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Organizers 主办机构



香港职业治疗学院
Hong Kong Institute of Occupational Therapy

香港职业治疗学院
Hong Kong Institute of Occupational Therapy



香港职业治疗学会
Hong Kong Occupational Therapy Association



香港理工大学康复治疗科学系
Department of Rehabilitation Sciences
The Hong Kong Polytechnic University



中国康复医学会
Chinese Association of Rehabilitation Medicine

Funding Organization 资助机构



香港特别行政区政府商务及经济发展局
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台灣職能治療師公會
Taiwan Union of
Occupational Therapists' Associations



美國職業治療學會
American Occupational Therapy Association, Inc.



加拿大職業治療學會
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Occupational Therapists



中國康復研究中心
China Rehabilitation Research Center



廣東省醫學會物理醫學與康復學分會
Division of Physical Medicine and Rehabilitation
Guangdong Medical Association



廣東省殘疾人康復協會
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Rehabilitation of Disabled Persons



廣東省康復醫學會
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Rehabilitation Medicine



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Rehabilitation of Doctor Association of
Guangdong Medical Doctor Association



廣東省工傷康復中心
Guangdong Provincial Work Injury
Rehabilitation Center



香港工人健康中心
Hong Kong Workers' Health Centre



虎門工傷康復中心
Humen Work Injury Rehabilitation Center



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Messages

2012 International Occupational Therapy Conference Message from Dr York Y.N. CHOW, GBS, JP Secretary for Food and Health



Food & Health Bureau
The Government of the
Hong Kong Special Administrative Region

I wish to extend my warmest wishes to the organisers and participants of the 2012 International Occupational Therapy Conference and convey my greetings to all. Occupational therapy has over 60 years of history in Hong Kong. With the efforts of our dedicated occupational therapists, we have come a long way to raise awareness of the profession in Hong Kong and the region. As at end of 2011, Hong Kong has 1 455 registered occupational therapists. Since the first International Occupational Therapy Conference in 2005, this event has proven to be an invaluable platform for researchers, occupational therapists and other stakeholders who care about the development of the profession to inspire each other and keep abreast of the latest skills, technology and research findings. This three-day conference covers a wide range of stimulating topics, and it is through events such as this that the profession develops and advances. I hope all participants will enjoy and benefit from the seminars, workshops and networking opportunities, and each of you take away something special from your experience here in Hong Kong. I wish the Conference every success.

A handwritten signature in black ink, appearing to be 'Y.N. CHOW'. The signature is stylized and fluid, with a large initial 'Y' and 'N'.

York Y.N. CHOW
Secretary for Food & Health



Message from the President of HKPU



It gives me great pleasure to welcome you all to the 3rd International Occupational Therapy Congress jointly organized by the Institute of Occupational Therapy, The Hong Kong Occupational Therapy Association, The Chinese Association of Rehabilitation Medicine and The Hong Kong Polytechnic University (PolyU).

The 512 Sichuan earthquake in 2008 was a major disaster for Sichuan residents, resulting in deaths and severe injuries. Occupational therapists have played a vital role in helping the survivors manage their self-care activities and return to work, despite their residual disabilities. However, there are less than 100 qualified occupational therapists practising in the Chinese mainland.

With funding support from the HKSAR Government and The Hong Kong Jockey Club, PolyU and Sichuan University have jointly established The Institute of Disaster Management and Reconstruction to support the education and training of professionals and experts, including occupational therapists, in post-disaster management in the Chinese mainland.

I am pleased to see that the occupational therapy profession is to be further strengthened through the holding of this International Occupational Therapy Congress where academics, rehabilitation doctors and therapists from overseas, the Chinese mainland and Hong Kong come together to share their research and expert practice. I very much hope that all participants find this Congress both stimulating and rewarding.

Timothy W. Tong, Ph.D.
President
The Hong Kong Polytechnic University

February, 2012

Message from the Chairman of HKIOT



The Hong Kong Institute of Occupational Therapy (HKIOT) was set up in 2002, with the mission to develop OT as a profession in Mainland China. Most businessmen will regard China as a big market for profit. As professionals, our mission is driven by our internal value, and even more important, the number of 80 million people with disabilities in Mainland China is too big a group to ignore. We hope that they can obtain better quality of rehabilitation service, including occupational therapy. Hong Kong is a window for China to absorb new things. The HKIOT had played a role in bridging this knowledge gap in occupation therapy in Mainland in the past 10 years. The HKIOT had organized the International OT Conferences in Qingdao and Guangzhou, in 2005 and 2008 respectively. In the past two conferences, we had altogether around 600 delegates participated. They were from Mainland, Hong Kong, Taiwan, United States, Singapore, Japan, Australia, Canada, and even Middle East. About two-third of the participants were from Mainland, indicating their needs and demands in learning more about occupational therapy.

In 2012, the HKIOT, Hong Kong Occupational Therapy Association, Hong Kong Polytechnic University, and the Chinese Association of Rehabilitation Medicine will jointly organize another meaningful event in Hong Kong in order to provide a platform for occupational therapists from all over the World to share new advances and hot issues about occupational therapy. The 2012 International Occupational Therapy Conference (IOTC) also serves a mission to promote the development of OT in Mainland China. This time, we jointly organize the event in Hong Kong, an international city in China, in order to bring more international visions on OT to local therapists, Mainland counterparts, as well as OTs from all over the world.

We shall have renowned international and local speakers, as well as key leaders from Mainland to attend the Conference. I hope that the 2012 IOTC could bring inspirations to the delegates and enhance the development of OT in their countries! I wish all the delegates enjoy the scientific programme and meet new friends from all over the World!

A handwritten signature in black ink that reads "Simon Wong". The signature is stylized and cursive.

Simon Wong
Chairman
Hong Kong Institute of Occupational Therapy



Message from the Chairman of HKOTA



On behalf of the Hong Kong Occupational Therapy Association which is one of the joint-organizers of this 2012 International Occupational Therapy Conference, it gives me intense pleasure to welcome you to it. The Hong Kong Occupational Therapy Association is indeed very honoured and pleased to join Hong Kong Institute of Occupational Therapy, Hong Kong Polytechnic University and Chinese Association of Rehabilitation Medicine in hosting it in the midst of an era when life long continuing professional education has been the focus. The theme of this Conference, entitled "Advance and Challenges in OT on Children, Mental Health, Physical Health, Primary Health, Ageing and Wellness, Upper Limb and Technology", reminds us as Occupational Therapists that challenges ahead are always confronting us if our goal is to promote, develop, restore or maintain our service users' functional health. Challenges are always there because 'health' per se is, unarguably, still a big mysterious realm for all healthcare practitioners to explore and delve into. Yet, challenges have to be overcome one day and when they are overcome, new advances in our practice will emerge. For sure we shall encounter another, one after one, surge of challenges and then they will help stretch our limits to attain another, one after one, advancements. Personally I love to see this cyclical progression in our clinical practice and learning. On the other hand, the topics being touched in this Conference are nearly all encompassing, covering a broad scope of clinical areas including Paediatrics, Geriatrics, Mental field, Physical Rehabilitation, Primary and Community care, so on and so forth. This is in line with the wide spectrum of services delivery in Occupational Therapy, which is the nature of our profession. Accordingly, we are bound to be confronted by a wide array of challenges. To effectively face and survive such a wide range of challenges, garnering collective wisdom from our respectful gurus is the key; and today we have grasped this key. This Conference is exactly a good platform for us to get hold of and assimilate the sharing made by our honourable guest speakers and individual peer presenters.

I sincerely wish you all a most fruitful and rewarding conference.

Samuel Chan
Chairperson, HKOTA
(2010-2012)

Message from the Organizing Committee



On behalf of the organizing committee and the scientific program committee, I would like to welcome you all to the conference. This is the third time we organize an occupational therapy conference with an objective of uniting occupational therapists in Hong Kong, Taiwan, Macau and Mainland China for the promotion of our services in these areas. This time, we made a new record on the number of participants and number of free paper submissions. I believe this will be another very fruitful conference for all of us.

Like the previous two conferences, this conference is made possible by the generous sponsorship from the Professional Services Development Assistance Scheme (PSDAS) under the Commerce and Economic Development Bureau of the SAR Government. With the funding support from PSDAS, we are able to invite several world experts to the conference and share with us latest theories and technologies in the rehabilitation of upper extremity conditions.

This time, besides our previous partner, the Chinese Association of Rehabilitation Medicine, we have two more co-organizers working together to make this conference more successful. They are the Hong Kong Association of Occupational Therapy, and the Hong Kong Polytechnic University. With their participation, we are able to attract more participants, enrich the scientific content and organize concurrent exhibition and social activities on top of the academic conference.

Some thirty years ago when the first batch of occupational therapists graduated from the Hong Kong Polytechnic, there was only about 50 occupational therapists working in Hong Kong. In 2012, there are more than 1200 therapists working in Hong Kong. This is 25 times more as compare with that in 1980. Throughout these years, these Polytechnic graduates have been contributing to the development of medical, rehabilitation, social and education services in Hong Kong. Besides serving the general public locally, many of us attempt to promote the development of the profession in mainland China, with a mission to serve even more people in the whole country. Their work is gaining more and more recognitions and supports from professionals in Hong Kong, Taiwan, Macau and mainland China. This is evidenced by the fact that there are about 200 therapists and rehabilitation physicians, and there are 50 therapists from Taiwan coming across the boarder to this conference.

Development of a new profession in a country may require continuous effort in several generations. Let's keep on our high spirit and commitment and joint hand to accomplish this noble mission.

Kwok-fai LEUNG

Co-chair, Organizing Committee
2012 International Occupational Therapy Conference
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中国康复医学会欢迎词

由香港职业治疗学院、香港职业治疗学会、香港理工大学和中国康复医学会联合举办的第三届<国际作业治疗研讨会>将于2012年2月24日-26日在香港理工大学召开。本次会议是继2005年青岛和2008年广州两届国际作业治疗研讨会之后的又一次学术盛会，必将对促进国际作业治疗领域的合作与发展产生积极和重要的影响。

自2008年广州会议以来，内地康复医学事业取得了迅速发展，作业治疗在康复医疗服务中的地位和作用日益受到政府、社会有关方面以及康复医学界同仁的重视。作业治疗师的培训和认证已经纳入《2010—2020年卫生技术人才发展规划》中的重大人才工程，卫生部主持制定的《作业治疗技术操作规范》已经完成，部分医学院校设置了独立的作业治疗培训课程，中国康复医学会成立了作业治疗专业学术机构。作业治疗师在康复医学事业发展中的话语权和影响力逐步加强，作业治疗专业的建设和发展已经迎来了期待已久、令人振奋的黄金时期。

衷心感谢国际作业治疗联盟、香港职业治疗学院、香港职业治疗学会、香港理工大学以及各国家和地区作业治疗界的朋友对中国大陆作业治疗的发展给予的宝贵支持，感谢所有与会专家对本次会议的积极参与。我们相信，在各主办单位以及全体代表的共同努力下，本次大会必将取得预期的成功。

给中国大陆作业治疗多一份关注，我们将回报您一个惊喜！

中国康复医学会
2012年2月12日

Program at a Glance 程式一览表

23 Feb Thur	24 Feb Fri	25 Feb Sat	26 Feb Sun	27 Feb Mon
	Opening Ceremony 开幕式 Keynote Speech 1 主题演讲	Keynote Speech 3 & 4 主题演讲	Concurrent Symposium, Free Paper & Workshop S7, F7 分会场 讲座, 论文, 工作坊	Post-conference Workshops 会后工作坊 Hospital Visits 医院参观
	Tea, poster & exhibition 茶点, 海报及展览			
	Concurrent Symposium S1 分会场 讲座	Concurrent Symposium, Free Paper & Workshop S4, F4 分会场 讲座, 论文, 工作坊	Concurrent Symposium, Free Paper & Workshop S8, F8, W8 分会场 讲座, 论文, 工作坊	
	Lunch, poster & exhibition 午餐, 海报及展览			
Registration 报到 Pre-conference Workshops 会前工作坊	Keynote Speech 2 主题演讲	Concurrent Symposium & Free Paper S5, F5 分会场 讲座, 论文	Concurrent Symposium, Free Paper & Workshop S9, F9, W9 分会场 讲座, 论文, 工作坊	
	Concurrent Symposium S2 分会场 讲座	Concurrent Symposium & Free Paper S6, F6 分会场 讲座, 论文	Keynote Speech 5 & 6 主题演讲 Closing Ceremony 闭幕式	
	Tea, poster & exhibition 茶点, 海报及展览			
	Concurrent Symposium S3 分会场 讲座			
	Conference Dinner 晚宴			



Program of the Day

Day 1 24.02.2012
Programs which are supported by the PSDAS Fund

Venue Time	Venue 1 Chiang Chen Studio Theatre	Venue 2 AG710	Venue 3 GH206	Venue 4 ST522	Venue 5 CD512
8:15 – 8:45	Registration				
8:45 – 9:30	Opening Ceremony 开幕式 Chiang Chen Studio Theatre +GH206 (Eng英 + Chi中)				
9:30 – 10:30	Keynote Speech 1: Occupational Therapy in School-aged Children with Specific Learning Difficulties - Dr. Sharon Cermak (USA) 作业治疗对于学习困难之学龄儿童的应用 Chiang Chen Studio Theatre +GH206 (Eng英)				
10:30 – 11:00	Tea Break & Poster Presentation 茶点及海报展览				
11:00 – 12:30	1S1 (Eng英 + Chi中) Rehabilitation in Mainland China 1 – Development & Education 中国内地康复1 – 发展与教育	2S1 (Eng英) Children 1 – Neuro-cognitive Rehabilitation for Children 儿童 1 – 神经认知康复	3S1 (Eng英) Aging & Wellbeing 1 – Supported discharge & Home Based Rehabilitation 老龄及幸福1 – 出院支援及家居康复	4S1 (Eng英) OT services in different countries 1 作业治疗在不同国家的发展1	5S1 (Chi中) OT in hand therapy in Chinese Population 两岸三地手外科作业治疗
12:30 – 13:45	Lunch & Poster Presentation 午餐及海报展览				
13:45 – 14:45	Keynote Speech 2: How Rehabilitation Sciences Meets with Practice of Occupational Therapy: Enhancing Learning Potential of People with Disability? - Dr. Chetwyn CHAN (HK) 康复科学怎样有效结合作业治疗方法：加强残障人士的学习潜能 Chiang Chen Studio Theatre +GH206 (Eng英)				
14:45 – 16:15	1S2 (Eng英 + Chi中) Rehabilitation in Mainland China 2 – Different Systems 中国内地康复2 – 不同系统	2S2 (Eng英) Children 2 – Habilitation for Neonates and Infants 儿童 2 – 初生婴儿	3S2 (Eng英) Aging & Wellbeing 2 – Dementia care 老龄及幸福 2 – 失智症长者照顾	4S2 (Eng英) OT services in different countries 2 作业治疗在不同国家的发展2	5S2 (Chi中) Treatment Guideline for Hand Rehabilitation 建立乎合当地条件的手外科康复规范
16:15 – 16:45	Tea Break & Poster Presentation 茶点及海报展览				
16:45 – 18:15	1S3 (Eng英) OT: East meets West 中西医结合的作业治疗	2S3 (Eng英) Children 3 – Occupational Therapy Management for Autistic Spectrum Disorder 儿童 3 – 自闭症患者的作业	3S3 (Eng英) Aging & Wellbeing 3 – Cardiopulmonary Health 老龄及幸福 3 – 心肺健康	4S3 (Eng英) OT Education 作业治疗教育	5S3 (Chi中) Hand Function Training 手外科手功能练
19:15 – 22:00	Conference Dinner 晚宴				

Day 2 25.02.2012

Programs which are supported by the PSDAS Fund

Venue Time	Venue 1 Chiang Chen Studio Theatre	Venue 2 ST523	Venue 3 GH206	Venue 4 ST522	Venue 5 CD512
8:30 – 10:30	<p align="center">Keynote Speech 3: Occupational Therapy in Mental Health, Challenges, Strategies and Leadership Opportunities - Ms. Gabrielle RICHARDS (UK) 作业治疗在精神康复服务的发展：挑战、策略与主导的机遇</p> <p align="center">Keynote Speech 4: Evidence for Neuroplasticity: Implications and Complications for OT Practice in Neurorehabilitation - Dr. Lorie RICHARDS (USA) 神经重塑的科研：对作业治疗进行神经康复的影响 Chiang Chen Studio Theatre +GH206 (Eng英)</p>				
10:30 – 11:00	Tea Break & Poster Presentation 茶点及海报展览				
11:00 – 12:30	1S4 (Eng英) New Advances in Occupational Therapy 作业治疗新领域	2S4 (Eng英) Mental Health 1 – Rehabilitation, Recovery and Social Inclusion 精神健康 1 – 康复、复元及社会融入	3S4 (Eng英) Physical Rehabilitation 1 – Sensori-motor 肢体康复1– 神经运动	4F4 (Eng英) Free Paper Session 1 自由投稿发言 1	5S4 (Chi中) Stroke Rehabilitation 1 偏瘫康复 1
12:30 – 14:00	Lunch & Poster Presentation 午餐及海报展览				
14:00 – 15:30	1S5 (Eng英) New models of Practice in OT 作业治疗服务新模式	2S5 (Eng英) Mental Health 2 – Management of Mood disorders 精神健康 2 – 情绪病管理	3S5 (Eng英) Physical Health 2 – Cognitive perceptual 肢体康复 2– 认知感知	4F5 (Eng英) Free Paper Session 2 自由投稿发言 2	5S5 (Chi中) Stroke Rehabilitation 2 偏瘫康复2
15:30 – 16:00	Tea Break & Poster Presentation 茶点及海报展览				
16:00 – 17:30	1S6 (Eng英) New Opportunities for OT 作业治疗新机遇	2S6 (Eng英) Private OT practice 私营作业治的挑战	3S6 (Eng英) Physical Health 3 – Occupational Health 肢体康复 2 – 职业健康	4F6 (Chi中) Free Paper Session 3 自由投稿发言 3	5S6 (Chi中) Stroke Rehabilitation 3 偏瘫康复3 – 阶段性偏瘫 上肢功能及自理训练


Day 3 26.02.2012
Programs which are supported by the PSDAS Fund

Venue Time	Venue 1 Chiang Chen Studio Theatre	Venue 2 AG710	Venue 3 GH206	Venue 4 ST522	Venue 5 CD512
8:30 – 10:00	1W7 (Eng英) Practical Workshop 1 – Handwriting Assessment 1 书写评估 1	2S7 (Eng英) Upper limb Rehab & Technology 1 – Robotics & Human machine interface 上肢康复及科技 1 – 机械人	3S7 (Eng英) Primary Health 1 – Occupational lifestyle redesign 基层健康 1 – 生活重整	4F7 (Eng英) Free Paper Session 4 自由投稿发言 4	5S7 (Chi中) Development of OT in Mainland China – Forum 内地作业治疗师的发展
10:00 – 10:30	Tea Break & Poster Presentation 茶点及海报展览				
10:30 – 12:00	1W8 (Eng英) Practical Workshop 2 – Handwriting Assessment 2 书写评估 2	2S8 (Eng英) Upper limb Rehab & technology 2 – UL Management 上肢康复及科技 1 – 上肢处理	3S8 (Eng英) Primary Health 2 – Wellness management 基层健康 2 – 幸福生活管理	4F8 (Eng英) Free Paper Session 5 自由投稿发言 5	5W8 (Chi中) Practical Workshop 1 – Basic Splinting 上肢康复支具应用及制作 1
12:00 – 13:15	Lunch & Poster Presentation 午餐及海报展览				
13:15 – 14:45	1S9 (Eng英) OT's role after Natural Disaster 天灾后作业治疗的角色	2S9 (Eng英) Upper limb & Technology 3 – Virtual Reality 上肢康复及科技 2 – 虚拟 环境	3S9 (Eng英) Working as OT in Mainland China : Sharing by Overseas OT working in Mainland China 海外OT在中国内地执业的 经验分享	4F9 (Eng英) Free Paper Session 6 自由投稿发言 6	5W9 (Chi中) Practical Workshop 2 – Basic Splinting 上肢康复支具应用及制作 2
14:45 – 15:00	Tea Break & Poster Presentation 茶点及海报展览				
15:00 – 17:00	<p style="text-align: center;">Keynote Speech 5: Advanced technology to enhance upper limb function and quality of life - Dr. Alex MIHAILIDIS (Canada) 改善上肢功能及生活质素之最新科技</p> <p style="text-align: center;">Keynote Speech 6: New Frontiers of Occupational Therapy in Primary Care in Hong Kong - Dr. Serena NG (Hong Kong) 作业治疗在香港基层医疗中的新领域 Chiang Chen Studio Theatre +GH206 (Eng英)</p>				
17:00 – 17:30	<p style="text-align: center;">Closing Ceremony 闭幕式及颁发奖学金 Chiang Chen Studio Theatre +GH206 (Eng英 + Chi中)</p>				

Pre- & Post-Conference Workshop

Pre-Conference Workshop (23 February, 2012 - 2:00 p.m. to 5:00 p.m.) 会前专题学习班 (2012年2月23日 - 下午2时 - 5时)

Workshop no. 学习班编号	Title 题目	Speaker 讲者	Venue 地点
W1	Occupational Therapy in School-aged Children with Specific Learning Difficulties (作业治疗对于学习困难之学龄儿童的应用)	Dr. Sharon CERMAK (美国) English 英	AG710
W2	Robotics for Upper Limb Rehabilitation: Advances, Technologies and Approaches (上肢康复机器人：科技发展与方法)	Dr. Alex MIHAILIDIS (加拿大) English 英	ST522
W3	How to assess the evidence for upper extremity motor rehabilitation post stroke? (如何评估有关中风后上肢运动康复的科研证据)	Dr. Lorie RICHARDS (美国) English 英	ST523
W4	Pressure Therapy (压力治疗)	Dr. Cecilia Li 李曾慧平 教授 (香港) English 英	CD512
W5	Experience sharing on the use of technology driven hand function training equipment (使用科技化手功能训练仪器的经验分享)	Ms. Linda Miller / (英国) Mr. Kwok Fai Leung 梁国辉先生 (香港) Chinese 中	GH206

Post-Conference Workshop (27 February, 2012 - 9:00 a.m. to 12:00 noon) 会后专题学习班 (2012年2月27日 - 上午9时 - 中午12时)

Workshop no. 学习班编号	Title 题目	Speaker 讲者	Venue 地点
W6	What is Social Inclusion? How OT can support community participation (什么是社会融和：作业治疗如何支持社区参与)	Ms. Gabrielle Richards (英国) English 英	AG710
W8	Application of Visual Art Materials in Occupational Rehabilitation (视觉艺术材料在职业康复中的应用)	Ms. YU Min Yuan (台湾) Chinese 中	ST523
W9	Health Qigong (健身气功)	香港职业治疗学会 (香港) English 英	GH206

Hospital Visits 医院参观

Rehabilitation Hospital visit will be arranged in the morning of **27.2.2012 (Mon)**.

