

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： 0308，節次： 1

※ 考生請注意：本試題 可 不可 使用計算機

## 1. 解釋名詞 (5 points for each, 30 points in total)

- (1) degrees of freedom
- (2) executive function
- (3) associated reactions
- (4) self-efficacy
- (5) ecological validity
- (6) de Quervain's disease

## 2. 請敘述 constraint-induced movement therapy 的起源、理論基礎、研究證據，及適用病人。(20%)

## 3. 請就下列研究摘要，回答問題。

Valentini, M., Kischka, U., & Halligan, P. W. (2008). Residual haptic sensation following stroke using ipsilateral stimulation. *Journal of Neurology, Neurosurgery, & Psychiatry*, 79, 266-270.

In 1987, Weiskrantz and Zhang described a stroke patient with severe somatosensory loss who, nevertheless, demonstrated impressive residual sensory performance when required to touch the affected limb with her ipsilesional hand (self touch; ST). The current study set out to ascertain the prevalence and characteristics of self-touch enhancement (STE) in patients with unilateral stroke and hemihypaesthesia. Thirty-nine stroke patients who were referred with hemihypaesthesia fulfilled the criteria. STE was defined where a patient showed a statistically significant increase ( $p < 0.05$ ) in performance for (i) detection, (ii) localisation and/or (iii) perceived intensity during touch with their ipsilesional hand, compared with standard experimenter elicited sensory performance. Group comparisons between the conventional touch versus ST conditions revealed significant differences for detection ( $p < 0.01$ ), intensity estimation ( $p < 0.01$ ) and localisation ( $p < 0.001$ ) using ST. Twenty-two of the 39 patients (56.4%) showed STE on at least one assessment mode. In detection, 16 (41%) patients showed STE; for localisation, 12 patients (31%) showed STE and for intensity, 17 patients (44%) showed STE. Out of the 22 patients with STE, 17 had right hemisphere lesions. In summary, more than half of the stroke patients showed reliable and significant improvements in somatosensory performance when using their unaffected hand as the source of tactile stimulation. This striking phenomenon suggests that the threshold for the impaired hand is affected by active involvement of the contralateral (ipsilesional) limb when delivering the stimulus contact. Possible mechanisms to explain these findings are discussed.

- (1) 文中所測試的新的治療方法為何? (5%)
- (2) 文中如何測量及界定病人的情況是否有進步? (10%)
- (3) 文中推測此療法之效應其機轉為何? (5%)

(背面仍有題目,請繼續作答)

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考試日期：0308，節次：1

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4. 請就下列研究摘要，回答問題。

Desrosiers J., Noreau L., Rochette A., Carbonneau H., Fontaine L., Viscogliosi C., & Bravo, G. (2007).  
*Archives of Physical Medicine & Rehabilitation*, 88, 1095-1100.

OBJECTIVE: To evaluate the effect of a leisure education program on participation in and satisfaction with leisure activities (leisure-related outcomes), and well-being, depressive symptoms, and quality of life (primary outcomes) after stroke.

DESIGN: Randomized controlled trial.

SETTING: Home and community.

PARTICIPANTS: Sixty-two people with stroke.

INTERVENTION: Experimental participants (n=33) received the leisure education program at home once a week for 8 to 12 weeks. Control participants (n=29) were visited at home at a similar frequency. Participants were evaluated before and after the program by a blinded assessor.

MAIN OUTCOME MEASURES: Change from preintervention to postintervention in: minutes of leisure activity per day, number of leisure activities, the Leisure Satisfaction Scale, the Individualized Leisure Profile, the General Well-Being Schedule (GWBS), the Center for Epidemiological Studies Depression Scale, and the Stroke-Adapted Sickness Impact Profile (SA-SIP30).

RESULTS: There was a statistically significant difference in change scores between the groups for satisfaction with leisure with a mean difference of 11.9 points (95% confidence interval [CI], 4.2-19.5) and participation in active leisure with a mean difference of 14.0 minutes (95% CI, 3.2-24.9). There was also a statistically significant difference between groups for improvement in depressive symptoms with a mean difference of -7.2 (95% CI, -12.5 to -1.9). Differences between groups were not statistically significant on the SA-SIP30 (0.2; 95% CI, -1.3 to 1.8) and GWBS (2.2; 95% CI, -5.6 to 10.0).

CONCLUSIONS: The results indicate the effectiveness of the leisure education program for improving participation in leisure activities, improving satisfaction with leisure and reducing depression in people with stroke.

- (1) 研究的依變項(dependent variables)為何? (5%)
- (2) 此研究設計為“randomized controlled trial”並使用“blinded assessor”，請問“randomized”，“controlled”，“blinded”各代表什麼意思? (15%)
- (3) 此研究的內在效度(internal validity)與因果關係推論(causal inference)的強度如何? (10%)