. Due to a motor vehicle accident 3 months ago, Mr. A sustained a T11 spinal cord injury, which resulted in complete paralysis of his legs. Since this injury affected his mobility, strength, and effort, Mr. A would not be able to effectively carry out the essential functions of his jobs from a wheelchair. Fortunately one of his employers, the manager of the hotel, liked him because he was a good worker and was willing to offer him an alternative job as a laundry attendant if he could meet the physical demands of the job. Mr. A was referred to occupational therapy by his physician.

編號： 400
系所：職能治療學系

國立成功大學九十七學年度碩士班招生考試試題
科目：臨床生理職能治療學

共 3 頁，第 2 頁

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）
考試日期：0302，節次：1

6. 請閱讀以下兩篇文章摘要，並回答問題。（每題 5 分，共 25 分）

Article 1：

Keane, S., Turner, C., Sherrington, C., Beard, J. R. (2006). Use of fresnel prism glasses to treat stroke patients with hemispatial neglect. *Archives of physical medicine and rehabilitation, 87,* 1668-1672.

OBJECTIVE: To explore the functional effects of prism adaptation training on patients with hemispatial neglect after stroke.

DESIGN: Observational study.

SETTING: Inpatient rehabilitation unit in rural Australia.

SUBJECTS: Four subjects with hemispatial neglect, recruited from consecutive admissions of patients less than 60 days poststroke.

INTERVENTIONS: Prism adaptation treatment, consisting of five 10-minute training sessions over 12 to 17 days.

MAIN MEASURES: The FIM instrument, Catherine Bergego Scale (CBS), subjective straight ahead pointing, Albert's line cancellation, letter cancellation, and line bisection. Ambulatory patients also performed the Timed Up & Go test.

RESULTS: Immediate effects of prism adaptation training included improvements in both subjective straight ahead pointing and in the Albert's line cancellation task. Letter cancellation, line bisection, FIM, and CBS scores improved in all subjects. Improvements in a functional task were also observed immediately following prism adaptation treatment. Obstacle avoidance while walking improved after prism adaptation training in 2 ambulatory subjects.

CONCLUSIONS: Prism adaptation training shows promise as a new treatment to supplement current strategies for the clinical management of hemispatial neglect after stroke. This study is limited by small sample size and absence of a control group. Further research will be needed to demonstrate efficacy for this inexpensive and relatively safe device.

(1). 請簡單說明本研究的用意和使用哪些研究工具來達到其研究目的。

(2). 請說明本研究的主要結果及其可能的臨床建議。

<u>Article 2</u>：

de Jong, L. D., Nieuwboer, A., & Aufdemkampe, G. (2006). Contracture preventive positioning of the hemiplegic arm in subacute stroke patients: a pilot randomized controlled trial. *Clinical Rehabilitation, 20,* 656-667.

OBJECTIVE: To investigate the effectiveness of a contracture preventive positioning procedure for the hemiplegic arm in subacute stroke patients in addition to conventional physio- and occupational therapy.

DESIGN: A single-blind pilot randomized controlled trial.

SETTING: Inpatient neurological units from three rehabilitation centres in the Netherlands.

SUBJECTS: Nineteen subacute stroke patients (minus two drop-outs) with a severe motor deficit of the arm.

INTERVENTIONS: All subjects underwent conventional rehabilitation care. Nine subjects additionally received a positioning procedure for two 30-min sessions a day, five days a week, for five weeks.

MAIN MEASURES: Passive range of motion of five arm movements using a hydrogoniometer and resistance to passive movement at the elbow using the Ashworth Scale. Secondary outcome measures were pain at the end range of passive motions, the arm section of the Fugl-Meyer Assessment and Barthel Index scores for ADL-independence. Outcome measures were taken after five weeks and additional measurements after 10 weeks by two assessors blinded to group allocation.

RESULTS: Comparison of the experimental (n = 9) with the control subjects (n = 8) after five weeks showed that additional positioning significantly slowed down development of shoulder abduction contracture (P = 0.042, -5.3 degrees versus -23 degrees). No other differences were found between the groups.

CONCLUSIONS: Applying a contracture preventive positioning procedure for the hemiplegic arm slowed down the development of shoulder abduction contracture. Positioning did not show significant additional value on other outcome measures. Since the sample size was small, results of this study need future verification.

(1). 請簡單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。

(3). 請簡單評論本研究的優缺點。