Gathering outside the Hong Kong Polytechnic University Chiang Chen Studio Theatre at **9:00 am**

康复医院参观将安排在2012年2月27日（星期一）上午，集合时间上午九点；
集合地点在香港理工大学 蒋震剧院门外



Abstracts of Scientific Programs

Keynote Speeches

(K1) Occupational Therapy in School-aged Children with Specific Learning Difficulties

Sharon A. Cermak, Ed.D., OTR/L, FAOTA

Professor, Department of Occupational Science and Occupational Therapy, University of Southern California, USA

SLD is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. Comprehensive legislature now guarantees appropriate education to school-age children with disabilities and promotes better integration between children with and without disabilities. SLD is one such disability that is recognized in both Hong Kong and in the US.

The role of Response to Intervention in the identification and intervention of specific learning disabilities is described. Examples of contributions of occupational therapy at each of the tiers are highlighted, with the role of OT described as it relates to pre-referral support provided to children in the general education curriculum, including the early intervening services and Response to Intervention (RTI) models of practice. Also discussed is the role of OT pertaining to program accommodations, individualized education programs for children with SLD, goal development and service delivery. The contribution of occupational therapy to enhance executive skills through promoting strategy use and self-regulation to support educational outcomes is highlighted.

(K2) How rehabilitation sciences meet with practice of occupational therapy: Enhancing learning potential of people with disability?

Chetwyn C H Chan

Chair Professor, Applied Cognitive Neuroscience Laboratory, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong, SAR

People with disability have encountered challenges in participating in activities. Occupational therapy aims to facilitate the people with disability to maximize their functions and hence achieving the participation. The common interventions employed may include skill training, provision of gadgets, environment modification, lifestyle redesign etc. All these involve learning (or relearning) of new information, skills and performances. Understanding the mechanisms behind the learning is important to the design and application of appropriate strategies in intervention programs. More importantly, the appropriate strategies can maximize learning potentials of those who receive the treatment. In this presentation, the types of learning which are less familiar to clinicians are introduced. They are self-regulatory, generalization, and cross-modal learning. Studies conducted by C Chan and his colleagues in the Applied Cognitive Neuroscience Laboratory at The Hong Kong Polytechnic University and those undertaken in other laboratories are used to illustrate the concepts and principles underlying these learning strategies. Besides, their associated neural processes are introduced. The role of attention, working memory, executive control and response inhibition in mediating the learning processes are emphasized. Applications in occupational therapy practice and future agenda in rehabilitation science research are explored.

(K3) Occupational Therapy in Mental Health, Challenges, Strategies and Leadership Opportunities

Gabrielle Richards

Professional Head of Occupational Therapy and Lead for Social Inclusion.

South London & Maudsley NHS Foundation Trust (King's Health Partners), London UK

Occupational Therapy in mental health is a cornerstone of practice in the United Kingdom, with a third of the occupational therapists who are registered in the UK working in this field. In 2008 the Department of Health stated that in the future every clinician in the National Health Service has the opportunity to be a practitioner, a partner (in care delivery) and a leader (DH 2008). But what does that look like in the current climate where resources are finite and there are many competing agendas in the health care systems we work in? Where do occupational therapists working in mental health best place their energies in order to meet the challenges and grab leadership opportunities?

The South London and Maudsley NHS Foundation Trust dates back to 1247 with the foundation of the Bethlem Royal Hospital and claims the honour of being the oldest psychiatric institution in the world. Just as mental health practice within the Trust has evolved and developed so has the occupational therapy service within the Trust to meet the changing nature of mental health practice.

This paper presentation offers a reflective account of the work of the occupational therapy service and how it has come to be seen at the leading edge of service delivery both within the organisation and nationally. It will describe what tools and strategies have been used to meet the challenges of ensuring occupational therapists maintain and grow to have significant roles in the delivery of mental health care.

Being an Academic Health Sciences Centre our aim is to create a centre where the ambitions of world-class research, teaching and clinical practice are brought together for the benefit of patients. The same applies to the occupational therapy services where we use these three ambitions to underpin our own strategy. The paper will give illustrated examples of how this is being put into practice and leading the way.

References

Department of Health (2008) *A high quality workforce: NHS next stage review*. London: DH.

College of Occupational Therapists (2007) *Recovering ordinary lives: the strategy for occupational therapy in mental health services 2007-2017*. London: College of Occupational Therapists

(K4) Evidence for Neuroplasticity: Implications & Complications for Occupational Therapy

Lorie Richards, PhD, OTR/L

Chair Professor, Division of Occupational Therapy, College of Health, University of Utah, USA

The past 20 years has witnessed a paradigm shift in how we understand the brain's ability to change in response to experience. Termed "neuroplasticity", this ability to change in response to experience, is believed to underlie both learning and recovery from injury. Knowledge of the mechanisms that control neuroplasticity and the behavioral experiences that maximize such neural reorganization and learning continue to accrue. Therapy designed to promote recovery from neural injury and disease and the acquisition of new skills should be based on this understanding. Such knowledge suggests early use paretic body parts, more limited use of non-paretic body parts, limited distractions during motor practice, practice of the right intensity that includes variable, random practice with intermittent feedback, practice of the tasks that are encountered in daily life. However, the penetration of practices that are firmly based on these data into rehabilitation practice is limited. Several factors limit adoption of practices based on research evidence into clinics. These factors include limited access of clinicians to the information, questionable translatability of the evidence to the clinic, and the limiting structure of our health care systems. Despite the explosive growth in research on neuroplasticity and rehabilitation over the past two decades, there is still much to learn about how neuroplasticity occurs and how to promote it. Several critical issues for translation into clinical practice is to determine how to promote the most neuroplasticity the most efficiently, how to tailor interventions to individual clients based on how their nervous system adapts, and to understand the relationship of compensation versus recovery.



(K5) Robotics in Rehabilitation: Can Robots Really Enhance Function and Quality of Life?

Alex Mihailidis Ph.D. P.Eng.

Associate Professor, Department of Occupational Science and Occupational Therapy, University of Toronto

The use of advanced technologies, such as robotics is a growing area of research in the field of rehabilitation. Over the years there have been many different robotic devices developed and applied in a variety of rehabilitation contexts, with the most predominate area being helping people after they have suffered a stroke to recover loss function. Within this population, research and development has primarily focused on upper limb rehabilitation with various robots that help patients increase their strength, flexibility, and range of motion. However, while there have been many projects on the development of these technologies, and some commercially available systems, there have been very few clinically-based studies that have proven that robots can improve the functional abilities of their users, and more importantly, very little evidence that any gains achieved from using a robot transfer to real-world skills. As a result, there have been many questions raised about the potential of robotics in rehabilitation, including the feasibility of such devices becoming pervasive in rehab clinics, the role that therapists play in using these technologies, and the costs of these devices versus the benefits that they provide. These issues have led therapists to ask whether robots truly do have a role in helping to enhance the function and quality of life of their clients.

This presentation will attempt to address the above questions and provide evidence that many of these issues can be overcome. This will be achieved by first providing a historical overview of the rehab robotics field and evidence collected, and second by describing new advances that are currently being completed in this area. These advances, such as the use of artificial intelligence, are helping to move robotics forward, making them more feasible in rehabilitation. This discussion will include insights into new design approaches that focus on the needs of therapists and their clients, and will present new applications of artificial intelligence that are making these technologies easier to use and more useful to clients. The presentation will conclude with a discussion about how robots can support and change current clinical practice, and how the design of these technologies needs to evolve in order for them to realize their full potential.

(K6) New Frontiers of Occupational Therapy in Primary Care in Hong Kong

Ng S.W., Serena (Dr.)

Department Manager, Occupational Therapy Department, Kowloon Hospital, Hospital Authority, Hong Kong, SAR

The primary care in Hong Kong has been undergoing major changes in the past decades where the line of function was divided among Hospital Authority and Department of Health 5 years ago. The establishment of family medicine physician specialty under Hospital Authority gives opportunity for the general out-patient clinics to upgrade the services. The primary care medical practice is well known here for a brief office visit model of practice. Not until the last decade, people generally went to the general out patient clinics with a minimum fee or waived fees (for the group under social security scheme) only when they got sick. Minor physical discomfort mainly pain, dizziness, seasonal flu, aging related complaints are the common causes of visiting. Hong Kong people in general would pay and consult private or public specialists even if they have undifferentiated diagnosed problems. Hence, productivity in primary care clinics has been defined by how many patients can be seen each day, and how many patients in a cluster population can be managed. While many physicians and clinic nurses are doing a remarkable job of seeing a lot of patients everyday, through 5 to 7 mins per visit, the quality and comprehensiveness of assessment and treatment is forfeited. A primary care practice should serve as the patient's first point of care into the healthcare system and as the continuing focal point for all needed care (AAFP, 2011) including health promotion, education, maintenance and treatment maximally to retain patients in the community rather than step-up care. HK government advocated and funded new role of general out patient clinics in 2001 for 'healthy elderly scheme' and in 2008 for improving prevention and step-down care of chronic illness. Occupational therapists, who were minimally involved in primary care services in the past, became one of the potential 'mid-level practitioner' in the team, based on their past hospital profile of service and the better supply of workforce compared with nurses at that time. It was clear insidiously that the hospital-based experience of occupational therapist, in terms of mode of delivery, target clients as well as needs analysis and expectations were no longer applicable in primary care clinics. A new model was evolved to refocus our therapists to provide interventions for the 'NO ill, NEAR ill, and AT ill' or '医未病, 医将病, 医既病' from Chinese medicine perspectives. Examples from few pilot Allied Health Clinics in general out patient clinics were shared to illustrate the potentiality of occupational therapist new frontiers in primary care services. This also sheds lights on the education profile of occupational therapists to meet the changing societal demands.

Symposia

(1S1.1) Training and Education of Rehabilitation Therapists in Mainland China: Yesterday, Today and Tomorrow

Dahong Zhuo, MD
Sun Yat-sen University, Guangzhou, China

Stages of Development

Three stages are divided in the development of the education of rehabilitation therapists (RT) in mainland China.

Stage 1 (1982-1989): Initial stage

Education of Physical Therapists (PT)/Occupational Therapists (OT) through overseas training or domestic short-term training programs

Stage 2 (1990-2000): Intermediate stage

Exploring different programs for training PT or OT (rehab therapists) with Diploma course (1 year) and Short-term college-based course (2-3years)

Stage 3 (2001~) Heading for International standards

University-based PT/OT (rehab therapists) program (4 years with bachelor degree)

Achievements

In 2010, the number of rehabilitation therapists in mainland China was estimated as 13000.

Rapid growth of the education programs for Rehab Therapists was seen in recent years.

Number of University-based programs: 70

Number of short term college-based programs: 130

(2011)

Problems

On the alert for the improvement of RT education.

size, quantity VS quality, efficiency

enthusiasm VS resources

randomized approach VS standardized requirement

without related supportive system VS sustainability through supportive system and mechanism

What Do We Need for Quality Improvement of PT.OT Education

- A Unified and standardized National Minimum Requirement for PT.OT Education: Principles and Curriculum.
- A qualified faculty of teachers composed of senior physical therapists and occupational therapists able to transfer knowledge and skills about PT and OT.
- Adequate teaching resources and facilities of teaching labs and clinical practice placements
- Update and innovative educational methods relevant to PT and OT teaching programs

Five Steps Toward International Tracks of PT.OT Education in Mainland

Step 1. To organize a national supervising committee in charge of developing Guidelines for PT and OT professional Entry Level Education, including curriculum content (2010-2012)

Step 2. To establish a national program for advancement of PT.OT faculty (teachers) (2013)

Step 3. To establish an independent program for physical therapy education and an independent program for occupational therapy (2013-2015)

Step 4. On the whole, PT.OT Educational programs are meeting the basic requirements of international standards. (2016-2020)

Step 5. A system or mechanism is set up and in function for accreditation or certification of PT.OT graduates to enter the professions. (2016-2020)

Strategies for Achieving the Goals

- International cooperation with WCPT, WFOT, Academic societies or Institutions, NGO, Foundations
- Political and social support through policy and mass media.
- Strengthening the role played by the professional societies of PT/OT in supporting and supervising educational programs
- Think globally, Act locally



(IS1.3) 中国康复的现状和展望 - 作业治疗的重要角色

李建军主任
中国康复研究中心

摘要：中国的康复事业始于上世纪50年代，在80年代以后蓬勃发展，并逐渐从原先的经验医学向循证医学转变。经过几十年的发展，康复在中国已经初具规模。按照中残联部署，从“十一五”初期到2015年为康复医学的全面发展阶段，力争实现残疾人‘人人享有康复服务’的宏伟目标。在高新技术的带动下，康复医学的重心由结构向功能转移，强调以生物-心理-社会康复模式为基础，更加提倡早期、主动、全面康复。我们深知，康复医学要更快更好地发展，必须把握其多学科合作的特点。其中作业治疗在提高功能障碍者生活能力、恢复社会角色中发挥重要作用。在传统作业的基础上，一些新技术（BTE Primus RS类比仿真测试训练系统、虚拟技术等）为作业治疗带来了新鲜血液，为广大功能障碍者带来福音，从而融治疗、娱乐、工作为一体，充实功能障碍者的时间，体现个人价值，同时鼓励功能障碍者在活动中帮助他人、承担责任，真正成为活动的主人。本文简要概括中国康复事业的发展历程、现状与展望，侧重介绍中国作业治疗的发展，以期汲取经验、去粗取精，为世界了解中国康复、促进康复医学的进步提供参考。

Current Situation and Prospect of Rehabilitation in China - Important Role of Occupational Therapy

Li Jianjun Director
China Rehabilitation Research Center

The rehabilitation cause in China began in the 1950s, which had been greatly developed after the 1980s, and gradually changed from the experience-based medicine to evidence-based medicine. With decades' development, rehabilitation in China began to take shape. According to CDPF's deployment, it is the important stage from the early "Eleventh Five-Year" to 2015 for comprehensive development of rehabilitation medicine and achieves the magnificent goal of the people with disabilities 'Rehabilitation for All'. With the development of high and new technology, the focus of rehabilitation medicine has been transferred from the structure to function emphasizing the biological-psychological-social rehabilitation model with more encouragement of early, active, comprehensive rehabilitation. We know that, in order to develop rehabilitation medicine faster and better, we must grasp its characteristics of multi-disciplinary cooperation. Among which, occupational therapy plays an important role in improving life skills and regaining social roles of the people with disabilities. On the base of traditional occupational therapy, some new technologies including the analog simulation test training systems of BTE Primus RS, virtual technology, etc bring fresh blood for the occupational therapy with blessings to majority of the people with disabilities. Thus, treatment, working and entertainment were combined together, the lives of people with disabilities was enriched with realized individual values. Meanwhile, in activities, people with disabilities are encouraged to help others and take responsibility to truly become masters of the activities. This article summarizes the development history, status and prospects of the rehabilitation cause in China, and particularly emphasizes the development of occupational therapy to learn from experience with expectation of providing a reference for the world to understand rehabilitation in China and promoting the progress of rehabilitation medicine.

(1S2.1) 人人享有康复服务如何实施 Rehab services for Everyone: How to complete

陈旭红 Chen Xuhong

广东省残疾人康复协会

Guangdong Province Rehabilitation Association for People with Disability

- | | |
|-------------------|---|
| 一、什么是人人享有康复服务 | Definition of Rehab Services for Everyone |
| 二、人人享有康复服务具体的评审内容 | Content for outcome evaluation |
| 三、如何开展创建工作 | How to complete |
| 四、如何做好归档汇总工作 | How to do documentation |
| 五、如何做好迎接评审工作 | How to evaluate |
| 六、创建工作的要点把握 | Summary |

什么是人人享有康复服务 Definition of Rehab Services for Everyone

人人享有康复服务目标的提出 Goals

- 2002年，国务院办公厅转发了卫生部、民政部、财政部、公安部、教育部、中国残联《关于进一步加强残疾人康复工作的意见》，提出了到2015年，实现残疾人“人人享有康复服务”的总体目标。
National Goal setting in 2002, Achieve "Rehab services for everyone" in 2015
- 2003年6月，省人民政府同意省卫生厅、教育厅、公安厅、民政厅、财政厅和省残联制订的《关于进一步加强全省残疾人康复工作的意见》，提出到2012年，全省实现残疾人“人人享有康复服务”的总体目标，并提出2010年，珠江三角洲地区提前实现残疾人“人人享有康复服务”的目标。
Provincial Goal setting in 2003, Achieve "Rehab services for everyone" in 2012, and 2010 in Pearl River Delta
- 2004年1月，深圳市政府转发了市卫生局、民政局、发改局、财政局、教育局、公安局、残联《关于进一步加强残疾人康复工作的意见》，提出到2008年，全省实现残疾人“人人享有康复服务”的总体目标。2008年10月顺利通过了国家有关部委的审评验收。
- Shenzhen has achieved "Rehab services for everyone" in 2008, and has been accepted by the government
- 广州市也要求提出到2010年实现残疾人“人人享有康复服务”的总体目标。
Guangzhou Government also want to achieve the goal in 2010
- 江门市新会区、蓬江区、江海区于2010年12月22日通过“人人享有康复服务”验收。
Some districts in jiangmen City have achieved their goal and accepted by the government in Dec 2010

人人享有康复服务的层次 Levels of the rehab services

两个层次

最基本康复服务

Essential Rehab Services

保障水准 protection level

制度性保障：符合规定的康复医疗专案纳入基本医疗保险支付范围；未纳入支付范围的基本康复服务专案有政府的康复救助制度作保障。

初级水准：省、地级市、县（区）、镇（街道）、村（居委）有为残疾人提供康复服务的专门机构；服务残疾人数达到总人口的2%。

服务能力 Capability for Service

个性化康复服务

Individualized Rehab Services

根本性保障：保险支付范围和康复救助范畴实现常态化；基本康复服务费用，实现无障碍。

更高水准：五级专业康复机构规范化管理高水准运作；残疾人得到适合其个人需要的基本康复服务。

(1S2.2) 中国工伤康复现状及发展

唐丹

广东省工伤康复中心

本世纪初的十年，是内地工伤康复初步探索的阶段，期间工伤康复政策和服务得到了极大的充实和发展。宏观层面，国家法规和部门政策明确工伤康复是工伤保险的应有之义。2006年，国家劳动和社会保障事业发展《“十一五”规划纲要》明确提出要探索工伤补偿与工伤预防、工伤康复相结合的有效途径。经过“十一五”期间的试点探索，2011年施行《中华人民共和国社会保险法》以及修订施行的《工伤保险条例》，以法律的形式将工伤康复列入工伤保险的待遇组成部分，进一步明确了工伤康复的法律地位。微观层面，管理规范和服务标准逐步完善。在现有国家法律法规原则性规定的基础上，人力资源和社会保障部门着手完善工伤康复微观管理规范和服务标准，编制试行了《工伤康复诊疗规范》和《工伤康复服务专案》两项标准，解决了康复费用支出缺乏依据的问题，第一次通过建立诊疗规范的形式指导具体病种的康复服务行为。这些全国统一的配套政策的制定和实施，催生了各地制定适宜本地情况的工伤康复管理办法，因地制宜明确工伤康复工作的职责分工、服务物件和待遇范围等制度内涵，将全国工伤康复实践发展推入快车道。服务机构建设得到发展。2009年以来，人力资源社会保障部细化工伤康复试点机构的基本设施、场所、人才、技术等要求，按照严格标准、实事求是、稳步推进、宁缺毋滥的原则，在全国范围内遴选了35家工伤康复试点机构，并以“输入地、工伤高发地重点建设的原则”，在广东设立“全国工伤康复综合基地”，以点带面开展工伤康复全面试点工作。目前，内地工伤保险经办机构以合同购买为主要模式为工伤职工购买康复服务，试点机构呈现急救期早期康复介入和中后期工伤康复及职业康复治疗各有侧重的多元化发展态势。进入第十二个5年规划阶段，内地工伤康复服务将围绕“以职业康复为重点，提高工伤职工重返就业岗位的比例”这一工作任务，着手职业康复规范和标准的编制和实施，推进职业康复人才培养工作；此外，按照“加强国家级和区域性工伤康复示范中心建设，实现分层次、相互衔接、特色互补的工伤康复服务格局”的发展预期，通过发挥以点带面的示范作用，加强全国工伤康复机构间的业务协作、发展和推广康复技术、促进人才培养、增进技术和资讯交流，优化服务管理，提高服务品质，最终实现“政策统一、业务规范、相互协作、资源分享”的有中国特色的工伤康复服务体系建设。



(1S3.1) Development of A New System of Occupational Therapy in China Perspectives based on Chinese Culture

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In the first part of the paper the author discussed in detail the close relationship between occupational therapy (OT) and culture.

In the second part of his article, the author identified the following elements as the features of Chinese culture which have implications on the structure and methods of delivery of OT.

Chinese family ethics and culture with emphasis on living together among older and younger generations in a big family, so that sons and grandchildren could serve as attendants or caregivers for parents and grandparents. Consequently, over-assistance makes the elderly tend to rely on the young in ADL and feel comfortable as a dependent member in the family and society, instead of trying to remain independent through OT when they need it. Many of them think that they do not need OT.

Fatalism leads to the belief that acquiring a disability is an unavoidable destiny which one should reluctantly accept and could not change the destiny. Thus rehabilitation and OT are considered useless.

A taboo holds that disability is a retribution to those who deserve it. Many people think that disability is a shame and they would like to try all means to hide it, keeping a family member with disability in a secret room, not to say to let them have opportunity to receive rehabilitation therapy and integrate with the society.

The superstition on medication and on the prompt-response treatment results in the neglect of relatively slow and accumulative therapeutic effects of OT.

The TMC culture, namely the culture of traditional Chinese medicine, involves favorable philosophy for OT, such as integration of man with nature, moderation in lifestyle and combined therapy with internal and external treatment, and as well as with medication. and dietary therapy.

The cultural activities and arts and crafts of Chinese style are valuable resources for OT.

In the third part of the paper, the author suggested that to promote OT in China and make most use of it, it is necessary to develop a unique system of OT which is based on Chinese culture.

First, to develop and make use of a variety of OT modalities based on Chinese culture, such as Chinese calligraphy and painting therapy, Chinese music therapy and reading therapy, Chinese-style arts and crafts therapy, Chinese horticultural therapy, kite-flying therapy.

Secondly, to adapt the western OT methods so as to suit the Chinese cultural background. For example, the modification of ADL training, housing environment and facilities modification, visual reality training modification.

Thirdly, to combine OT with the Chinese traditional medicine and health promotion culture for a better rehabilitation outcome.

Lastly, to make OT popular and justifiable for use, it is necessary to raise the awareness of rehabilitation and OT of the Chinese clients and their family. New and positive culture and philosophy related to rehabilitation and OT should be taught along with training methods and skills of OT in the entire process of treatment, thus, overcoming the influence of the negative concepts unfavorable to the compliance with OT.

(1S3.2) Current Development and Application of Health Qigong in Occupational Therapy in Hong Kong 健身气功在香港作业治疗的发展和运用

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With the increase of chronic illnesses worldwide and demand for Occupational Therapy, there is a challenge for the development of treatment intervention that can address the holistic needs of patients due to bio-psycho-social nature of the diseases. Health Qigong (HQG) is selected as a purposeful activity – the core of Occupational Therapy – to help patients with chronic diseases improve function, regain life roles and quality of life as it is holistic, cost-effective, simple to practice, accessible, and culturally relevant that could be sustainable through changing patients' lifestyle.

Health Qigong is a Chinese health maintenance activity in which vital energy (Qi) is cultivated through mental regulation, breathing regulation and postural (and movements) regulation for a state of *balance/ homeostasis*. There are four forms of HQG regulated by the General Administration of Sport of China since 2001. The application of HQG in Occupational Therapy for people with chronic diseases in Hong Kong began in 2000 and training for HQG coaches was conducted regularly in collaboration with the Chinese Health Qigong Association and Hong Kong Occupational Therapy Association since 2005.

In the presentation, the development of HQG as an Occupational Therapy intervention in Hong Kong will be outlined. Its clinical applications in different disease groups like cardiac, respiratory, chronic pain and mood problems, etc will be discussed. The challenges and experiences of introducing HQG as an Eastern clinical intervention, training of HQG coaches, developing evidence-based practice and promoting HQG as a health maintenance activity and healthy lifestyle will be shared.

(1S3.3) 论叙职业治疗在中西医结合的楔入点 East Meets West – What it means to Occupational Therapy

吴凤亮 Bacon F. L. NG

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职业 (作业) 治疗的人类职能模式与中医的基础理论有很多共通之处，诸如尊重独立个体的需要，与以使用者为中心和关注全人的职能以达致平衡和协调的生活质素等身心康健状态。中医及职业治疗均强调环境对个人的影响，而且双方皆缘起于其实用性与及强调未病先防的重要性。

近年来，一些使用中医概念的创新职业治疗活动结合到康复计划中，例如茶艺治疗用于重燃动力疗法和精神病康复、健身气功用于普通科和精神科康复、健康生活重建和养生保健、与及脊椎治疗，保云疗法和经络推拿疗法的相似之处等，将继续成职业治疗在中西医结合的楔入点。

Review of similarities of the philosophical belief of Traditional Chinese Medicine and Occupational Therapy using Human Occupation Model showed that both emphasizing individualized holistic, client-centered approach and aiming to obtain a balance and harmonics life of a person physically and psychologically. Both professions stress on the importance of dynamic system approach of interacting with the environment and rooted from a pragmatic approach in origin that emphasized disease prevention.

In recent years, innovative approaches emerging from Occupational Therapy using some of the treatment modalities of TCM as therapeutic activities in rehabilitation. Sharing and elaboration of some of these treatment modalities, such as tea art in psychiatric rehabilitation, health qigong for both physical and psychiatric rehabilitation, wellness program about life style redesign, similarities of craniosacral therapy, Bowen therapy and meridian manipulation, will be shared as the welding points of east meets west therapeutic activities.

(1S4.1) Role Emerging Practice in Occupational Therapy

Sue Baptiste

President

Canadian Association of Occupational Therapists

The occupational therapy profession is at an exciting time in its evolution in this the new millennium. Our history can inform us well concerning the core constructs and philosophy of our discipline; similarly, the present complexity of societal and global issues offer us fascinating opportunities to dare to go forward into areas that are new, but where people need and can benefit from our expertise and help. It is imperative that we take these opportunities and challenges when they are presented, but also that we move ahead exploring and identifying them for ourselves.

This is the core of the matter. While it is comfortable and reassuring to be in a niche that we have carved for ourselves over time and which is well regarded by those for whom we provide service, this, however, is not enough. The very tenets of our profession can be our worst enemy as we enable others, putting ourselves onto a lower level of priority. To want our philosophy to be embedded within our cultures is not self-serving; in fact, it is the reverse.

During this presentation, I will address the issues raised here and encourage all of us to develop plans to embrace the current realities and leap into the vibrant future.



(1S4.2) Recent Advances in Stroke Motor Rehabilitation: Taiwan Experiences

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This presentation highlights the exemplary progress by addressing a comprehensive program of research on evidence-based and translational stroke rehabilitation in Taiwan. Topics of study include the development of innovative interventions, metric study of appropriate instruments, and the study of possible mechanisms underlying therapeutic change after rehabilitation. Landmark studies of our recent research are illustrated:

Effects of constraint-induced therapy (CIT) with and without trunk restraint

Compared with the dose-matched control group, the CIT group exhibited significantly better performance in several outcome domains in stroke survivors. We proceeded to study the effects of distributed CIT combined with trunk restraint (dCIT+TR). The study showed that this combined therapy could translate the gains in motor control into functional performance.

Benefits, adverse effects, and dose-response study of robot-assisted therapy (RT)

To optimize treatment intensity, we examined the effects of higher-intensity versus lower-intensity RT on motor and daily function, fatigue, and oxidative stress, using a DNA biomarker (8-hydroxy-2'-deoxyguanosine), relative to conventional stroke rehabilitation. The higher-intensity RT had better improvement and did not induce higher levels of oxidative stress. Our further study showed that higher-intensity RT combined with functional task practice significantly improved real-world arm activity as measured by real-world arm activity monitors.

Preliminary investigations of mirror therapy

Our pilot study has investigated the effects of mirror therapy (MT) with transitive movement practice versus control intervention. The preliminaries showed that the MT group gained more benefits on sensorimotor recovery and motor control strategies, whereas the control group demonstrated higher functional improvements. Further research is underway that investigates the combined effects of MT and electrical stimulation.

Continued comparative efficacy research may contribute to avoid over-generalized occupational therapy practice. Research is underway to search the appropriate markers that may predict treatment outcome, and to study the molecular aspects in stroke rehabilitation.

Keywords: Stroke rehabilitation, Comparative efficacy trials, Translational research

(1S4.3) Cancer Survivorship - Research frontier for occupational therapists

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Worldwide, cancer survivors are on the rise and the figures (and burden) are expected to increase rapidly over the next few decades especially in developing countries. This talk will focus on the rationale for this current interest; the semantics of 'cancer survivors' and 'survivorship', and the short term and late-effect sequelae relating to the physical, psycho social, emotional, spiritual and occupational domains of living with a cancer diagnosis, and highlights the research initiatives surrounding cancer survivorship.

The paper highlights that this emerging sub-discipline provides opportunities for occupational therapists in developing countries to address roles that they have not fully participated in the past. It requires pioneering occupational therapy interventions to partner, enable, empower cancer survivors to self manage and redesign their remaining lifespan. The focus is essentially about self-care and independent living, our core business. However, cancer survivorship research by OTs are grossly inadequate and, one way to hasten progress is via collaborations at international or at Asia Pacific region. Together we can better contribute to advance OT in this sub-speciality, and collaborate to address the many unmet needs of the increasing cancer survivors in developing countries.

(1S5.1) Movement in New Models of OT Practice in Mental Health- Hong Kong Experience

Kwong Mei Yuk, Dorothy

Cluster Service Co-ordinator (Occupational Therapy), Hong Kong East Cluster, Department Manager (Occupational Therapy), Pamela Youde Nethersole Eastern Hospital

In line with the new service direction of Hospital Authority (HA) mental health service, significant work have been committed in modernizing the Occupational Therapy Services in Mental Health. New models and innovative program in OT practices are moving towards the provision of person-centred and recovery focused service based on the needs of recovery of individuals. Occupational Therapy practices have been enhanced and new roles developed in different phases in the continuum of patient care covering from acute, ambulatory to primary care & community. Innovative illness management program has been developed in acute service and there are marked ambulatory service development in intervention program in management of common mental disorders. There are emerged roles as case managers to support early & safe discharge, personalized care program and early intervention service for first psychosis in the community. The movement ahead will continue to strengthen OT's contribution in enabling patient's recovery process across the spectrum of patient care, and the continuous development of evidence based practice in quality personalized service in early intervention, illness management & recovery program, mental well-being and empowerment of patients in self-management & community engagement.

(1S5.3) New Model in Paediatric Occupational Therapy Service

Minnie Tang, Occupational Therapist

Early Intervention Programme

Ebenezer School & Home for the Visually Impaired

Occupational therapy in paediatrics provides service to the public with its focus on facilitating children's optimal development and acquisition of living skills to wellness. In 1993 Zeitlin & Williamson proposed the "coping model" for OT in paediatrics thus set a nice framework for treatment planning and service delivery. Nevertheless, in the past almost twenty years the societal change together with the advancement of neuroscience and technology, there is a need to review this framework. For interest, with reference to the OT Framework newly revised by the American Occupational Therapy Association 2012 and the speaker's reflection of her clinical experience in different sectors, "_____@ coping model.ot" is suggested.

(1S6.1) Integrating concepts of OT and ICF to help marketing of OT

Simon Wong

Occupational Therapist, Tai Po Hospital

The ICF has been officially launched by WHO for more than 10 years. The concept of ICF perfectly match with the core value of occupational therapy. The revised version of the "Minimal Standards for the Education of Occupational Therapists 2002" had adopted the concept of ICF in the basic education of OT. The ICF is a classification system on terms related to "health". The key components of health spelt out in ICF have long been the key concept of OT in clinical practice. I shall illustrate more in my presentation on the integration of concept into practice between ICF and OT.

Marketing is important in the development of a service or profession, but it is always neglected by clinicians. Occupational therapist always face frustration of our contributions not being recognized by the service users or the general public. The first lesson I learned on marketing was that marketing is deeply rooted on addressing human needs. Where there is products or services that fill the gaps of human needs, there will be market for business. In the situation of OT, I think "product" and "promotion" are the more hot issues in the marketing process that we need to address first in order to improve our visibility and popularity.

The concept of "Participation" provides good opportunity for OT in promoting our service. Previously, it was difficult to find a common anchor in the promotion of OT. It is hard for OTs working in different specialty areas or with different age groups, to come to consensus on a common anchor. A common anchor is important for the outsiders to recognize our value and contributions in a consistent manner. OT helps our clients participate in daily life through the use of meaningful activities and/or adaptation of environment. With the chance of 'participation', clients will have the experience to rehabilitate and regain the joy and happiness. "Participation" is just like a 'black box' that any possible outcome can happen. OT's role is to facilitate and accompany our clients to walk through this black box and ensure them to have the best outcome. Our uniqueness is from the fact that we are the only profession to facilitate participation in this way and accompany clients through the process, as well as celebrate together with the clients.



(1S6.2) Experience in developing OT Soft as product

Kent, Jui-Kun CHANG

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Using computers as an assisted tool in teaching and cognitive training is more common over the last decade. The cognitive function is very culture oriented. It was difficult to find the cognitive rehabilitation software (Chinese version) with opening framework system (program generated by therapist) in 1990s.

The OTsoft software was developed by a program engineer and me in Taiwan in 1997. However, it had been a new concept of computer assisted cognitive rehabilitation (CACR) and beginning popular in Taiwan. The best feature of this software is its adaptability that therapists can design their own therapeutic programs to meet their clients' needs.

OTsoft contains three features: OTedit.exe, MST.exe & CES.exe. OTedit.exe is used to design customized training programs or assessments. The practitioners insert and edit available pictures, videos and voices following OTedit.exe step-by-step instructions. MST.exe is used to perform the programs that you have designed by OTedit.exe. CES.exe is used to assess the client's cognitive performance that you want to know.

Moreover, OTsoft can be used with different types of switches and input devices, so it can be used by people with different types of disabilities as well as motor deficit. Therefore, the typical users of this software are practitioners such as occupational therapists, speech pathologists. The clients will be the people with cognitive impairments such as people with traumatic brain injury and the clients need cognitive function training such as people with cerebral palsy or mental retardation.

Furthermore, in terms of tendency market of OTsoft, using CACR as a training modality has been a new concept in Taiwan and it was becoming popular over the last decade. Undoubtedly, there are more than 50 hospitals & schools using OTsoft software as cognitive training modalities in Taiwan. It means the OTsoft product that has met the culture and technique, clients and therapists' needs in Taiwan's market.

(1S6.3) Recent advances in use of assistive technology in neuro-rehabilitation: Challenge for occupational therapists

Kenneth Fong

PhD, OTR, Assistant Professor, Hong Kong Polytechnic University

The functional recovery of the paretic upper extremity after stroke is often slower than that of the lower extremity and is one of the greatest challenges faced by occupational therapists. Recent literature in neuro-rehabilitation shows some new approaches and use of advance assistive technologies appear to be more promising, which include repetitive bilateral arm training, and robot-aided exercise training, functional electric stimulation, new hand orthotics, spatio-cueing combined with hemiplegic arm activation, virtual reality, constraint-induced movement therapy, and repetitive transcranial magnetic stimulation. It is now clear that the phenomenon underlying constraint-induced movement therapy is that it repeatedly induces the use of the paretic arm in "task-specific" functions and involves the upper extremities in "intensive practice", which may be the reasons behind the success of recent advances in arm training. These technologies provide occupational therapists to develop new opportunities and re-visit their roles in neuro-rehabilitation, but also induce challenges to our basic training to these new technologies, use of old treatment techniques, e.g. neurofacilitation, and the professional paradigm applicable within occupational therapy practice. They still require staff to teach and monitor closely and the patient has to be very motivated to continue with the treatment. These new technologies and approaches, however, may still require a number of costly therapy hours and expensive equipment which also raise the question of cost-effectiveness. On the other hand, owing to lack of evidence of comparing the effectiveness of various kinds of treatment, they may not be able to substitute traditional home programme developed for the ultimate goal of functional recovery at home and generalization to real-life.

In order to cope with the challenge, occupational therapists should consider: (1) enriching ourselves with updated knowledge in basic or continuous training, (2) developing different protocols including various treatment regimens to maximize the treatment effects and to induce changes in response to feedback received from patients, (3) conducting reviews to different kinds of new treatments, and (4) investigating the effectiveness of those new technologies without adequate evidences in randomized controlled trials would be beneficial. Examples are discussed.

(159.2) OT's Role after Natural Disaster

Nobuhiro NARA

International University of Health & Welfare, Japan

The north-eastern part of Japan suffered badly from the Great East Japan Earthquake on 11th of March, 2011. The earthquake and tsunami have affected many people's lives and social systems. There were occupational therapists, whose daily environments and workplaces have been damaged severely, and they have been challenging of reconstruction. Then a lot of occupational therapists have joined a variety of projects for supporting quake-victims. Health managements and barrier-free environment promotions at evacuation centers and temporary houses, medical/community rehabilitation supports, and rehabilitation aids delivery are examples of these activities. In this presentation, based on reports about their challenge and projects by Japanese OTs, the occupational therapists' roles after natural disaster are discussed.

(159.3) OT's contributions after the earthquake in Sichuan

Lin Guohui MD, Msc OT

Guangzhou Rehabilitation Center for People with Disability

After the Sichuan earthquake, several rehab medical teams have been sent to those disaster zones from the other provinces all over the country by the government. Until Now, a lot of NGOs and local health care systems are still providing their rehab or other related services for those earthquake survivors. OT plays an important role as one of the multi-disciplinary team member with their unique knowledge background and skills through all of the phases of the disaster relief.

As one of the professional OT member who was and still working in this Sichuan disaster relief programme. I am going to share my experiences about OT's contributions after the earthquake in Sichuan under the framework of ICF and the concept of client centered. I will focus on the OT services in the reconstruction and follow up (CBR) phases.

With the sharing of our experiences, hopefully we can clarify the OT's role in disaster management and build up new knowledge, skills, strategies for our future practice and education.



(2S1.1) Neurorehabilitation in Children

Dawson FONG

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Injury to the central nervous system from various causes – traumatic, cerebrovascular or otherwise – may lead to significant morbidity or even mortality. Primary damage is sustained right at the time of insult. Clinicians can only try their best to avoid and limit the effect of secondary damages - to save life and limit long-term disabilities. When the trauma stabilizes, recovery starts. Historically, rehabilitation focuses on recovering lost function and is often considered as aftercare, distinct from acute management. As the concept evolves, and the importance of prevention more recognized, rehabilitation is instituted much earlier. Initial assessment and planning could be started by relevant personnel while the patient is still in the Intensive Care Unit. Neurorehabilitation should now be an integral part of acute care in all brain injury.

Brain injuries incur both physical and cognitive sequelae. Higher mental disability poses additional obstacles to physical recovery. The two are separate and yet intertwining domains. Therapists should really be looking at functional recovery that encompasses all these disabilities and device ways to incorporate these victims back to the community. For the paediatric population which will be emphasized in the discussion, rehabilitation takes up an additional dimension as these victims will continue to grow and mature and the importance of an appropriate education cannot be overstated. Neuroplasticity comes in and does play a significant role in neurorehabilitation.

Clinicians with a goal of rehabilitating these children should have a holistic view in mind for these victims. Each of them is unique and therefore there is no rigid protocol at hand. Instead each of them deserves our every attention into the detail, set them appropriate attainable goals and be ready to modify them as they forge along the path of recovery that unfortunately for many of them would be protracted. But very often in the end, there will be gratification for these patients and families, leaving the team of medical and health professionals in amazement. As Garrison KEILLOR once wrote

*Nothing you do for children is ever wasted.
They seem not to notice us, hovering, averting our eyes, and
they seldom offer thanks, but
what we do for them is never wasted.'*

(2S1.2) Combined Effect of Botulinum toxin type A Injection and Intensive Occupational Therapy in treatment of spastic pronators in children with cerebral palsy

Sanne Fong, KB Tam, Catherine Fung, Vivian Chui, Stella Cheng, Grace Ng, Teresa Wong and KY Chan

Objective

To study the combined effect of injection of Botulinum toxin type A (BtA) and rehabilitation program for children with cerebral palsy in the acquisition of grasp control.

Design, setting and patients

13 patients (4 male and 9 female) presented spastic pronators and hand function impairments were selected and examined jointly by an orthopaedic surgeon, paediatric neurologists and occupational therapist. A treatment guideline and a standard assessment protocol were established to ensure that the cases could benefit from optimal rehabilitation after injection. Treatment included a forearm-supination splint and intensive training for grasp & release and sensory reeducation.

Intervention (s)

Among the 13 cases, 5 had received injection to pronators. All patients received occupational therapy were longitudinally assessed and followed up from baseline (pre-injection), 1, 3, 6 and 12 months after injection.

Main Outcome Measures

Assessment include change of spasticity, active range of motion, sensibility and functional hand grip.

Results

The hypertonicity of pronators improved with increase in active range of forearm supination, wrist extension, and functional hand grip for the first few months. 5 cases had gained different levels of stereognosis and last a whole year. All candidates improved in efficiency of hand function.

Conclusion

Part of this study reproduced similar result from other countries. Additionally, we observed that four clients gained sensibility and have no tendency to diminish with time. The restoration of hand function and sensibility in our study last to 12 months after injection proved the training effect. Lastly, stereognosis was able to be learned after injection.

(2S2.1) Return to Home from NICU

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Premature infants have to overcome many physiological changes and complications after birth before they can be discharged home from the NICU. One of the prerequisites is to be mature enough to have oral feeding. The failure to complete oral feedings safely and successfully is one of the major reasons for a prolonged length of stay in hospital for preterm infants. Studies showed that oral stimulation program by occupational therapist can enhance the maturation of the feeding skill of these preterm infants and achievement of full oral feeding earlier.

Another common cause for delay in discharge is the oxygen dependency of the premature infants with chronic lung disease. Despite optimal therapy, infants may need a prolong period of time to recover from the disease and be weaned off from oxygen dependency. Home oxygen therapy is the best option for caring of these infants. It can provide support to the respiratory condition and ensure the best environment for the infants to grow and develop normally. Services from occupational therapists including education of the parents and assessment of the infants are very important to ensure the success of the home oxygen therapy.

The confidence of parents in taking care of their premature infants is also an important aspect to address for successful discharge. Through the High Risk Infant Follow Up Program, occupational therapists assess the patients and provide guidance to their parents in the care of the infants. The program empowers the parents and builds up their confidence in taking care of their premature babies.

Other than the above services for premature infants, occupational therapists also provide important support in managing specific problems of infants with neurological problem.

In summary, occupational therapy is one of the pivotal members in the management team for newborn in the NICU.

(2S2.3) Multidimensional Occupational Therapy Intervention for Infants with Failure-to-thrive.

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Failure-to-thrive (FTT) is a common disorder of infancy which constitutes 2-3 % of paediatric hospital admission. It is usually defined as weight persistently below the third percentile for age. Three categories of FTT are organic, non-organic and a combination of both. Gastrointestinal and central nervous system disorders are the most common organic etiologies. If the test results for organic disease are negative, infants will be classified as non-organic FTT which is mainly due to emotional or environmental deprivation.

Occupational Therapist adopts multidimensional approach in the intervention for infants with FTT. By thorough review on feeding history together with feeding assessment, occupational therapist will figure out the possible underlying causes of FTT. The common causes include oral motor dysfunction, aversive feeding experience, sensory modulation and regulation problem, psychological distress, inadequate feeding technique, impaired mother-child interaction, etc, and manifested as food refusal behavior, poor oral intake, repeated vomiting and poor weight gain.

Parents/caregivers will be advised and empowered with feeding techniques, optimal meal scheduling, environmental adaptation, strategies of psychotherapy and behaviour management as needed. In addition, periodic developmental assessment (with training if delay is identified) and support for the smooth food transition should be included in the usual practice, to ensure the optimal development of the infants. Management for infants with FTT is always challenging, it demands the holistic view and creativity of the therapist, as well as the cooperation of parents/givers.



(2S2.4) Return to Home Programme for High Risk Infants on oxygen therapy

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Background

Some preterm babies need supplementary oxygen to maintain optimal function and are able to return home earlier with home oxygen therapy (HOT).

Objectives

To review the existing Return to Home Programme (RTHP) for high risk infants (HRI) on HOT.

Design

This is a retrospective study on the outcome of HRI born from 2005 to 2009 based on the information from CDARS and documentation by Occupational Therapist (OT).

Methods

HRI of PMH received Occupational Therapy service in oral motor stimulation, feeding training, developmental assessment (DevAx) and training. HOT would be provided to those requiring supplementary oxygen. OT would provide titration of oxygen dosage, parent education, post discharge home visits and monthly follow-up on HOT. Out-patient DevAx would be arranged at corrected age 1, 6, 12, 18 months and annually from 2 to 6 years old to monitor the progress.

Result

Among the 303 HRI, 32 (10.5%) were discharged with HOT. The average length of hospital stay (LOS) was 134 days (59~395). The mean gestation and birth weight were 27.4 weeks and 857.8 grams respectively. The mean duration of HOT was 122.2 days. 16.7% and 28.6% of babies had age appropriate development in all aspects at corrected age 6 and 12 months. There was no direct correlation between diagnosis, LOS and dosage of HOT. 68% did not required readmission related to respiratory distress.

Conclusion

Return to home programme was effective to support discharge of High Risk Infant back home and reduce length of stay. Timely follow up to adjust oxygen dosage and developmental training was essential for high risk infant.

(2S3.1) Promoting well-being and engagement in social life through occupational lifestyle Re-design Program: A pilot study for adolescent with ASD

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Background

The present study investigated the treatment effectiveness of a newly designed 8-sessions Occupational Life-style Redesign (OLSR) programme for adolescent with Autistic Spectrum Disorder (ASD) in Queen Mary Hospital.

The programme has been developed based on the Broaden and Build Theory of Positive Emotions (Fredrickson, 1998; Fredrickson & Cohn, 2008), which emphasizes building physical and psychosocial enduring resources within a group situation. There are 5 key components of OLSR including (1) provide information and road map for changes, (2) teach adaptive strategies and skills for living successfully, (3) goal setting and implementation and sharing, (4) coach the journey of change, and (5) render un-conditional acceptance and support.

Methodology

Twenty-two adolescents with ASD were recruited in the study. Their ages ranged from 12 to 17. Three treatment groups were conducted from February 2010 to April 2011. Five assessment tools, namely (1) WHO (Five) Well-Being Index, (2) General Self-Efficacy Scale, (3) Cultural Free Self-Esteem Inventory, (4) Subjective Happiness Scale, and (5) Happiness Questionnaire, were adopted to evaluate the participants' level of happiness, self-esteem, and general psychological well-being at pre-test and post-test.

Results

Paired sample T-test was used to evaluate the treatment outcome of the OLSR programme. Results showed that there was significant improvement in happiness ($t=4.205$, $p<0.001$), self esteem ($t=2.296$, $p<0.05$), subjective well-being ($t=2.32$, $p<0.05$) and self-efficacy ($t=2.52$, $p<0.05$). Subjective comment from the participants were also found to be positive.

Conclusion

It is concluded that the OLSR programme can effectively improve the self-esteem, self efficacy, and happiness level of adolescent with ASD.

(2S3.2) Transition Program of students with ASD in mainstream schools

CHAN Ka Ki
SAHK

Most students may have feelings of excitement and apprehension when transitioning to a primary or secondary school. Many of them can easily adapt to the changes in entering a new school life, such as studying in a new and larger environment, meeting new and different teachers, as well as classmates, learning various subjects, etc. For students with Autism Spectrum Disorder (ASD), however, these changes may become their sources of great anxiety (Konza, 2005). Their core deficits including social-communication, repetitive or restrictive behaviors, and sensory issues affect their adaptation in the new schools (Aspy & Grossman, 2007; Minshew & Williams, 2007). In addition, many teachers have limited understanding on the needs of students with ASD so that they may not be able to adopt appropriate strategies for the successful inclusion of students with this diagnosis (William, 2001). Parents also lack of confidence and skills in facilitating their children to study in a general school. It is a unique challenge to the teachers, schools and families in supporting them (Wilkinson, 2008).

With the encouragement from the Hong Kong Education Bureau, there is an increasing number of high-functioning ASD students studying in ordinary primary or secondary schools nowadays. To enhance smooth transition for the students and to help schools and families offer support as soon as possible, SAHK, a non-governmental and non-profit making organization, has launched the "Transition Program" by a multi-disciplinary team since 2008. As one of the core team members of the Program, occupational therapist plays an important role in addressing the complex problems on sensory processing, fine motor, self-management and social skills of the students by delivering appropriate assessment, individual or group trainings to the students. Moreover, consultation and education to share our knowledge and skills through talks, school visits and different communication channels are given to the teachers, social workers and teacher assistants. Besides, regular telephone follow-ups and educational talks are provided for parents. Our work also enhances home-school collaboration.

There were 102 students and their families, as well as about 83 schools benefited from the Program over the past 4 years. The evaluation filled in by parents and school staff from the returned questionnaires was very positive and encouraging. However, there were difficulties encountered and factors such as the school policies, teachers' understandings on ASD, parents' expectations and peer attitudes towards ASD would all hinder ASD students from achieving successful inclusion. These will all be shared in the presentation. Besides, the concerns from occupational therapists and the limitations of the program would also be discussed.

In conclusion, transition from a kindergarten to a primary school or from a primary to a secondary school is not easy for the students with ASD. It is believed that comprehensive professional support for the students, teachers and parents is essential to help students achieve a successful and enjoyable experience in the new schools.

(2S3.3) Social Skills Groups for Mainstream Children with Autism

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Background

With the integration of children with Autism Spectrum Disorder into mainstream schools, there is a need for them to make and keep friends. This rise in demand has driven the new service delivery of social skills group programs in National University Hospital's outpatient rehabilitation center.

Aim

This research aims to investigate the impact of social skills group programs conducted by paediatric occupational therapists for children with Autism Spectrum Disorder, aged 6 to 18 years old.

Method

A pre-post test design was used for each group conducted. Five 1.5-hour sessions were attended by 3 to 5 children over a period of two weeks during school holidays. Handouts provided served as reinforcements of skills learnt, for both children and parents. The outcome measures were parent and child questionnaires, developed by therapists. Qualitative feedback from parents on the programs was collected.

Results

There was an overall improvement in social skills. The children showed 8-16% improvement in self-regulation and social thinking skills. 2-7% improvement was found in both cooperative play and group behavior skills. All children also reported an improvement in self-esteem. Parents gave positive feedback about the duration, frequency and content of the programs. In addition, parents suggested booster session and sibling inclusion for the programs.

Discussion

Findings supported the application of social skills group programs in an outpatient rehabilitation setting. A continuation of future programs should be made for children since social demands and quality of relationships increase rapidly in school-going years. Future research should examine the long-term impact of the social skills group programs.



(2S3.4) Evidence-based practice in improving attention on preschoolers with Autistic Spectrum Disorder (ASD)

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Background

90% people with ASD associated with sensory modulation dysfunction (Ben-Sasson et al., 2007; Ben-Sasson et al., 2009; Leekam et al., 2007; Miyazaki et al., 2007). Rinaldi, Perrodin & Markram (2008) found neuronal microcircuit alterations (hyperconnectivity and hyperplasticity) in both somatosensory and prefrontal cortices of animal model simulated with ASD condition. The inhibitory mechanism was suggested to be malfunction. Abnormalities identified in default network of people with ASD leading to attention problem (Kennedy & Courchesne, 2008; Monk et al., 2009). Studies suggested sensory inputs were able to activate the inhibitory circuits underlying intracortical inhibition (Aracri et al., 2010; Trompetto, Buccolieri & Abbruzzese, 2001).

Methodology

17 children with ASD aged 3-6 years old were recruited and assessed every 7 days on visual and auditory attention until a stable baseline was established. 4-week daily home-based somatosensory training programme, adopted from Hodgets and Hodgets (2007), consisted of tactile and proprioception-rich activities such as deep compression, weight bearing activities, resistive activities and/or oral-motor activities were introduced in the treatment phase.

Results

Significant differences were found in pre- and post-treatment difference of visual attention ($p < .001$), auditory attention ($p = .001$; $p = .002$) and Cognition and Inattention index T score ($p = .001$). Significant correlations were found among sensory sensitivity, sensory seeking and low registration of Sensory Profile with the Cognitive Problem/Inattention index of CRS-R using Spearman's R correlation ($r = -.60$, $p = .011$; $r = -.69$, $p = .002$; $r = -.54$, $p = .026$) suggesting that a relationship existed between sensory modulation and attention. Significant improvement was found in sensory avoiding between pre- and post-treatment assessment ($p = .023$). Sensory sensitivity score was near to significant level in the paired t-test ($p = .058$).

Conclusion

The present study suggests that 4-week intensive somatosensory programme can improve attention of children with ASD. Future studies on exact duration of treatment programme for children with different abilities and different diagnoses are suggested.

(2S3.5) Parasympathetic responses associated with auditory stimulation in children with and without autistic spectrum disorders

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Background

Children with autistic spectrum disorders (ASD) are common to have indifferent behavioral responses to sensory inputs. The inappropriate responsiveness possibly is attributable to their problems in autonomic regulation. This study aimed to reveal possible parasympathetic responses as a measure of autonomic regulation towards auditory stimuli in children with and without ASD.

Methodology

Two groups of children, typically developing (TD; $n = 27$) and ASD ($n = 35$), aged 5-10 years old with normal intelligence were exposed to 10 trials of auditory stimulation (200 s) in an experimental set-up. Heart rate variability (HRV) was measured throughout the stimulation as well as a resting period (200 s) prior to the stimulation. The Sensory Processing Measure – Hong Kong Chinese version (SPM-HKC) which assesses behavioral responses towards daily sensory events was administered to each participant. The HRV parameters used were pNN50 (proportion of interval differences of successive N-N intervals greater than 50 milliseconds), RMSSD (root mean squared differences of successive N-N intervals), and SD1 n.u. (standard deviation measuring the dispersion of data points in the Poincare plot across the identity line in normalized unit).

Results

Between-group differences in parasympathetic reactivity were statistically significant ($p < .05$). The mean change of pNN50, RMSSD and SD1 n.u. in response to the auditory stimulation were 2.75 (SD = 6.58), 6.32 (SD = 13.24), and 6.16 (SD = 1.20) respectively in the TD group, and -0.15 (SD = 7.82), -0.24 (SD = 9.77), and 0.004 (SD = 0.89) respectively in the ASD group. Among the ASD children, significant correlations were found ($p < .05$; 1-tailed) between the SPM-HKC Main Classroom Form Hearing subscale score and the change in pNN50 ($r = -.293$), RMSSD ($r = -.308$) and SD1 n.u. ($r = -.308$) as well as between the SPM-HKC Main Classroom Form Vision subscale score and the change in pNN50 ($r = -.361$), RMSSD ($r = -.327$) and SD1 n.u. ($r = -.327$).

Conclusion

The results indicate that children with ASD tended to display lower parasympathetic responses than their TD counterpart towards auditory stimulation. These indicate the possibility that children with ASD would have a lower regulatory parasympathetic nervous system in response to auditory sensory inputs. The significant correlations with the behavioral measure further suggest that the sub-normal regulatory responses could generalize to other sensory inputs resulting in difficulty in sensory processing in daily life. Further studies should test the specificity and generalization of associating parasympathetic responses with sensory processing in children with autistic spectrum disorders.

(2S4.1) Promoting Recovery Model In Psychiatric Rehabilitation – Occupational Therapy Perspective

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Background

The Mental Health Service Plan prepared by Hospital Authority (HA) stated that “the vision of the future of HA mental health services, is of a person-centred service based on effective treatment and the recovery of the individual.” The idea of using recovery as a concept around which to align support and services for people with mental health problem is commonly called the Recovery Model. Recovery model was increasingly accepted as core of mental health policies in western countries such as UK, USA, Australia and Scotland. Local application of recovery model in psychiatric rehabilitation is still in infancy stage. This paper outlined some local Occupational Therapy (OT) initiatives in promoting the recovery model in psychiatric rehabilitation and discussed the importance of multi-disciplinary and cross sectors collaboration.

Skills/Experiences sharing

A snapshot of client’s perception of how recovery-oriented is our present psychiatric day OT service in United Christian Hospital was conducted using the Recovery Self Assessment in February 2011. Result indicated that clients appreciated the choice and variety of treatment options which facilitate achieving of life goals in their individual care plan (mean score ranged from 3.2 to 3.7 on a 5-point scale with 5 indicates very agree). They expressed relatively less user involvement in the present service (mean score is 1.6) To enhance user participation, client-led programs were developed such as client welfare group, recovery corner with free internet access to mental health information on the web, client DJ and volunteering in tele-care. It was observed that the clients showed increased involvement and initiative after joining these programs. Moreover, recovery was integrated into individual OT care process. Client’s needs and strengths are assessed before a collaborative recovery goal was set. Then an action plan to achieve the goal was agreed between the client and case OT with specified review date. This process enhance the responsibility and self-directedness of client in his/her own recovery journey. Training was provided to both therapists and assistants so that everybody understand the recovery model and take an active part in implementing it.

Discussion

The Recovery Model was originated from Western concept of personhood underpinned by the humanistic values such as right to life, liberty, and self actualization. Promoting recovery model in Chinese culture of Hong Kong is not easy but not impossible. Sharing and training of core values in recovery model must be done to align the mind set of the multi-disciplinary team members in HA and in the community. Innovations and mechanism are required to re-organize the services around principles of the recovery model. Everybody including staff, clients, carers and people in the community must work hand in hand towards the common goal of promoting the recovery of people with mental illness.

(2S4.2) A Multidisciplinary Relapse Prevention Program for the patients with Schizophrenia: Moving toward recovery through empowerment, overcoming own mental illness and instillation of hopes.

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Background

Inpatient intervention was the most expensive aspect of the health care system. Local epidemiological data indicated that, Schizophrenia was the major diagnostic group contributed more than 50% of the total episodes of psychiatric admission. Common causes of psychiatric admission included: relapse and non-compliance with conditions specified, and/or dangerous behavior. Conventional psychiatric inpatient intervention mainly focused on remission of symptoms. A Relapse Prevention Program based on the conceptual framework of illness management and recovery concept was developed.

Methodology

A pilot study was implemented which aimed: 1. To enhance illness management and recovery concept within the multi-disciplinary team and patients. 2. To evaluate program effectiveness through patient’s outcome. A one-group pretest and posttest design was employed. A 5-session ward-based illness management program was jointly conducted by the psychiatrists, psychiatric nurses and Occupational Therapists which emphasized in enhancing patients’ responsibility in taking care of their own mental illnesses, developing coping skills and overcoming the effects of their chronic mental problems and hope instillation. Outcome measures were categorized as: (1) Skills in coping (2) Self-perception toward recovery.

Results

From Aug 2009 to June 2010, 108 adult psychiatric in-patients suffered from schizophrenia were recruited and 30 patients completed the 1 year follow up. Total re-admission rate was 2.5% per month. The completed data set were analyzed using paired t-test. There were significant improvement in the Coping self-efficacy scale during post-treatment in “use problem focused coping” ($t = -1.76, p < 0.05$); “stop unpleasant emotion and thought” ($t = -2.04, p < 0.05$); “get support from friend and family” ($t = -1.97, p < 0.05$) and carry over the improvement at the 6-month follow-up ($t = -1.97, p < 0.05$). In the self-perception aspect, significant improvement in the Recovery Assessment Scale during post-treatment in “Personal confidence and Hope” ($t = -1.87, p < 0.05$); “No domination by symptoms” ($t = -1.96, p < 0.05$) and maintain continues improvement at 6-month ($t = -3.94, p < 0.05$) and 1-year follow-up ($t = -4.15, p < 0.05$) period were shown. Majority of the patients

Conclusion

Preliminary evidence indicated that the Relapse Prevention Program was effective in addressing the complex needs of people with schizophrenia in enhancing their skills and confidence in illness management and sense of recovery toward own mental illness.



(2S4.3) Promoting Recovery through Case Management

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Personalised Care Programme (PCP) was started on 2010 in Yuen Long, Kwai Tsing and Kwun Tong districts, with Hospital Authority's initiatives to provide better community care service through case management model. In 2011, the Hong Kong East Cluster started the same service with the aim to promote personal recovery and community reintegration.

PCP case management services are a key part of the continuum of mental health services and supports for people with serious mental illness. The programme promotes independence and quality of life through the coordination of appropriate services and the provision of constant and on-going support as needed by the consumer. The direct involvement of the consumer and the development of a caring, supportive relationship between the case manager and the consumer are integral components of the PCP case management process. PCP case management is responsive to consumers' multiple and changing needs, and plays a pivotal role in coordinating required services from across the mental health system as well as other service systems such as Integrated Community Centre for Mental Wellness (ICCMW) from the Social Welfare Department. Case managers fulfill a vital function for consumers by working with them to realize personal recovery goals. Case managers work to build a trusting and productive relationship with the consumer and to provide the support and resources that the consumer needs to achieve goals, stabilize his/her life and improve his/her quality of life.

(2S4.4) The Emergence of the Clubhouse Model and its Potential in the Greater China

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Established in 1998, Phoenix Clubhouse is a community adult psychiatric rehabilitation service under the auspices of the Department of Psychiatry, The University of Hong Kong and Queen Mary Hospital. Phoenix Clubhouse is the first Clubhouse in Hong Kong, and the first accredited and recognized by the International Center for Clubhouse Development (ICCD) for providing comprehensive rehabilitation services to people with mental illness in Hong Kong.

In the Clubhouse Model, people recovering from mental illness are life-long voluntary members of the Clubhouse. They work side by side with staff in governing and operating the Clubhouse. Members are free to choose tasks they want to be involved in and their choices are respected. Working in the Clubhouse not only gives members a chance to develop job skills, but also an opportunity to perform real work that is valued by fellow members and staff. Thus, the Clubhouse becomes a place where they can, through their own strengths and abilities, be made to feel needed and wanted. The major programs include Work-ordered Day, Supported Education, Employment and Social activities.

Throughout the past decade, the list of employment partners of Phoenix Clubhouse is one of the strongest among Asia Pacific Clubhouses. We have seen many Clubhouse members shine in their jobs and progress with big strides towards greater independence along the road to recovery. Phoenix Clubhouse spearheaded the launching of the Clubhouse Model on Mainland China and other Chinese-speaking communities by giving lectures and provision of Clubhouse Orientation program. We are gratified to witness the birth of other Clubhouses in Hong Kong, Mainland China and Taiwan. We serve as the tiny spark that eventually becomes a huge warming fire. We also make our effort to investigate the effectiveness of the Clubhouse program in Chinese community.

Clubhouse model has already been blossoming in Chinese community. It has shed light in the future development of the psychiatric rehabilitation. With out great partners, we look forward to seeing thousands more lives restored and enriched within the Clubhouse community in the years to come.

(2S4.5) The Influence of Clubhouse-Based Transitional Employment Programme for People with Mental Illness in Hong Kong

P.L., Lee, F.Y., Yau, & K.T., Chui

Abstract

Employment is a key component of recovery for people with mental illness, and it is a means to integrate them into the community. Clubhouse-based Transitional Employment (TE), which refers to work placement of a Clubhouse member at an employer's place of business in part-time basis and lasts for 6 to 9 months with Clubhouse staff provide on-the-job coaching, is believed to be a cornerstone to facilitate people with mental illness to attain an Independent Employment (IE).

Objective

This study is to find out the efficacy of TE to promote job progression, for which the members moving from employment types that offer most support (i.e. TE) to less support (i.e. Supported Employment (SE)), and ultimately being independent (i.e. IE).

Method

A retrospective study design was conducted in Phoenix Clubhouse, Hong Kong with the reviewing period from October 1998 to February 2011. Employment conditions of 66 members (male : female = 25 : 41; educational level: 80.2% Form 7 or below), who have obtained TE job(s), within 6 months after TE placement(s) were analyzed.

Result

The mean duration for the members to obtain a TE job since membership is 22 months and the mean number of TE placement is 2.5. There were 85% of members obtaining either IE, SE or another TE within 6 months after TE placement and this employment rate is relatively high compared with the figure published by Census and Statistic Department showing that the fresh graduate or school leavers for the first 6 months during 2001 to 2005 were 47% to 72% for those with educational level of Form 7 or below. Among all, 30% of members gain more than one employment type. There are 43.9% members successfully attains IE with 51.7% and 34.5% respectively to gain an IE after first and second TE placement; 28.8% attains SE job; and 51.5% attains another TE job. Although members having another TE is not a progression in employment type, the staff supporting hours during the TE period of their first TE job and last TE job are significantly decreased ($p=0.004$). The mean job tenure for members obtaining an IE and SE are 10 months and 17 months respectively. Severity of illness, educational level and total number of TE placements are found to have no correlation with successfulness of gaining and sustaining an IE and SE.

Conclusion

Clubhouse-based TE programme is an effective way to facilitate job progression for people with mental illness. Further follow-up analysis of TE programme promoting active lifestyle in the community e.g. apply studying and increase attendance in Clubhouse will be done.

(2S5.1) Enhanced Role of OT in Focused Psychological Interventions

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Background

There has been growing patient population with common mental problems such as anxiety, depression and insomnia globally. To address this high and increasing service demand, Hospital Authority (HA) has enhanced its mental health services through setting up of specific clinics to provide patients with timely psychological services in addition to pharmacological treatment in recent years. Providers of these psychological services include clinical psychologists and occupational therapists in HA. This article describes the evolution of occupational therapy (OT) from traditional role of providing psychiatric service to patients with severe mental illnesses to enhanced role of providing focused psychological interventions to patients with common mental problems.

Methods

The occupational therapists (OT) of HA have prepared themselves with essential clinical knowledge and skills via professional trainings in focused psychological strategies such as Cognitive-Behavioural Therapy, Motivational Interviewing, Solution-Focused Therapy and Life-coaching. Establishment of Career-Progression Model (CPM) in OT for delivering pilot Early Symptoms Management Programme (E-MaP) to patients awaiting medical consultation in mental health services in HA.

Results

Consultant OT and Advanced Practice OT with 10 to more than 20 years of experience in mental health service are recruited. They have undergone intensive recognized training in psychological intervention and attained professional qualifications like certified cognitive therapist. Review of E-MaP shows positive changes in patients' dysfunctional attitudes, reduction in symptoms experienced and improvement in wellness. Focused psychological intervention provided by OT is integrated as one of the core services in Common Mental Disorder Clinics (CMDC).

Conclusion

Enhanced roles of OT can be built in either existing or new service areas through understanding of patients' needs, staff's professional trainings, and initiatives in developing new OT programmes.



(2S5.2) OT Management of Common Mental Disorders in Hospital Authority

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Emotional disorder was one of the high prevalence mental disorders in the world. Many of the patients suffering from emotional disorders did not receive help for their symptoms, and there were various barriers that kept them from help-seeking. There were programs in different countries to tackle the problem through enhancement of access to psychological interventions and early detection and interventions. High and increasing service demand, long waiting time, and limited range of multidisciplinary input, were some prominent service barriers and issues in the mental health service of the Hospital Authority (HA) in Hong Kong. There were around 70000 (45%) patients with mood or common mental disorders among the roughly 150000 patients with mental problems cared under HA. The higher prevalence rate common mental disorders include depression, anxiety related disorders, sleep disorders, unexplained somatic complaints, adjustment disorders and post-traumatic stress disorders.

Early screening and management of common mental disorders with multidisciplinary input enhanced access and timely treatment to patients. The mood and sleep disorders management programs based on psychological invention and lifestyle management were protocol driven programs that aim at early management of symptoms and maintenance of functional daily life.

A study on the effectiveness of the programs had been conducted using the "Pre-test" vs. "Post-test" design. Patients were assessed on the first attendance to the program and reassessed after the program. Clinical outcome measures were used to assess their symptoms and subjective wellbeing. Satisfaction survey was conducted at the last session of the group to collect feedback from the patients. Significant positive changes in the patients' functional performance and wellbeing and symptom alleviation had been found. In addition, it is effective in reducing unnecessary health services utilization and helping patients in developing self-management skills which in turn preventing the complication or co-morbidities.

(2S5.3) The Integrated Mental Health Program for common mental disorder patients in HKWC

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Background

Patients with early symptoms of common mental disorders (CMD) are common in Hong Kong. People with depressive mood would have been referred to Psychiatric Specialist Outpatient Clinic for management in the past. However, many patients had reservations to receive psychiatric service because they did not want to be stigmatized. Hence, they did not receive early intervention resulting in worsening of the mental health problems which became more complicated and difficult to be dealt with in a later phase. To improve the current situation, the Integrated Mental Health Program (IMHP) was introduced in late 2010 at General Out Patient Clinics (GOPC) in Hospital Authority to facilitate early intervention for the patients with depression or anxiety problems.

Introduction of the IMHP and experience sharing

The Integrated Mental Health Program in Hong Kong West Cluster commenced in December 2010, in GOPC at Sai Ying Pun Jockey Club Clinic and later in July 2011 in Aberdeen Jockey Club Clinic. The program is delivered by GOPC doctors, a keyworker (occupational therapist) as well as referral to psychiatrists when necessary. GOPC doctors are responsible for pharmaceutical treatment and the keyworker offers psychotherapeutic interventions in this program. The keyworker provided various forms of group and/or individual intervention according to the patients' needs. 4817 patients were screened in Sai Ying Pun as well as Aberdeen Jockey Club Clinic during the period from December 2010 to November 2011. The assessment tool of Patient Health Questionnaire-9 (PHQ9) and General Anxiety Disorder-7 (GAD7) were used for screening as well as for monitoring outcome. 570 patients were found suitable to be recruited into the IMHP. The ratio of female to male was 3:1. The mean age of those recruited patients was 56. After a year, 264 patients who showed improvement of mood were discharged from IMHP but 96 patients defaulted with various reasons. 210 patients are still being followed by the keyworker. Pre and post-scores of PHQ9 and GAD7 for the discharged patients were analyzed by paired-t test. Result showed that there was significant difference in PHQ9 ($p < 0.001$) and GAD7 ($p < 0.001$)

Discussion

The IMHP service provides an early intervention as a preventive care for patients with early symptoms of common mental disorder. It helps people in the community to be aware of their mental health condition and offers an early access to psychotherapeutic intervention in a GOPC setting which can minimize aggravation of the condition as well as stigmatization.

(2S6.1) Professionalism vs Commercialism - Maintaining Integrity in Private Practice

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Private occupational therapy services have been in existence in Hong Kong since the 1980's but the number of freestanding clinics has only recently increased in the 2000's. Very little has been published or presented to date on the development of private occupational therapy practice in Hong Kong. Various ethical dilemmas face private occupational therapy practitioners but professional ethics and good business practices must prevail, with long term sustainability being the aim rather than short term profit. The issues involved will be outlined.

(3S6.3) Review of a Workplace Ergonomics Consultation Service for Hospital Workers

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Background

Musculo-skeletal Disorders (MSD) is a well-known condition affecting worker's health and morale, which can result in various extent of work disability. Occupational Therapists in Hong Kong used to apply ergonomics as part of the treatment program to individuals suffering from MSD. However, current concepts of work disability management emphasize much on primary health care to those workers at risk through workplace intervention, rather than solely treating those already suffered from MSD.

Experience Sharing

An in-house Ergonomics Consultation Service (ECS) was commenced in KWC since 2009. A designated Occupational Therapist coordinated supports from Occupational Therapy Departments in this cluster and provided one-stop ergonomic consultancy to users at risk of MSD.

The real life experience in preventing work disability through the application of ergonomic principles is presented with case illustrations, in the aspects of work practice (behaviours) enhancement, tool & equipment design and modification of workplace layout. A 12-month service reviewed was conducted. 32 requests from work unit was received in this period which consisted of a total of 57 issues that indicated for intervention, and affecting more than 660 staff. The greatest service demand was found mainly from Hospital Supporting Services (25%) and Out-patient Clinics (28%). The natures of requests were mostly related to work practices (behaviors) enhancement (26.8%) and re-design of tools & equipment (23.2%). Majority of users expressed in an opinion survey that, ECS is considered an important contributor to staff's wellness, high possibility to reduce injury and, the ergonomic advice given was also very easy to follow.

This service was well accepted by both users and hospital management. Selected projects were invited to share in different occasions, aiming at empowering frontline supervisors with knowledge in the application of ergonomics in their own workplace.

Discussion

Embracing the concept of ergonomics under the provision of workplace based primary health care service was found to be a very practical way in managing work disability. The scope of work disability management was extended from treating those injured (or ill) individuals, to providing a MSD risk management program for workers of the entire work unit. More evidence on the effectiveness of intervention was definitely required for Occupational Therapists in Hong Kong to develop more prominent role in this new arena of practice.



(2S7.1) Effectiveness of robotic therapy with stratified protocol on improving upper limb function of people with hemiplegia

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Background

Regaining motor control and function of the hemiparetic upper limb is a primary goal in stroke rehabilitation. However, only 30-70 % of stroke patients recover useful arm ability. Robotic therapy provides high intensity and consistent training. There is increasing evidence in the application of robotic therapy for rehabilitation of limbs function. This paper would discuss the development of the protocol for clients with different impairment levels according to local experience and clinical study.

Methodology

A training protocol which bases on Function of the Hemiplegic Upper Extremity (Hong Kong Version) (FTHUE-HK) was developed. We excluded the most severe (level 1/7) as well as most advance clients (level 7/7) in the protocol. There were three levels of training module in the protocol and they were level 2/7, level 3-4/7, level 5-6/7. The training activities ranged from 2D training activities with mainly proximal control to more difficult 3D movement involving distal control. The robotic device produced data of hand path ratio and response time in assessment module. Besides, kinematic data (average speed) could be obtained. We have recruited 48 subjects and classified into three treatment groups. The outcome measures includes Fugl Meyer Assessment, grip power and the data gathered from the robotic device. Assessments were done before and after treatment. Follow up assessment also included in order to determine generalization effect. The protocol consisted of 15 training sessions and each session lasting for 45 minutes.

Results

MANCOVA test was adopted and significant difference was noted in all outcome measures as compared with the pre-training scores. The gain score could be maintained in follow up assessments.

Conclusion

Integration of technology into upper limb rehabilitation has potential to improve outcomes as supported by the results in this study. The design of stratified protocol could enhance the treatment effect by assigning suitable subjects to appropriate level of challenge. The result provide information to modify the training protocol and enhance decision making of therapist in using the modality.

(2S7.4) The Effectiveness of Wii on Promoting Upper Extremity Recovery in In-patient Stroke: A Preliminary Study

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Purpose

Virtual reality brings people interesting approaches to train their hemiplegic upper extremities, and requires fewer therapists to operate the training process. The purpose of this study was to investigate the training effectiveness of a kind of virtual game Wii in in-patient stroke survivors.

Participants

13 stroke survivors (6 male, 7 female, Year=59.92±11.31, onset=53.31±50.88 days), who hospitalized in Department of Rehabilitation Medicine of Sun Yat-sen Memorial Hospital, met the inclusion criteria, were recruited into this experiment consecutively.

Methods

Subjects were allocated into experimental group (n=7) or control group (n=6) randomly. All the subjects received 1 hour per session (experimental group: conventional training and virtual game upper extremity training for 0.5 hour respectively; control group: conventional upper extremity training for 1 hour), 5 sessions per week, 3 weeks training. Fugl-Meyer Assessment (FMA), Wolf Motor Function Test (WMFT), Brunstrom stages (upper extremity), and Modified Barthel Index (MBI) were used as the assessment tools pre and post training. Wilcoxon Signed Ranks was employed for testing the significance within groups and Mann-Whitney was employed for testing the significance of the difference between groups.

Results

The subjects of both groups got significant improvement after training ($P<0.05$). Significant more improvement was found in experimental group in Brunstrom stages (upper extremity) ($p<0.05$), but not in the other assessments.

Conclusion

The virtual game Wii integrated training could improve the upper extremity recovery for stroke survivors, and the effect was better than pure conventional training.

(258.1) Complex Regional Pain Syndrome I in Upper Extremity: Challenges to Therapist

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Complex regional pain syndrome - type I (CRPS) is a chronic progressive disease characterized by severe pain, swelling, limitation in range of motion, vascular instability and atrophic tissue changes. It often affects an arm or a leg and may spread to another part of the body and is associated with dysregulation of the autonomic nervous system resulting in multiple functional loss, impairment and disability.

This talk will look at the sign and symptoms of CRPS, therapy interventions. Management of this condition poses challenges to both therapists and patients. Cases will be presented to demonstrate the challenges.

(258.3) Effect of Task-oriented Training Integrated with Mirror Therapy on Enhancing Upper Limb Function in Sub-acute Stroke Patients

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Objective

Task-oriented training has been found as quite an efficacy approach to promote the upper extremity function after stroke. However, the sub-acute stroke patients with little active movements cannot benefit much from that treatment. Mirror therapy is considered to cover this shortage, but the effect of the integration of these two approaches is not certain yet. The objective of this study is to explore the effect of task-oriented training integrated mirror therapy in promoting the upper extremity motor function recovery in sub-acute stroke patients.

Methods

21 sub-acute stroke patients (15 males, 6 females) with average age of 61.29 ± 13.01 ($X \pm SD$) years and the average onset time of 35.43 ± 17.17 days were randomly assigned to intervention group (10 patients) and control group (11 patients). The intervention group was given task-oriented training integrated mirror therapy based on conventional intervention, and the control group was given task-oriented training on basis of conventional intervention. Both groups received 1 hour training session each day (0.5h mirror therapy and 0.5h task-oriented training for intervention group; 1h task-oriented training for control group), 5 days per week, 4 weeks upper extremity training. Fugl-Meyer Assessment upper extremity section (FMA-UE) and Functional Test for the Hemiplegic Upper Extremity-Hong Kong Version (FTHUE-HK) were employed to assess the motor function and Barthel Index (BI) was used to assess the ability of daily living pre, in mid-term of (2 weeks) and post intervention. Paired t-test was employed for testing the significance within groups and independent t-test was employed for testing the significance of difference between groups respectively.

Results

Significant improvement was found in the mid-term of and post assessment in both groups ($P < 0.05$). FMA score of the intervention group increased significantly higher than that of control group in mid-term of and post assessment ($P < 0.05$); FTHUE-HK score of the intervention group increased nonsignificantly higher than that of control group in mid-term of assessment ($P > 0.05$) but gained significantly higher score in the post ($P < 0.05$); BI score of the intervention group increased nonsignificantly higher than that of control group in mid-term of ($P > 0.05$) and post ($P > 0.05$) assessment.

Conclusions

Task-oriented training integrated mirror therapy is an efficacy approach to promote upper extremity motor function in sub-acute stroke patients, and this approach is better than task-oriented training.



(2S8.4) Comparative Analysis about the Efficacy and the Safety of Tizanidine and Baclofen uniting Guiding Intensified Occupational Therapy on Upper Limb Motor Dysfunction in Patients after Stroke

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Objective

To observe the effects of baclofen and tizanidine uniting guiding intensified occupational therapy on upper limb spasticity, motor dysfunction and the activities of daily living after stroke, and assess the safety of the two drugs.

Method

60 rehabilitation stroke patients were randomly divided into tizanidine group, baclofen group and control group. Three groups all accept the toadditional rehabilitation training and guiding intensified occupational therapy, and baclofen group and tizanidine groups were given different oral medication to treat muscle tension. Each group before treatment and after 1 month, respectively, was evaluated by modified Ashworth score, upper extremity Fugl-Meyer score, upper extremity MAS index scores and improved Bathel index assessment.

Results

Before and after treatment, the Ashworth score, upper limb Fugl-Meyer score, upper extremity MAS score and Bathel index in each group were significantly different ($P < 0.05$). After treatment, comparing the tizanidine group, baclofen group respectively with the control group, the Ashworth score has decreased and the upper extremity Fugl-Meyer score and the MAS score have improved, but there were no significant differences in Bathel index between the three groups after treatment ($P > 0.05$), and there was still no significant differences in Ashworth scores and upper extremity Fugl-Meyer score and MAS score between the tizanidine group and baclofen group after treatment ($P > 0.05$). The two treatment groups have overall low incidence of adverse reactions.

Conclusion Baclofen and tizanidine uniting guiding intensified occupational therapy may improve upper limb motor function and the activities of daily living, improve the quality of life. Overall, the two medicine all have a positive role on relieving spasm of the stroke patients and have a high security, and there was no significant difference in efficacy and in functional recovery.

(2S9.1) Application of Neuro-IFRAH techniques in stroke out-patient training groups

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Background

Neuro-Integrative Functional Rehabilitation And Habilitation (NEURO-IFRAH®) is an approach originated by Waleed Al-Oboudi, MOT, OTR/L. It is an integrative functional approach aiming at the rehabilitation and habilitation of stroke patients to meet their intended purpose or need. The effectiveness of this approach had been well documented in the video library of the organization. In Hong Kong, the average attendance for an Occupational Therapist in an out-patient clinic under Hospital Authority is about 18 attendance in a 7-hours working day. That means you can spend around 20 minutes for each patient regardless of documentation and administration duties. That makes therapists hard to apply the Neuro-IFRAH techniques. In facing the increasing workload and shortage of staff in Kowloon Hospital of Hong Kong, the training groups for stroke out patients and day patients with incorporation of Neuro-IFRAH techniques were developed in October 2011 in order to maintain and improve service quality.

Methodology

Based on the framework of the Neuro-IFRAH approach, 3 graded training groups for upper extremity functions and 3 for postural control were designed. Basic upper extremity group focus on support and reaching in forward and downward direction, advance upper extremity group upgrade to support and reaching in different directions, and hand function group focus on manipulation skill. Postural control groups start with basic bedside and indoor transitional movement, upgrade to advance posture like stooping, squatting and outdoor tasks, and then Ba Duan Jin group. Each training groups practice the required movement component together and then the transitional movement in turns. 2 therapists and 1 assistant are the required manpower for most groups except that only 1 therapist required for hand function group and 1 certified assistant needed for the Ba Duan Jin group. Achievement in the targeted movement components and hand functions, and the quality of transitional movement as the outcome measures. Regular review conducted every 2 months' for treatment planning.

Results

Altogether 16 groups were conducted each week to accommodate about 150 attendants of out patients and day patients. Peer group effect on learning and motivation help improving patients' concentration and endurance. Mark progress in movement components, transitional movement and hand functions were found, and 10% of patients were successfully promoted to the next level in 2 months' time.

Conclusion

Training groups for stroke patients with incorporation of Neuro-IFRAH techniques is effective in busy setting to save therapist's time in helping patient to achieve common movement components and functions. Therapist can then spend the rest of working hours to do the individual touch up sessions for slow learners, and provide training to stroke patients with very low functional level, ataxia, cognitive, visual or communication problems. Further enhancement in group content and home program reinforcement is necessary to speed up the improvement and discharge of patient.

(259.2) Using of virtual reality training in cognitive rehabilitation for people with brain injury

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Background

Virtual reality (VR) is a relative new approach in cognitive rehabilitation. It can bridge the gap between clinical assessment and ability to function in natural environments, by using computer-based interactive instruments to assess level of functioning in real life simulation. VR could create more ecologically valid assessment and training. It provides absolute consistency of the environment with the potential for infinite repetitions of the same assessment or training task. Instrumental virtual reality training system (eIVR) is innovative virtual reality software developed by Occupational Therapy Department of Kowloon Hospital since 2005. It simulates five instrumental activities of daily living. They include money management (ATM), using of transport (MTR), grocery shopping, cooking and road safety. This pilot project would recruit subjects with acquired brain injury to evaluate the effectiveness of virtual reality training programme

Methodology

This pilot study recruited 20 sub-acute (after 6 weeks of onset) neurological out-patients of the Occupational Therapy Department in the Kowloon Hospital. All of them were suffered from acquired brain injury (stroke, head injury, brain tumour, etc.) and they could fulfil the list of inclusion criteria. Repeated measurements were done at session 1 (date for initial assessment) and session 6 (end of treatment). The assessments included reaction time and accuracy in the steps of cooking task in virtual reality programme. Besides, trail making test A & B would be conducted to measure the visual spatial processing speed, working memory and alternate attention. Experimental group would attend 6 (1 hour) sessions virtual reality training and the control group would attend same hours of conventional computer remediation training.

Results

There was nil significant difference in demographic data and pre-assessment score between two groups. Wilcoxon Signed Rank Test and Mann-Whitney U test were adopted to compare within and different groups results. Only VR group showed significantly improvement in all outcome measure ($p=.012-.028$). Moreover, the virtual reality group showed significantly more improvement than the control group in reaction time and accuracy of the cooking task ($p=.015-.038$).

Conclusion

The virtual reality training programme showed preliminary positive effect to the patients with acquired brain injury in our pilot study. Using of VR not only beneficial for the rehabilitation outcome but it also provides precise performance measurements and exact replays of task performance (Rose, Brooks & Rizzo, 2005). Further study to support the generalization from the virtual simulated environment to real life performance was indicated although some preliminary evidence was found in literature (Fong et al., 2010).

(259.3) Home-Based Rehabilitation for Stroke Patients

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Background

Current neurosciences support that success in stroke rehabilitation would depend on how much training can be integrated into the daily life of the patients. It is hypothesized that the more the integration of newly learned movement patterns into daily movement schemes, and, the longer the hours of daily practice would produce movement patterns closer to the norm. Traditional home exercise, episodic and stand-alone in nature, cannot produce enough "repetitions" for motor relearning.

Methodology

This is a case study with an A-B design. The recruited case was a post AVM stroke patient, referred to our out-patient department 1 year after the incident. Phase A described her impairment and function i) prior to implementation of the home program, and, ii) when spontaneous recovery was assumed to be plateau. Phase B described her status after the implementation of the home program. The home program involves setting up many work stations within the home where the patient could perform mobilization using newly learned movement schemes, and, self-assisted stretching while performing daily activities throughout the day. Examples of these stations included: i) platform for arm support in grooming and other ADLs, ii) adapted cushion for pelvic mobilization and facilitation of "Sit/Stand", iii) wedge for TA stretching, iv) "L" Bar for stretching internal rotators of shoulder while the patient was on bed, etc. All these stations were constantly adapted to suit her progress.

Result

In phase A the following problems were identified: i) asymmetrical posture, ii) tight TA, iii) upper limb function at level 1, and, iv) bed bound with FIM-M = 46. After 1 year of therapy in our OPD and home program, she had the following improvements to the previous problems:

1. Sitting posture is more upright and tolerance improved from 10 minutes to 60 minutes without back support. Scooting forward, and backward, pelvic movements are made possible.
2. Upper limb function improved from 1 to 2, spasticity pattern greatly reduced from elbow flexion at 90 degrees in walking to extension of elbow and wrist. Relaxation of internal rotators to make humeral external rotation and flexion possible from MMT grade 0 to MMT 1 and even 2-.
3. Gait pattern is corrected from hiking and nil knee flexion. She can now walk for 5 metres continuously in mall for shopping with quadripod and minimal assistance.
4. Self care level improved from maximal 2 man assistance to 1 man minimal assistance.

Conclusion

An effective home-based rehabilitation program can reinforce what are learned and achieved by the patient in treatment sessions, and, facilitate motor-relearning. It may reduce professional contact time. However, stage by stage monitoring and review of the program is necessary.



(259.4) Application of Playmotion in stroke rehabilitation

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Background

As technology developed rapidly, stroke rehabilitation is not restricted to traditional training tools which are passive and boring. Playmotion is a motion-tracking technology that involved projectors and a projector screen. The projected digital creature is responding to the movements of the person participating. It is widely used in schools, entertainments and some brandings in Hong Kong. There are 15 titles of game in Playmotion which included reaction ball game, free movement spectrum, static position holding game and word/picture matching games. Playmotion was applied in Kowloon Hospital in 2010, it provided different therapeutic elements to stroke patient with both cognitive and physical deficit in in-patient and out-patient unit.

Methodology

There are 2 case studies from stroke in-patient and out-patient unit respectively. Case 1 was a 78 years old female with right hemiplegic stroke and behavioral left side inattention. She was attending OT department Playmotion training every day for one hour for a month. Shufflepuck game and holding planets were prescribed which involving eye tracking, searching and attention element. Behavioral Inattention Test (BIT) was used for pre & post assessment. Case 2 was an 80 years old male with old stroke and dementia, who was wheelchair-bound and had poor postural control. He was attending out-patient training once a week for one hour. Revealing scene games were prescribed.

Results

After one month, there is significant improvement in hemi-neglect of case 1 in Line Cancellation sub-test of BIT and ADL such as walking and table tasks. Case 2 had improved mobility status from wheelchair bound to walking with frame with moderate assistance. The active range of motion of his right shoulder was also improved.

Conclusion

Positive training effect of Playmotion was found in virtual reality training program for stroke patient. More importantly, it provided an interactive media and attractive visual stimulation which enhances the motivation and attracted more than usual attention of training when comparing with traditional remedial training. More RCT studies were suggested to find out the effectiveness of reaction, coordination and visual perception in compare with traditional remedial activities.

(351.1) Activity Limitation Profiles and Personal Care Participation Restriction Profiles of Older In-patients in an Acute Care Setting

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Background

Discharge planning in acute health settings involves assessment of patients' performance of personal and instrumental activities of daily living necessary for community living. The International Classification of Functioning, Disability and Health (ICF) provides a useful framework for choosing relevant assessments. This study aimed to (1) describe Activity Limitations using the Functional Independence Measure (FIM) and personal care Participation Restrictions using the Personal Care Participation Assessment and Resource Tool (PC-PART) in a sample of older patients from an acute health setting and (2) observe any differences in Activity Limitations and personal care Participation Restrictions between patient sub-groups within the sample.

Methodology

Participants were a purposive sample of 57 older in-patients from two acute hospital wards, categorized into three broad diagnostic categories: I) mobility impairment (16), II) frailty (21), and, III) cognitive impairment (20). The FIM and PC-PART assessments were conducted during participants' stay in hospital.

Results

The most prevalent Activity Limitations were bathing (86%), lower body dressing (86%), and walking (86%). The most prevalent Participation Restrictions were in hygiene (67%), clothing (67%), and mobility (65%) domains. Differences were observed on the measures across the three patient groups. Participants with cognitive impairment had inadequate supports to cope with their care needs.

Conclusion

This study suggests broad differences in care needs for different older in-patient groups. Future research using larger study samples will allow more sophisticated analysis of between-group differences in support needs. Occupational therapists are encouraged to recognise the differences between Activity Limitations and Participation Restrictions of patients to enable effective assessment and setting of priorities for discharge intervention.

(3S1.2) The Expanded Roles of Occupational Therapist in Integrated Care and Discharged Support for Elderly Patients

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Background

Due to rapid ageing society in Hong Kong, there is a dramatic increase in the demand of healthcare services. In recent Hospital Authority (HA) study on flagship program on reducing avoidable hospitalization, it was found that around 40% of unplanned readmissions were avoidable and it was mainly due to the clinician and patients factor, in particular both of which were intimately related to clinical management and patient care. One of the strategies to prevent avoidable readmissions is by building a comprehensive discharge planning system.

Integrated Care Model

A systems approach to develop the structure and key processes of the discharge planning system is critical for ensuring not only the quality of care but also for maximizing organization effectiveness. Victorian Government in Australia (1998) highlighted the importance of having one designated person or team to assume responsibility and accountable for the effective discharge of patients is a critical component in discharge planning. The 2007-08 Budget of the HKSAR has earmarked \$96 million to implement a trial scheme to provide integrated support to elderly hospital discharges who have difficulty taking care of themselves, with a view to enhance the quality of life of the elders, and reduce unplanned re-admission to hospitals. The first pilot was commenced in Kwun Tong (United Christian Hospital) in early 2008; Princess Margaret Hospital was invited to be the second pilot in August of 2008 and Tuen Mun Hospital to be the third pilot. Since then, Occupational Therapist (OT) in Hong Kong is recognized as competent profession to be responsible for holistic service coordination and case management in Integrated Care and Discharged Support for Elderly Patients. Comprehensiveness, communication, coordination, collaboration and continual reassessment should be emphasized in implementing effective discharge plans. Outcome evaluation report generated from Statistics and Workforce Planning Department, HAHO on 10 February 2010 showed there were statistically significant reduction in hospital services utilization and caregiver stress, as well as significant improvement in functional outcome and quality of life measures. Integrated Care Model for High Risk elderly (ICM) has been rolled out in other hospitals in Hong Kong after pilots ended.

Conclusion

Case management approach in interdisciplinary team structure with multidimensional comprehensive geriatrics assessment, continuity of care and follow up is important for effective discharge planning program. OT is a specialist who can adopt a holistic and goal-oriented approach in case management for complex discharged elderly patients to ensure the continuity and quality of care. Beyond the improved outcomes for elderly patients, OT has more challenges and opportunities to facilitate professional development in community care.

(3S1.3) Our Concerns after Going Home: Taiwanese Family's Perspectives on Care-giving

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Background

Most adults with physical disabilities are taken care of by their families in Taiwan. Adult children are expected to be the primary caregivers for their parents with disabilities. Caregiving is an occupation. It is also a co-occupation because it involves interactions among two or more people. The interaction occurs at three aspects- physicality, emotionality, and intentionality. This study is to investigate how people with stroke and their caregivers consider caregiving, particularly their respective goals, from their perspectives.

Method

We recruited four community-dwelling women with stroke and their caregivers (six adult children) from the rehabilitative units in two medical centers via purposive sampling. The caregivers stayed at their mothers' homes in daytime at least four days per week, and were primarily responsible for the care. For data collection, we completed 13 in-depth individual interviews and 16 participant observations. All fieldnotes are analyzed based on qualitative principles, and with the assistance of Atlas.ti 5.6.1 computer software.

Results

The main concerns of the women with stroke were to "watch out the safety", "maintain/improve health status", "not being the burden of their children". They selected and organized their occupations to satisfy their concerns. In addition, adult children's goals include "maintain the physical health", "watch out the safety", and "maintain the harmonious relationship between paid-carer and care receiver". Whether adult children will satisfy their mothers' organization of occupations or not depends on their concerns reached or not, following by the socio-cultural factors such as filial piety. The data showed interaction of intentionality in the co-occupation of caregiving. Safety concern and health issue are the mutual concerns between elderly women with stroke and their adult children caregiver. However, the importance and meaningfulness of occupations might be hidden under the concern of "not being the burden of their children" mentioned by the elderly women with stroke. That means even though parents and children's concerns been satisfied, participation in desired occupations such as valued past interests or habits could not be possible for the elderly people with disability.

Conclusion

Family-centered approach in adult rehabilitation is necessary. Both clients with disability and their primary caregivers have different thoughts toward caregiving. Occupational therapists could facilitate the communication between patients and caregivers with regards to the meanings of occupations composing a day after returning home. Future research focusing on the relationship among interaction of intentionality, emotionality and physicality in elderly caregiving is needed.



(3S1.4) The Contributions of Occupational Therapists to the Enhanced Home and Community Care Services / Integrated Home Care Services Teams

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Background

Hong Kong has an aging population; about 13.1% of the total population are aged 65 or above. For some their chronic diseases and disabilities may lead them to institutions and deprive their quality of life. Under the philosophy - "Aging in Place" & "Continuum of Care", the Social Welfare Department (SWD) of the Hong Kong Government revamped the community support services for elders in 2003. Currently, the SWD funded community care services included Enhanced Home & Community Care Services (EHCCS), Integrated Home Care services - Frail Case (IHCS-FC) and Daycare Center or Unit for elderly (DEs/DCUs). Occupational Therapists (OTs) are one of the designated members in the operation of these services.

The Home Care Service & OTs' Roles

Currently there are 24 EHCCS teams and 60 IHCS-FC teams serving around 4324 frail elderly. All the teams are operated by non-government organizations (NGOs) with funding from the Government. To apply for the services elders should undergo the "Standardized Care Needs Assessment", in which the "Minimum Data Set - Home Care (MDS-HC)" is adopted as the main frame. Only elders with level of impairment at "moderate level or above" are eligible for the services. The objectives of these service include: (1) to enable these elders to age at home, an environment familiar to them, (2) to provide support to their care givers, and, (3) to strengthen family cohesion. To meet their comprehensive needs, a multi-disciplinary approach is adopted and for each recruited elder, there would be at least thirty core areas (or Client Assessment Protocols, CAPs), e.g. ADL-rehabilitation potential, cognition, pressure ulcers, etc., that the team should assess and address as needed. Among these areas, OT can: (1) provide training in order to improve or maintain safe and functional abilities, in physical, cognitive and psychosocial aspects, (2) support the care givers, in skills, knowledge and motivation, (3) monitor their chronic diseases in order to minimize complications and exacerbations, (4) prescribe aids and home modification, to the elders and their care givers.

Challenges

The daily operation of these teams relies heavily on health care workers, who are lay person with certain training on personal and nursing care. They need professionals' supervision, and, the OTs need to share these workload and responsibilities. Moreover, as OTs are among the few professionals in the team, there are higher demand on them in (1) making decision during critical moments, e.g. disease exacerbation of their clients, (2) preparing service evaluation and reports, (3) providing in-service training to frontline staff, (4) promoting occupational safety and health, etc. Sometimes liaisons with various stakeholders e.g. different disciplines and other departments, all these duties may be challenges to some junior OTs.

(3S2.1) Detecting Mild Cognitive Impairment in the Community

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Background

As the population ages, concerns regarding all type of degenerative diseases such as dementia are increasing. Among people aged 60 and above, the prevalence rate of dementia were increased with age and doubled for every 5 years. The overall prevalence rate of dementia among Hong Kong community elders aged 70 and above was estimated to be 9.3%, with 15.3% for female and 8.9% for male. While the percentage of people for the age group 60 to 64 suffering from dementia was 1.2%, the percentage increased to 32% for the age group 85 years and above. However, problem of under diagnosis was common. Only 11% for those sufferers had a confirmed diagnosis prior to the study.

Mild cognitive impairment (MCI) has been conceptualized as an intermediate stage between normal aging and dementia. Longitudinal clinical studies indicated that participants with amnesic MCI have a substantial increased rate of developing to Alzheimer disease. In the same time, a growing interest in the prodementia phase of these conditions can be observed and suggested that we may be able to identify the earliest clinical features of these illnesses before functional impairment is evident.

Experience Sharing

In the past 10 years, there has been a huge explosion in the literature and studies regarding the construct of mild cognitive impairment. Due to heighten awareness from the public, local society, related elderly services partners and different stakeholders from the medical field, an increase expectation toward our profession in providing effective methods to screen for dementia before functional impairment occurred.

The diagnosis of dementia at its later stages usually does not pose much difficulty and the accuracy of making the clinical diagnosis is reasonably high. However, difficulties remain in early detection of dementia especially at a presymptomatic phase and to differentiate subtle differences between early dementia and cognitive change found in normal ageing within the community-dwelling elderly. Meanwhile, more upcoming challenges to the Occupational Therapists (OTs) working in this field includes: 1. Developing reliable early detection assessment 2. Providing disease modifying therapy or effective lifestyle intervention to prevent or postpone the progression of the disease process 3. Conducting related investigation or researches.

Discussion

Literature review and local experiences from diverse sources were summarized under three themes: the benefits of MCI screening, local and oversea experiences on primary care or community screening projects and discussion about the expanding roles of Occupational Therapists in assisting early detection, diagnosis and early intervention specific for the client with MCI.

(3S2.2) Engaging Dementia Clients in Activities using Montessori Principles in Care and Attention Home

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Background

There has been an accelerating increase in the number of clients with dementia in elderly homes. Updated management policy and effective program implementation for clients with cognitive dysfunction are essential for improving their quality of life in an institutional environment. The aims of Occupational Therapy (OT) for demented clients in Care and Attention Home are: 1) to facilitate the usage of the remaining functions, 2) to enhance independence, 3) to reduce undesirable behaviors, and, 3) to cultivate meaningful living with pleasure and dignity. Montessori Method for dementia was introduced to Hong Kong therapists in 2010 by Gail Elliot from McMaster University in Canada. Its philosophy and mission echo the OT aims. The techniques are familiar to OTs. The Method has thus been tried by the OT in Ching Chung Care and Attention Home for a year.

Experience Sharing

There are three phases of experience in the application of Montessori Method for patients with dementia in my setting. "Starting from zero" – applied Montessori Method for Dementia by incorporating activities into the existing Occupational Therapy Program for individual clients who have behavioural and psychological symptoms of dementia (BPSD). "Creating a workshop" – define a period and found a place for a group of clients to be engaged in activities. Then more workshops for more clients were developed. "Creating roles and routines" - designed daily schedule for individual clients so that they could be engaged in meaningful activities in the long-term-care home. Things found during the development of the service:

1. Staff development is important. Both the professional and the front line staff need to participate in the training. Both attitude and technique in applying the method are significant for making changes.
2. The BPSD of clients are significantly reduced during activity time.
3. Relationship between clients and staff improved.

Discussion

Montessori Method for dementia is not just a set of principles for introducing activities to clients. It is a client-centered life design model. Thus all staff in the home environment should be involved when daily schedule designed for the clients have to be well implemented. How Occupational Therapist co-ordinate with the multi-disciplinary team members in long-term-care homes would be a challenging but worthwhile issue for future development.

(3S2.3) Computer Based Cognitive Training Program for Dementia Clients: Is there Evidence?

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Background

The population in Hong Kong is ageing. There was about 11.1% of older adults of age 65 or above in 2001 and this is projected to rise to about 25.2% in 2031 (Hong Kong Census & Statistics Department, 2008). Local study in Hong Kong showed that the prevalence of dementia was 7.2% for those of age 60 or above and it would increase to 9.3% for those of age 70 or above (Lam et al., 2008). Based on neuroplasticity and brain reserve theory, cognitive training programs are developed to meet needs of dementia clients at different stages.

Literature Review & Local Sharing

A meta-analysis review of cognitive training for Alzheimer's patients showed that training was effective for the restoration of learning, memory, executive functioning, activities of daily living and general cognitive problems (Sitzer, Twamley & Jeste, 2006). Local computer based cognitive training program (including Virtual Reality program) are developed by occupational therapists in Hong Kong in application to dementia or questionable dementia clients and intervention programs have demonstrated positive training results on memory function (Lai et al., 2011; Lee, Man, Yu, & Yip, 2011; Man, Chung & Lee, 2011; Seztó et al., 2006). An evidence-based review of errorless learning (EL) training program showed that EL programs improve memory function of dementia patients (Clare & Jone, 2008; Lee, 2009). Recently, an innovative Chinese computer based cognitive training program named "six arts" was developed in late 2011 by Hong Kong Alzheimer's Disease Association, and has been used in tablet computer by dementia clients.

Cognitive training studies on healthy older adults, MCI and dementia clients found that subjects with better cognitive function at baseline would achieve better post-treatment cognitive training effect (Clare, 2003; Fernandez-Ballesteros et al., 2003; Lam, 2008; Wilson, 2011). From the study of Dr Michael Valenzuela, findings showed that cognitive training in healthy old subjects provides a strong and persistent protective effect on longitudinal neurological performance. More epidemiological and clinical trails suggest that cognitive exercise might be an effective strategy to delay the onset of cognitive impairment in older adults (Valenzuela, 2009). Innovative programs (computer based or non-computer based) should be developed to reduce risk of dementia.

Conclusion

Positive training effect on memory was found in computer based cognitive training program for dementia clients. More large scale RCT studies are recommended. Early and innovative cognitive intervention program on brain health should be developed.



(3S2.4) Computer-assisted errorless training programme for Chinese early Alzheimer's Disease Persons in Hong Kong: a pilot study

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Background

Training effects of two computer-assisted memory training programs, errorless and errorful learning, and one conventional therapist-led errorless learning program were compared with a control group.

Methodology

A randomized control trial with single-blind research design was adopted in the study. Chinese elderly patients suffering from early Alzheimer's Disease persons, screened to be at early stage of dementia (Chinese version of Clinical Dementia Rating Scale (CDR) score = 1) and without depression (Geriatric Depression Scale - short form score <8), were recruited from ambulatory settings from Jun 2008 to Jan 2010. Subjects were randomly allocated into one of the four groups: computerized errorless training program (CELP); computerized errorful training program (CERP); therapist-led errorless training program (TELP) and control. Subjects of all the treatment groups attended a structured 12-session memory training program with the pre-set protocols, twice a week, and each session lasted for 30-45 minutes. Outcome measures, including the Chinese Mini Mental State Examination (MMSE-CV), Chinese Mattis Dementia Rating Scale (CDRS), the Hong Kong List Learning Test (HKLLT) and the Short Form of Chinese Assessment of Prospective memory (SF-CAPM) were collected by an independent assessor at pre- and post- and three-month follow-up, and, were analyzed by Friedman's Test for treatment & time effect and Mann-Whitney test for post hoc analysis.

Results

Forty-five persons were screened and 24 of them were included. Nineteen completed the memory training treatment protocols while five dropped out due to deteriorated medical condition. There was significant difference between the 4 groups across the time in MMSE-CV, CDRS and HKLLT ($p=0.004$, $p=0.032$ & $p=0.012$ respectively). However, post hoc test did not find significant difference in all pairwise comparison at each time point. Irrespective of any treatment groups (i.e. CELP, CERP and TELP), early AD subjects got better training effect when compared with the control group. Errorless learning seems to have better training effect than errorful training.

Conclusion

Positive changes in the cognitive function of Chinese patients with early Alzheimer's were initially found, after training through the errorless learning memory training programme, either in the computer-assisted mode or therapist-led mode. Besides, errorless learning memory training strategy was shown to have better treatment effect for early dementia patients. A clear picture and conclusion can be reached after the main study.

(3S3.1) The New Roles of Occupational Therapists in Detecting COPD in Primary Care Setting

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Background

Chronic Obstructive Pulmonary Disease (COPD) is the most common chronic lung diseases, and, a major health problem. However, they are still largely under-diagnosed and under-treated. With the goal to serve as gatekeepers for the prevention and early management of the diseases, and, to relieve the escalating demand on secondary and tertiary health care services from the diseases, from 2009 to 2012 the Government of HKSAR supports the Hospital Authority to develop the Nurse & Allied Health Clinic - Respiratory Care in the primary care settings. Occupational Therapist (OT) is one of the key members of the team.

New Roles of OT

In this program, chronic smokers aged older than 40 years old with respiratory symptoms (chronic cough, chronic sputum production, shortness of breath, wheezing) or COPD clients with or without history of hospital admission were recruited. The role of OT in the NAHC-Resp. Clinic includes:

- (1) Conducting the intake assessment for early detection of COPD. The assessment includes: i) lung function test by office spirometry, ii) impact of dyspnea on daily function, iii) exercise capacity evaluation by six minutes walking test (6MWT), and, iv) Body mass index (BMI), as a means to assess systemic effect of the disease. All the data collected can then be integrated to generate the BODE index; (B) Body Mass Index, (O) airflow obstruction, (D) dyspneic score and (E) exercise capacity, for staging the severity of the disease.
- (2) Implementing early intervention for clients detected to be suffering from COPD. The intervention includes: i) self-management program, ii) brief pulmonary rehabilitation program, and, iii) health qigong classes with the goal to empower client's ownership on health, to enhance self-efficacy in disease management and to promote daily exercise habit; and,
- (3) Providing health education and health promotion program for the at-risk group, with the goal to reinforce client's awareness towards signs and symptoms of COPD, and, to promote healthy lifestyle including smoking cessation for prevention of the disease.

Achievement

As at 06/2011, 1800 clients attended the program with 290 known COPD cases. Under the fixed ratio diagnostic criteria (i.e. FEV1 / FVC ratio of <70%), 413 clients (26.5%) were newly detected to be suffering from COPD. Among the COPD clients, 146 clients completed the early intervention programs. Outcome assessment done at the 6-month follow-up identified the followings: i) the smoking quit rate was 28.7%, and, ii) they demonstrated significant improvement in the MMRC Dyspneic score and 6MWT. With the integration of knowledge and skill from both physical and psychosocial training, OT demonstrated a significant contribution to the program.

(3S3.2) Self Management Program for Patients with COPD

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Background

Chronic obstructive pulmonary disease (COPD) is known for its long-term trajectory of disease progress with "flare ups" called COPD exacerbations. Frequent exacerbations significantly compromise patients' health status, and, increase stress on health care systems. In order to progress management of COPD patients, it is necessary to introduce substantiated changes in delivery of care. Effective management should not only focus on treating acute episodes but also be on prevention and early treatment. There are sufficient evidence supporting self management interventions for patients with COPD including its potential to promote health, reduce and prevent disease complications and increase patients' quality of life.

The Canadian Experience

"Living well with COPD" program (LWWCOPDTM) was developed since 1996, under the leadership of Dr. Jean Bourbeau, in the Montreal Chest Institute of Canada. With evolving evidence and ongoing support from local social and healthcare system, LWWCOPD has become the best-known program of its kind in the world. The LWWCOPD program consists of group and individualized education sessions on self management embedded in a supervised exercise program for COPD patients. Parallel with intensive exercises, the pivotal objective of the integrated self management education provided by the multi-disciplinary team is to facilitate patients' self-health behaviors which are pharmacological (adherence to medication, recognition of symptoms and prompt access to early treatment in the event of exacerbations) and non-pharmacological (breathing techniques, exercising, energy conservation and self care techniques, better nutrition and stress management) in nature. When these behaviors are performed in day-to-day basis with success, the COPD patients will develop an improved sense of self-efficacy resulting in lifestyle changes for improvement of health status and reduction in health care utilization in long run.

Factors Related to Success

The successful delivery of the program is enforced by the Case-Management approach. Every engaged COPD patient will get a designated case manager to support disease management. For effective discharge of their duties, the case managers are equipped with both clinical skills for management of medical risk, and, psychosocial skills for facilitating problem assessments, goal setting, motivation, confidence building and problem solving support to COPD patients. The case managers are also responsible for liaison with necessary healthcare services in the time of exacerbations and co-ordination of necessary support services in the community when needed. Another key feature of LWWCOPD program is the use of "Action Plan". Such plans are specific to COPD patients helping them to recognize symptom changes, to implement self care behaviors for maintenance of health status and promptly self-initiate a customized prescription in the event of any exacerbation.

(3S3.3) Evaluation of Therapeutic Effects of Health Qigong among Patients with Chronic Obstructive Pulmonary Disease

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Background

Chronic obstructive pulmonary diseases (COPD) are grouped under the disease category of "cough, breathlessness and lung inflation" according to Traditional Chinese Medicine (TCM), and involve not just the "lung" but two other TCM organs, the "spleen and kidney" as well. Health Qigong (HQG), a TCM based exercise requiring the regulation of "mind, breathe & posture" in practice, is usually prescribed for COPD patients recovering from exacerbation with the goal to nourish all the three "TCM organs". It is hypothesized that HQG can promote better and holistic results than purely aerobic and breathing exercises commonly adopted in the Western pulmonary rehabilitation program (PRP).

Method

The study was conducted in settings under the care by respiratory specialists of Jiangsu Province Hospitals from Oct. 2008 to Oct. 2010. The study intended to compare the therapeutic effects of HQG (the Lung Routines) with that from pulmonary rehabilitation program among COPD patients recovering from exacerbation, and, with adjustment to their diseases stages. One hundred and thirty-two (n=132) patients with confirmed diagnosis of COPD were recruited into the studies. The patients were firstly stratified according their disease severity (GOLD stage I & GOLD stage II) and then randomly allocated to either "Group I - HQG group" (n=51), "Group II - Conventional PRP" (n=32), and, "Group III - Only medical treatment group" (n=35). Baseline data were taken before randomization, and, outcomes were ascertained at 6-month follow-up (FU) by blinded assessors. Outcomes measures included, 6-minute walk test (6MWT), questionnaires on symptoms, questionnaires on quality of life (QoL), blood gases level, and, immune cell factors (IL-6, IL-8, TNF).

Result

Outcomes of 118 patients (57 for GOLD Stage I, and, 61 for GOLD Stage II) were recruited into the final analysis, while 14 patients were excluded due to incomplete data, loss to FU, and, non-compliance. Irrespective of the disease severities, both HQG and PRP groups showed improving trends across 6MWT, symptom scores, QoL scores, blood gases levels and immune cell factors levels over the 6 month period, while the medical treatment group demonstrated either no improvements or even some deteriorations among the outcomes. When comparing the HQG with PRP, HQG appeared to have better effects on i) QoL subscores of activity of daily living (ADL) and depression for patients of both disease stages, and, ii) TNF levels for patients of GOLD stage II, than PRP, but did not reach statistically significant levels.

Conclusion

Both PRP and HQG produce positive effects on health, subjective symptoms and functions among patients suffering from COPD. HQG appears to produce better improvement in ADL, depression symptoms, TNF levels, but this requires further exploration.



(3S3.4) Health Qigong: its application and evidence in Cardiac Rehabilitation

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Background

Heart diseases including acute myocardial infarction (AMI) and congestive heart failure (CHF) have become a worldwide health and economic burden with high mortality rate and re-hospitalization rate. Around 25 to 50% of hospitalized patients will be readmitted within 6 months after discharge. Promoting QOL, reducing re-admission and controlling risk factors were widely recognized as a clinical priority for treating patients with heart diseases. There has been positive evidence supporting the clinical benefits of health qigong (HQG) on lowering of total cholesterol, systolic blood pressure, diastolic blood pressure, and depressive mood scores.

Our Experience

Health qigong practice had been introduced into the cardiac rehabilitation program phase II at United Christian Hospital (UCH) for patients with AMI since 2000. In 2005, HQG (Badunjin)'s effect was supported in a published study which recruited fifty nine AMI patients at UCH. Subjects were randomized into HQG group and progressive relaxation group. The study found that there was a significant reduction in systolic blood pressure, anxiety level and improvement in general health questionnaire scores in the HQG group. In 2006, the maintenance effects of HQG was further studied by developed a 12-week HQG (Badunjin) program with AMI patients attending weekly health qigong practice led by lay leaders, who were trained by UCH occupational therapist and performing daily practice at home. Positive effectiveness were identified in improving the quality of life, self-efficacy, coping strategies and lifestyle of the patients. Besides, three patients in the control group were readmitted due to cardiac problems but there was none in the HQG group. In 2007, another study was carried out at UCH to investigate the effectiveness of HQG (Liu Zi Jue) in improving the physiological aspects and QOL of patients with CHF. This study showed there was a lowering effect of heart rate and diastolic blood pressure but not systolic blood pressure after practicing HQG. There was also an effect in improving QOL. Besides, it was a safe exercise modality for patients with CHF. In 2009, a health survey was adopted to assess the health status of the patient self-help and lay leader led HQG program at UCH. Thirty-one AMI patients were recruited in the survey, 74.2% patients perceived an enhanced feeling of self-efficacy in sustaining active and healthy lifestyle pattern when practiced health qigong more than 3 times per week with more than 30 minutes each time. 93.5% patients perceived that they were able to relax and to build up healthy, active life style after practiced HQG. 96.8% patients were not admitted in the past 1 year (due to cardiac problems) after practicing HQG.

Conclusion

Because of its safety, minimal cost, culturally relevant and clinical benefit, health qigong can be advocated as an effective and adjunctive self-management intervention among patients suffering from chronic cardiac diseases.

(3S3.5) Occupational Therapy in Palliative Care: A Singapore Perspective

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Background

Occupational therapy in palliative care (PC) is a relatively new service in Singapore. Amongst the four inpatient hospices in Singapore only two of them engages occupational therapy services within their organisations. With the recent development and emphasis in PC, it is timely for Occupational Therapists (OT) in Singapore to define their roles in this specialized area of practice. This would assist to better plan and develop the services to cater to the clients in this setting. Hence, this paper aims to identify the roles of OTs in PC setting of Singapore by: (1) understanding the need for OT in Singapore hospices; (2) understanding the current roles of OT in PC setting in Singapore. (3) Identify challenges and further education required in order to provide OT in PC setting.

Methodology

This is a phenomenological study. Two Interviews and two focus groups were conducted with OT and various healthcare professions separately. Through purposeful sampling, eight participants met the inclusion criteria and contributed to this study. The data was transcribed verbatim and thematic analysis applied. Data triangulation was observed to ensure rigor.

Result

The findings showed that many of the clients, who require palliative care has multiple unmet needs ranging from financial needs to psychosocial issues, to the need to be independent. OT has the capacity to meet most of these needs. As such, the healthcare professionals perceived Occupational Therapy to be beneficial to the clients receiving palliative care. The OT in palliative care took on roles that were similar to OT in other settings, which includes addressing physical and psychosocial issues. The participants appreciated the strong emphasis on activity based therapy by OT in the palliative care setting. The results also demonstrated that diverse treatment approaches were adopted by OT in this setting due the highly differing needs amongst clients. Despite these different approaches the aim of the OT interventions in palliative care is to positively impact on the person's quality of life.

Conclusion

The work of OT is congruent to the definition of palliative care. OT services are perceived to be beneficial to clients in the palliative care setting. The roles of OT are similar to OT in other settings. However, OT in palliative care in Singapore is relatively new. Hence, OT faced multiple challenges, which includes inadequate research in this field of practice, inadequate manpower and resources as well as lack of awareness of Occupational Therapy services in the setting. More interdisciplinary researches are needed to be conducted to explore the phenomenon of palliation and rehabilitation, to establish a best practice guideline in this setting.

(3S4.1) The application of cognitive neuroscience knowledge for unilateral neglect patients in occupational therapy – spatiomotor cueing

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Background

Unilateral neglect is neurological syndrome, following damages to one hemisphere, typically associated with right parietal and frontal cortical area. The intervention of occupational therapy for neglect includes attention training, scanning, spatiomotor cueing, patching, prisms, and compensation. Recently, the development of discipline in cognitive neuroscience provides some scientific basis for practice of brain rehabilitation. The systematic application of cognitive neuroscience models to rehabilitation is not only foster damaged brain circuits to recover, but also more theoretically grounded rehabilitation.

Experience Sharing

This topic reviews some cognitive neuroscience article about spatiomotor cueing. They claim the integration and dissociation of multi spatial frame of reference exist in human, including body/personal space (related to some somato-sensory representation of body), peripersonal/reach space and far space respectively.

And unilateral neglect patients might have been suffering impairment with respect to at least two independent but interdependent relationships between spatial system of personal space and reach space. By introducing the subject to make voluntary movement with left limbs in left hemisphere, it's possible that the half of the somatosensory spatial sector was in some way activated or enhanced. Because inducing of the integration of somatosensory and peripersonal spatial sector, in turn produced enhanced activation of impaired half of peripersonal space. Unilateral Neglect can be improved if the different sector can be activated in concert.

Case report: A 85-year-old man with hemiplegia, dysphagia and symptom of neglect, onset on 24-Nov-2011. By apply spatiomotor cueing treatment program from 12-Dem-2011 to 18-Jan-2012 (30 days), the symptom of neglect had improvement.

Discussion

Activity analysis is a part of occupational therapist' profession, and brain injury patients are one part of our service recipient, if therapists can combine some cognitive neuroscience model/knowledge into therapeutic program, it will help us to design more suitable program.

(3S4.2) Effect of intelligent agent feedback rehabilitation training system applied to lower limbs motor impairments of stroke: a randomized controlled trial

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Objectives

To observe the effect of a new lower limb intelligent agent feedback rehabilitation training system applied to patients with lower limbs motor impairments.

Methods

60 stroke subjects were randomized into intelligent group (n=30) and control group(n=30). Both groups received routine medical treatment combined with physical therapy, but the control group received common electric rose bed training while the intelligent group received A1-type intelligent agent feedback rehabilitation training system. Use manual muscle testing(MMT), modified Ashworth scale, Fugl -Meyer lower limbs scale and Holden walking scale to assess patients' muscle strength, muscle tone, motor function and walking function before treatment, 2 weeks and 4 weeks after treatment. Observe cardiovascular responses and adverse reaction as well.

Results

Both groups were effective to improve the muscle strength, motor function and walking function of hemiplegic patients' low limbs after treatment (P<0.05~0.001). The intelligent group had a significant difference on muscle tone (P<0.001) while the control group didn't (P>0.05). There was no significant difference between two groups on improving muscle strength, muscle tone, motor function nor walking function (P>0.05). Systolic pressure of both groups was falling significantly as well as common group's diastolic pressure (P<0.01). Blood pressure and pulse of intelligent group varied in a small range compared with the control group (P<0.05~0.01).

Conclusion

A1-type intelligent agent feedback rehabilitation training system had a significant improvement on muscle strength, muscle tone, motor function and walking function of hemiplegic patients' low limbs. The intelligent group was much safer for its blood pressure and pulse fluctuating smaller than that of the control group.



(3S4.4) A Review on the use of external cues as a treatment strategy in Parkinson's disease

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Background

Motor impairment which occurs secondary to Parkinson's disease (PD) influences the function and thus the quality of life and safety for the patients who suffer from this disease. External cues is an effective rehabilitation strategies for training the PD sufferers to modify their mobility initiation and function in activities of daily living. The objectives of this review were (1) to examine the role of external cue as a therapeutic intervention on rehabilitation for PD, especially focus on the modification of the movement initiation, and (2) to summarize the neurological mechanism underlying the external cues for PD.

Methodology

This review searched for articles published in journals which focus on external cues used for patients with PD using relevant search terms. Articles published from 1991-October 2011 searched in 6 databases(MEDLINE, PiCarta, Cochrane, CINAHL, EMBASE, and PubMed) with Parkinson's disease, external cues, cues, visual cue, auditory cue, tactile cue, movement initiation, rehabilitation, training, occupational therapy, physical therapy. Both controlled and uncontrolled studies were included. The limitation of this review is all the sources are rooted from journals and in English.

Results

Fourteen studies out of 174 searched articles were included in this review. Three out of 14 studies were RTC. Most of the studies used auditory cues in their experiments, and focused more on physical therapy aspects to improve gait initiation. Two functional training with external cues added occupational therapy as part of interdisciplinary treatment protocol.

Conclusion

Multiple external cues are used into clinical settings, including visual cue, auditory cue, sensory cue, and the combined form of them. External cues provide temporal or spatial stimuli associated with the initiation and facilitation of a motor activity. The participants with PD were benefit from external cues training, especially in gait and freezing conditions. Some studies indicated that using of external cues could modify the coordination of the movement, and reduced the attention level which was needed in a task. The external cues are useful tools for treatment of patients with PD, and an important adjunct to pharmacological management.

(3S5.1) New Service Model: Occupational Therapy Secondary Prevention Program for Stroke (预防再中风治疗计划)

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Introduction

Stroke is a leading cause of death and a major source of disability in Hong Kong. Recent estimates of cumulative risk at 1 month, 6 months, 1 year, 2 years, 3 years and 4 years for recurrent stroke could be 1.8%, 5%, 8%, 12.1%, 15.2% and 18.1% (Feng W, 2010). Appropriate and timely stroke secondary prevention should therefore be essential and evidence is accumulating for more effective secondary prevention strategies, except medical interventions (National clinical guideline for stroke, 2008 & NICE clinical guideline, 2008). Occupational therapy department (UCH) has developed a secondary prevention program for stroke to match the needs of patients with TIA or minor stroke, so as to empower them with healthy lifestyle and self health-management, eventually decrease risk of recurrent stroke.

Objectives

- Educate patient knowledge and warning signs & symptoms of stroke,
- Enhance patient's awareness on own risk factors of recurrent stroke,
- Redesign patient's healthy occupational lifestyle, and
- Improve patient's bio-psychosocial health through health qigong practice

Occupational Therapy Secondary Prevention Program for Stroke

Stroke patients were screened in Acute Stroke Unit (ASU) in United Christian Hospital and those with TIA or minor stroke were recruited into the program which was being held at occupational therapy out-patient department. Contents of the program included: (1) education on knowledge of stroke and its warning signs & symptoms; (2) identification of own risk factors of recurrent stroke; (3) redesign of own healthy life-style; (4) advice on self health monitoring practice and stress management; (5) Health Qigong (八段锦) practice, and (6) introduction on relevant community resources.

Results

From October 2008 to March 2011, 206 subjects successfully completed the program. 98% of them returned to previous life roles, and acquired more positive and healthier life-style with improvement in General Health Questionnaire (GHQ). 70% of them adopted Health Qigong as regular activity. In 1-year follow-up period, their blood pressure ($p = 0.03$) and lipid profile ($p < 0.01$) were significantly improved, and the stroke recurrent rate of the subjects was 0.97% ($n = 2$), which was much lower than previous studies.

Conclusion

This is a new service model of occupational therapy department in United Christian Hospital. This program provides good timing that matches needs of the patients with TIA or minor stroke, so as to empower them with healthy lifestyle, self-management strategies out of hospital, eventually decrease risk of recurrent stroke. The feedbacks and participation from the patients were positive.

(355.2) Integrating Executive Functions into OT Practice

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The frontal lobes act as a Supervisory attention system, which is required in situations that involve: planning or decision making, error correction or trouble shooting, dangerous or technically difficult situation. Goldberg (2001 pg.23) said "A patient with frontal lobe disease will retain the ability to move around, use language, recognize objects, and even memorize information. Yet, like a leaderless army, cognition disintegrates and ultimately collapses with the loss of the frontal lobes (Goldberg." Baddeley and Wilson (1988) based on Rylander (1932), describe the syndrome as: Impairment in attention (highly distractible), difficulty in grasping the whole of a complicated state of affairs, possibility to work along routine lines, but have difficulties in new situations i.e. poor goal management and problem solving.

Although standardized tests can build up a profile of a person's cognitive strengths and weaknesses, they can't tell us all we need to know. As an Occupational Therapist, especially, we need to assess real life functioning (and in more detail than we obtain from the ecological tests). We can do this with direct observation, self report measures and interview.

Treatment for dyes-executive function include: problem-solving approach, goal management, self instructional techniques, environmental control. Main cognitive screening assessment includes MMSE and MoCA, how we can screen out patients with executive function deficits effectively and efficiently?

Cognitive assessment results of 245 out patients was collected and reviewed, MoCA and MMSE scores were recorded for analysis. Nearly 70% subjects scored 22-27 in MMSE scored below cut-off in MoCA, over 80% subjects scored MMSE =18-21 also scored below cut-off in MoCA. For patient with MMSE= 18~27, MoCA must be conducted to identify whether they have MCI or executive dysfunction, in order to screen out patients' cognitive deficit that could not be reflected by MMSE especially on executive function, delayed recall, attention, verbal fluency. Further collection of data will be required to give more solid evidence on the above findings.

(355.3) Cognitive Function in daily Life – Theory, Assessment & Intervention

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Persons suffer from varies disease, such as dementia, cerebral vascular disease, chronic illness like end stage renal failure, may resulted with sustained brain damage which often have cognitive impairments. Cognitive deficits are often leading to functional problems and affecting rehabilitation outcome.

As a clinician, occupational therapist combine the knowledge, skills and tools in neuropsychology and the occupational therapy process to devise a means to understand the cognitive impairments, to identify and analyze the cognitive impairments and the functional limitations and participation restrictions; to select effective treatment strategies in considering the cognitive components of activities.

Apart from providing clinical service, research on the cognitive profiles of some disease groups and the outcome of treatment give us a right direction to develop the service and provide us a clear guidance on the effectiveness of the treatment.

(355.4) Study of Visual Attention - The role of Event Related Potential

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Brain lesion results from stroke or brain injury may affect visual attention. Therefore, assessment in visual attention is included in most of the standardized cognitive-perceptual assessment batteries. Conceptual models in explaining the mechanism of visual attention are proposed after extensive behavioral studies. Typical paradigm for such behavioral studies was reaction-time experiment which consisted of a visual stimulus followed by a response. The measuring parameters were usually the reaction time and accuracy rate to the response. The limitation of such measurements is that even if poor performance of a client with brain lesion is identified, such measurements cannot give any clue in which process of visual attention is affected. Since the 21st century, the development of Event Related Potentials (ERPs), which is a new technique in cognitive neuroscience, is beginning to unveil the possible underlying cognitive processes of the observed phenomenon in behavioral studies. ERPs provide high-resolution measures of the time course of neuronal activity patterns associated with the investigated perceptual and cognitive processes. ERPs studies in visual attention can measure the subcomponents of visual attention from a continuous ERPs waveform which is elicited to the visual stimulus. This ERPs waveform can be used to directly observe neural activity between the stimulus and the response. Besides, the distribution of voltage over the scalp can be used to further locate the relevant neural substrates to specific processes in visual attention. The multidimensional findings from ERPs may help to develop specific intervention strategy for the impairment found in a particular process of visual attention. This presentation is to introduce the potential application of ERPs in the study of visual attention for patient groups.



(3S6.1) Participatory Ergonomics

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The growth in participatory ergonomics (PE) over the past 15 years has been considerable. PE interventions are considered useful for reducing the burden of work-related musculoskeletal disorders. It is usually defined as requiring the participation of those performing the work activities using a problem-solving approach to reduce risk factors. Despite the vastly increased number of PE endeavours, there is still little recognition about the theoretical structure for participatory ergonomics or its framework for practical advice and guidance. In a systematic review by van Eerd et al¹, there are a total of 9 dimensions of PE. Knowing these dimensions can help develop an effective and sustainable ergonomics programme. The author had applied this PE framework in constructing a job-specific occupational health education programme in preventing work-related musculoskeletal back injuries during manual materials handling in construction laborers². A total of 205 laborers were recruited by 3-stage cluster sampling process and randomly assigned to receive different education programs on manual materials handling. Control group was given a conventional program while experimental group received a job-specific program. The results of this study showed that a statistically significant group difference was found in the knowledge and practical skills on manual materials handling after training ($p < 0.001$). Furthermore, the results from 1-year cumulative incidence revealed a significantly lesser number of first-time reports of work-related musculoskeletal back injuries in the experimental group. These results indicated that use of PE in occupational health education programme is an effective preventive strategy for work-related musculoskeletal back injury.

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(3S6.2) Occupational Medicine Service in the Hong Kong West Cluster

Joyce Wong

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The Occupational Medicine (OM) service was set up at Queen Mary Hospital in 2007 aims at providing a timely provision of quality care and rehabilitation to injured members of staff in the Hong Kong West Cluster (HKWC) through the Case Management approach. The Hong Kong West Cluster includes 7 hospitals with more than 7000 members of staffs from medical, allied health, administrative personal and supporting colleagues.

Both individual case management and the occupational health programs for certain groups have been offered to improve the occupational health of the members of staff. Individual case management includes Work Injury management, Occupational Disease management, Sickness Absence management and Fitness to Work assessment. Job coaching performed by case manager is found to be one of the most effective means to facilitate successful return to work. Furthermore, joint site visit with occupational therapist and the occupational safety and health personal, as well as case conference with supervisors, human resources personnel, allied health colleagues and related medical specialist are essential elements to facilitate a smooth and safe return to work. For certain groups of specific job nature and prompt to expose to physical, ergonomics, chemical and biological hazards, a health surveillance program has been offered to improve their occupational health. These include the Musculoskeletal Symptoms screening, Hearing Conservation program and Periodical Medical examination for radiation workers. As an occupational therapist, the strength in activity analysis, equipment modification, ergonomic, and the experience in work rehabilitation offer valuable assets to the development in Occupational Medicine service.

(3S7.1) Mental Wellness Clinic in Primary Health Setting - Where Wellness Coaching works well

Danny Poon

Occupational Therapy Department, Kowloon Hospital, Hong Kong

Background & Objectives

Wellness coaching (WC) focuses on engaging the client to plan and act on their life, health and well-being. Psychological intervention in format of WC was newly rendered to client with subjective mental wellness complaints in primary health setting like General out patient centre (GOPC), after Mental Wellness Centre(MWC) was established under Hospital Authority in 2009. Comprising of individualized session and problem specific group program, WC delivers interventions to subjective well being. Objectives of this study were (1) to explore status of well being of MWC users in GOPC and (2) to investigate the efficacy of WC on improving their emotional disturbance and subjective well being.

Methods

3366 GOPC visitors (3% of yearly population) were screened by WHO-5 well being index from Sept 2009 to May 2010. A group of 72 clients were recruited into WC program. They assessed with Depression Anxiety Stress Scales (DASS21) for emotional disturbance severity and WHO-5 Wellbeing Index (WHO5) for subjective wellbeing before and 3 months after WC program. WC employed a dynamic approach for overcoming emotional disturbance arisen from marital relationship, workplace difficulties, bereavement, adjustment to change and health problem. Additionally, an elective 2-sessions groups focusing on imminent topics, like Sleeping Well, Emotion Management and Happy Living, fosters their skills and actions towards improving their current state of health and wellness. Common strategies of WC were adopted from solution focus coaching, motivational interviewing and use of character strength.

Results

Among 72 recruited clients, 45 are female with mean age 55. 86% and 74% of the group were free from clinical depression and anxiety respectively. The mean WHO-5 score for the recruited clients is 10.56 which is significantly difference in their well being profile from non recruited group (mean= 16.69). Their WHO-5 on admission was 10.56 that is below cut off score of impaired wellness suggested by WHO-5. Post group WHO-5 was improved up to 15.31. Emotional disturbance and related symptoms of depression, anxiety and stress measured by DASS21 showed significant improvement pre & post 3 months ($p < 0.01$).

Conclusions

Preliminary results support WC is a beneficial and efficient therapy for client with emotional disturbance in primary health care. Major users of WC are sub-clinical in mod disturbance symptoms but conscious about their subjective wellbeing and mental health. Early detection via public screening or physician assessment is crucial. Instant resolution of mild affections of the clients in primary care level may be an effective way to lower prevalence of major mood disorders.

(3S7.2) Miracle occupational experience in occupational lifestyle redesign

Kwok Fai Leung

Department Manager, Queen Elizabeth Hospital, Hong Kong SAR

Since 2007, we conducted "occupational lifestyle redesign" (OLSR) program for our out-patients with a range of conditions including mental illness, stroke, orthopedic, chronic pain, and recently HIV and Parkinsonism. In the past 5 years, more than 250 patients in 30 groups completed our OLSR program. We saw significant changes in many of the patients. They changed in their attitude, behavior and their participation in everyday life activities in the 3 to 6 months period while they are in the program. We noted that their changes was not evolved in a linear progressive manner, but in form of "quantum change", i.e. starting with some small changes and suddenly in a short period time, i.e. 1 to 3 weeks, making big change and transcend to a higher level of functioning in life. They are able to experience much better mood, think more positively, and engage in more meaning, happiness and flow inducing activities in their everyday life. In short, we say that they have accepted and adapted to their chronic symptoms or functional limitations.

We are quite amazed to see these changes in the patients and curious to finding out the mechanism and antecedents of such changes. After a period of observation, interviewing and reflection, we found that many of the changes in the patients occurred after their successful implementation and completion of one or several weekly action plans in the program. We believed that these successes and the associated positive emotions elevated sense of self efficacy and hope, and broadened their views towards acceptance of their chronic condition. We now coined these successful experiences as "miracle occupational experiences". Such experience energies further attempts to more activities and subsequently transcend their level of functioning in life.

In our OLSR program, a group of 7-8 patients meet once every week for 10 weeks. In all the sessions, each patient was coached to plan one or two activities that they really want, need or like to do in the week. The activity has to be challenging but achievable. This activity goal setting, planning, implementation, and experience sharing cycle forms the core component of OLSR program.

We conceptualize three types of desirable activity goals. The third types of activity goals related to the participation in hobbies and leisure activities. People participate in such activities solely for the unique experiences of such activity engagement. Feeling of flow is the highest level of leisure experience resulted from the participation in hobby and leisure activities. The second type of activity goals pertain to the engagement in activities that can meet human "needs", especially higher level of social and psychological needs. For example, activities for the expression of love and accepting love, and activities leading to the gratification of cognitive, self actualization and spiritual needs, etc. The third type pertains to activities that the person "wants" to do as a kind of duty or obligation. This is driven by the personal value, social role or sub-culture of the person. The key word "should do" reflects the nature of these activity goals. Some examples are: returning to work, earning the living for himself, cleaning the kitchen before Chinese New Year, taking care of the members in the family, etc. Achievement of these goals resulted in the feeling of personal value and meanings. In the 10 week OLSR process, we usually encourage leisure related goals in the initial phase of the program and then needs and finally obligation related goals.

All these three types of activity goals provide strong intrinsic motivation for pursuing in the activity that will bring along immense positive



feelings and sense of satisfaction upon successful participation. These activities are regarded as meanings, happiness and flow inducing activities in OLSR.

In order to generate miracle occupational experiences, the activity chosen by the person have to be a challenging one. Challenge is a relative concept in this context. It does not refer to certain absolute level of difficulties. An activity can be a easy to a healthy person, but a challenging one to a patient due to certain physical, psychological or environmental limitations. However, the activity goal must be achievable. It should not be too difficult to an extend that there is no chance of completion and success. In the process of striving towards the goal, there should be conscious steps in anticipation, planning, implementation and self appraisal. In such process, adaptive strategies and skills are learned, practiced, personalized and contextualized. Successful completion of such challenging activity will boost in self efficacy and generate of hope of further success in other more challenging activities.

In our OLSR program, occupational therapists adopt a life coaching rather than more traditional prescriptive approach in facilitating optimal goal setting, planning and implementation. Therapists guide individual patient to find out what he/she wants, needs or likes to do, rather than telling the patient what to do. Therapists will prompt the patient to do detail planning and explore best ways to overcome possible obstacles. Therapists will teach adaptive strategies and skills, and also set up a platform for fellow patients to share ideas and experiences in achieving the activity goals.

In summary, the generation of miracle occupational experience is the key to success in OLSR program. It depends on (1) right choice of activity that is important to the person, (2) right level of challenge, (3) right adaptive strategy, and (4) successful implementation of right methods to achieve the goal. In OLSR program, we can see once again the power of using of human occupation in changing and helping people. It further strengths our own sense of self-efficacy as an occupational therapists.

(3S7.4) OLSR Program for the at-risk group with mood and anxiety problems

Mary Chu

Department Manager, Queen Mary Hospital

Occupational therapists in Queen Mary Hospital (QMH) started to pilot Occupational Life Style Redesign (OLSR) program for community elders in 2007, out-patients with mood and anxiety problems referred from General Out-Patient Clinic in 2008 and staff screened to have mental health problems from QMH Staff Clinic in 2011.

In the first few years, the OLSR program was conducted mostly in group format. It was found that such groups with 8 weekly sessions could have very powerful effect on changing group members' outlook in life and their life goals turn towards a new and more positive path. However, using a group format may not be feasible at times and it took time to set up groups. Thus, the use of individual format was also explored in 2011 and intervention could start as early as possible. In 2011, staff with anxiety, emotional health or stress coping problems were referred for OLSR program from staff clinic in Queen Mary Hospital. They were screened by Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder Questionnaire-7 (GAD-7). For cases with scores equal or over 10 (indicating moderate severity) in either of the tests, they would be referred for joining the OLSR program conducted by occupational therapists in QMH.

In the OLSR program, occupational therapists assessed the clients' current situation, their concerns, their value in life, daily life routine and unfold past happy experiences. The interactive sessions touched on the relationship between health and happiness, possible ways to seek happiness, readiness for change to lead a healthier and happier life and goal setting. In between sessions, the clients have to carry out their planned happiness inducing occupation(s) from the goal set in the previous session. Reflective feedback is used to enhance the experience of positive emotion, satisfaction, reinforce self-directed goal setting for facilitation of continuous change.

A total of 45 cases were referred from staff clinic for OLSR program as at September 2011 and data on 19 cases treated by individual format were ready for analysis. 15 cases were female and 4 were male. Their age ranged from 22 to 57 years of age with a mean age of 42.8 years. The average PHQ-9 pre-treatment score was 13.47 and that for post-treatment score was 8.58. Paired t-test was used for analysis. There was significant improvement when comparing pre and post scores in PHQ-9 ($p=.001$; 95%CI 2.406, 7.383). There was also significant improvement in the pre and post scores in GAD-7 ($p=.000$; 95% CI 3.042, 8.370). The average pre GAD-7 score was 13.12 and that for post-score was 7.41.

In this preliminary evaluation, OLSR program was found to be helpful in treatment for at-risk staff group with mood and anxiety problems.

(358.1) Use of public media for wellness management

Dr. Samson Tse

Associate Professor, University of Hong Kong

Background

The following example will be used as an example to demonstrate the use of public media for wellness management, wellness promotion.

In response to the worrying trend of the local drug abuse cases, the Hong Kong Productivity Council and the University of Hong Kong has launched an on-line campaign project, namely "Let's Face It: A Life Skills Based Education Campaign on Facebook and Social Media Platforms that Beat Drugs before It Starts". The target population is young people aged between 13 and 24.

Method

To establish multiple presences, we integrate selected activities of the programme with various web 2.0 social media tools like Facebook, Youtube and Twitter. Multiple channels broadcasting such as Yahoo, Google, Uwants, Ugameasia, Discuss, Schools' Intranet and HKedCity are used to promulgate the project.

Results

The project has produced a series of eight tailor-made psychosocial learning activities (e.g., scenario analysis, block builder & story writer, design competition) on multiple platforms. A thematic website to encompass all the activities served as a reinforcement channel by posting positive messages and advices for the participating young people.

Conclusions

This project blends content materials, rich media like animation, games and videos with assessment functionalities to foster wellness among young people in the context of Hong Kong. It has developed immersive and interactive game-based learning solutions to promote "wellness", "learning is fun" and "learning by doing". The FaceTeen project provides young people with an opportunity to appreciate the multiple-"faces" of young people's aspirations, thrive and talents and to "face" the problem of adolescent substance misuse.

(358.2) Well-being and health in community elderly dwellers in Hong Kong: An occupational perspective

Kenneth Fong

PhD, OTR, Assistant Professor, Hong Kong Polytechnic University

Humans are occupational beings, we implicitly or explicitly employed occupation as the medium to survive or promote health and well-being (Wilcock, 1998). They should be performed in situations or contexts that influence them.

Occupational balance is defined as a relative state, recognizable by a happy or pleasant integration of life activities and demands (Backman, 2004). To be healthy, there must be an individualized balance of meaningful variables through discovering, developing and acting on their own interests and by participating in rules, habits & rituals of their culture (Yerxa, 1998). In Hong Kong, older people in community dwellings find their personal meanings by developing their self-identity and derive a sense of fulfillment through meaningful occupations in the local context such as engagement in spiritual or culturally related leisure activities, or with their families or neighborhoods.

Older people in Hong Kong often suffer from occupational injustice in the community which affects their health and well-being. Occupational injustice includes: (1) occupational alienation - prolonged experiences of disconnection and isolation, e.g. jobs with low wages; (2) Occupational deprivation - prolonged preclusion from engagement in occupations, e.g. geographic isolation; (3) Occupational marginalization - inequalities in access to occupations, e.g. barrier in access of built environments, ; and (4) Occupational imbalance - segregation associated with old age or disability or poverty in the population (Townsend & Wilcock, 2004). To enable well-being and health in community elderly dwellers, occupational therapists can provide experiences for the elderly in meaningful occupations, and encourage their participation in occupations for health and social inclusion from an individual or population perspective by incorporating them the autonomy through choices in occupations. Examples are discussed.

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(3S8.3) The role of OT in health promotion programs for elderly tenants living in housing estates of Hong Kong Housing Society

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Manager, Housing Society Elderly Resources Centre

Provision of housing and related services for elderly is one of the core businesses of Hong Kong Housing Society (HKHS). In some of our rental housing estates, the elderly population has reached 31-37%. In view of the growing of ageing population in our housing estates, HKHS strives not only to provide quality housing but also housing with care to the elderly tenants so as to promote their ageing in place. Since 2007, HKHS has been providing health promotion programs including the "Enhanced Elderly Care Program" and the "Housing with Care Program" in some of our rental estates, as well as the "Wellness Program" for the elderly tenants living in Senior Citizen Residences Scheme (SEN). These programs aim at helping tenants to create a safe and supportive living environment, and to get information and resources for making health choices. OT practitioners exert the following important roles when engaging in these programs:

- (i) As an advocator to recommend housing policy in the management level on the direction of the health promotion in housing estates;
- (ii) As a team player to work with property management professionals and NGOs to derive an estate-based program to elderly tenants;
- (iii) As a health promoter to screen and assess the health risk and the home environment risk of elderly people.

This presentation will emphasize on how OT practitioners contribute to the development and implementation of these programs, as well as the impact of such programs to the tenants and other stakeholders.

(3S8.4) A Character Strength Perspective of Mental Wellness – Prevention and Intervention

Dr. Anthony K. K. TONG, Ed. D.
Clinical Psychologist, United Christian Hospital

Traditionally the contributions of psychology to mental wellness mainly lie in psychological diagnosis and treatment. The major schools or models are psychodynamic, humanistic, cognitive-behavioral and family therapies. The foci are treatment of mental symptoms and disorders and psychosocial rehabilitation. This has been radically changed with the development of Positive Psychology in recent years. This new arena in behavioral science, led by Dr. Martin Seligman, the past president of American Psychological Association, has attracted amounting attention worldwide. Instead of studying symptoms, pathology and problems, Positive Psychology focuses on the psychological ingredients of a good life – positive emotions, optimism, hope, flow, resilience, wisdom, creativity, values, goals, virtues, positive relationships and institutions, etc.

Basically positive psychology is a strength oriented approach to mental health and wellness. Among all the strengths character strengths are particularly emphasized and studied as they are regarded as the essential ingredients for optimal psychological functioning and flourishing. In this workshop I will introduce the classifications of character strengths and the Virtues-in-Action Questionnaire which is a useful tool in assessing character strengths. The ways character strengths can be cultivated in mental health prevention and intervention will be explored, and practical methods of using character strengths will be highlighted. Finally, the socio-cultural dimensions and implications of character strengths in Chinese culture will be discussed.

(4S1.1) Occupational Therapy in Asia: Successes and Challenges

Kit Sinclair, OTR, PhD, FWFOT, FAOTA
WFOT Ambassador
World Federation of Occupational Therapists

I will talk briefly about the expansion of occupational therapy that has taken place in Asia over the last 30-40 years and what has made this expansion and development possible. I will review the successes and challenges among various countries around Asia.

Government policy based on the changes in social thinking as well as the development of the human rights and disabilities movements have had a huge impact on health care service development. As noted in WHO's recently published World Report on Disability (2011), there are over one billion people with disabilities in the world. Many of them live in Asia. There is a higher risk of disability and chronic disease in old age and our populations in Asia are aging. Mental health issues are increasing as our populations become more urbanized. We need to address the requirements for inclusion in education and the workplace

With rising costs, expanding health care needs, and shrinking resources, our education programmes, which are fundamental to occupational therapy development, need to be able to provide the professionals to fulfill emerging and expanding occupational therapy roles in the region. We need to provide the higher education to produce expert occupational therapists. I will look to the future as we shape the continuum toward professional excellence to serve the region's health care needs.

(4S1.3) Occupational Therapy In Macau

Roberto Lei

Occupational Therapist, Macau

Macau is a small city, its historical background could be counted since XVI century, and it became international known after Portuguese administration handover to China in 1999. Occupational Therapy had no more than 30 years of practice in this land. It had started with 3 new graduated Occupational Therapists, studied in Portugal and begun their work in mid 80's at Macau main Government hospital. O.T. services had suffered a slow development not only due to lack of human and financial resources, but also lack of information about occupational therapy. Starting with 3 in 1985, on the establishment date of the Macau Occupational Therapy Association, the number of O.T.s had reached to 28. Presently there are 47 O.T.s members registered in association. Aiming to develop O.T. services and practices, future strategies are planned.

(4S1.5) Occupational Therapy in Mainland China

Lin Guohui MD, Msc OT

Guangzhou Rehabilitation Center for People with Disability

The concept of rehabilitation was introduced into China Mainland around the early 1980's. Then the first national Occupational Therapy room was set up in the Chinese Rehabilitation Reach Center in the capital city-Beijing in 1988. In the last three decades, the Chinese government has been paying more and more attention and investment into the development of Rehabilitation Medicine. There are a variety of Rehabilitation Therapy education programmes which include OT subjects all over the China mainland now. A lot of rehabilitation therapists provide occupational therapy services which mainly focus on hospital setting.

In this presentation I will also share some of the current challenges that we are facing: 1. there are only two Occupational Therapy education programmes approved by WFOT in China mainland. 2. There is a lack of qualified OT teachers both in the lecture and clinical field. 3. The teaching outcomes of Rehab Therapy programmes are more emphasized on the technician level rather than professional level. 4. As the result of the above, the occupational therapy services provided mainly focus on remedial activities rather than task orientated and client centered approaches. 5. Most of the Rehabilitation Therapy Associations are led by rehabilitation doctors. There is no national Occupational Therapist Association right now. We still need advocacy and promotion for the development of OT in China mainland.

(4S2.1) Occupational Therapy in Canada

Sue Baptiste

President

Canadian Association of Occupational Therapists

The climate for the occupational therapy profession in Canada is a vibrant one; since my arrival here as an immigrant in the late 1960's, I have been fortunate to be part of a massive movement towards an autonomous professional identity that is now reaping many benefits in terms of government attention and lively intra-professional debates. I will talk today about some current initiatives and ongoing developments that hopefully will be of interest to you.

(4S2.2) Occupational Therapy in Hong Kong

Stella Cheng Wai Chee, PDOT, MPH

Vice-chairperson Hong Kong Occupational Therapy Association

Co-Chairman, Occupational Therapy Coordinating Committee, Hospital Authority, Hong Kong

The History of Occupational Therapy in Hong Kong began in 1950. It started with the 1 OT from overseas to 1454 registered Occupational Therapist in 2012. Occupational Therapy in Hong Kong has gone through different stages of development. The major milestones include the WFOT joining WHO in 1959, White Paper on Integrating the Disabled into the Community in 1977, launching of local Occupational Therapy Training Programme in 1978, OT registration in 1990, the setting up of Hospital Authority in 1992, the start of M Sc OT programme in 1996, the Health Care Reform in 2008, the implementation of Community Mental Health Programme in 2009, the Master Entry OT Programme in 2012.

The latest manpower survey indicated that about 48.2% occupational therapists were employed by the Hospital Authority while 33.6% by the NGOs, 8.6% in private practice, 5.7 % by academic Institutions and 3.8% by Government Departments. The Hong Kong Occupational Therapists are relatively young with median age of 36. They spent much time in updating their knowledge and upgrading their qualifications. In general, a master degree qualification is pre-requisites for promotion to higher rank. The present job market is very favourable with many vacancies unfilled in both Hospital Authority and NGOs.

The OT practice also went through different reforms during these years, from medical directive to autonomous, from discrete physical & mental health practice to blending of physical and psychosocial practice, from technical to knowledge and evidence based, from back up to gate keeping and from providing OT service to Case Management.

The demand on OT Service is increasing with the aging population, the growing population of "expert" patient, the focus on quality of life and demand for beyond survival. In addition to this, the Occupational Therapists in Hong Kong are also actively involved in the development of OT service in Mainland China.



(453.2) A National Educational Curriculum to Facilitate the Workforce Success of Internationally Educated Occupational Therapists

Claudia von Zweck

Executive Director, Canadian Association of Occupational Therapists

Introduction

Many internationally educated occupational therapists (IEOTs) come to Canada wishing to work within their chosen problem. Some IEOTs experience difficulty meeting the entry requirements of the regulated profession and transitioning into successful occupation-based practice. A national curriculum was developed to address factors that are known to inhibit the workforce success of occupational therapists educated in other jurisdictions.

Objectives

To provide an overview of the Occupational Therapy Entry to Practice and Examination Preparation (OTepp) Project and present preliminary findings regarding the success of this national program.

Methods

A university certificate program, practicum experiences and a certification examination preparation module were developed as part of the OTepp Project. Monitoring of quantitative data regarding participant outcomes and evaluations was used for program evaluation as well as collecting qualitative information through conducting interviews with preceptors, instructors and project team members.

Results

Participation in the university certificate program corresponds with successful completion of the national certification examination and finding employment. Availability of participant time, funding and commitment to program involvement influences success and may be adversely influenced by competing responsibilities faced by new immigrants. Learning needs of internationally educated occupational therapists (IEOTs) vary greatly as a result of professional and personal cultural differences can be a challenge for clients, employers, preceptors and IEOTs. Canadian expectations for self directed, evidence and occupation-based practice. Online technology provides optimal program accessibility, but local support is needed for understanding jurisdictional practice requirements and gaining workforce experience. Education of employers is needed to increase awareness of issues faced by IEOTs and supports needed.

Conclusion

Initiatives such as the OTepp program are needed to address systemic factors that hinder the workforce success of IEOTs.

(453.3) Development of Master in Occupational Therapy Program in Mainland China

Kenneth Fong

PhD, OTR, Assistant Professor, Hong Kong Polytechnic University

Master's entry level occupational therapy degree has long been a history of development in North America, and since 1999 the American Occupational Therapy Association (AOTA) has mandated the master or post-baccalaureate degree as the required level of professional entry into the field of occupational therapy in the United States to begin in 2007 (Hilton, 2005). Since then many previous bachelor's degree programmes in North America redesigned their curricular to make the alternations to a master's degree.

At present, the development of OT in the mainland China is still at the transition stage (Wong & Li-Tsang, 2010). A recent survey on the needs of rehabilitation professionals in China that there are a total of 39,833 rehabilitation professionals in China, of which 13,747 are rehabilitation therapists (Li, 2010). The 12th five year forecast of rehabilitation therapists will rise up to 100,000 (Li, 2010). More than 90% of rehabilitation therapists do not hold any specialism in the field of occupational therapy upon graduation from the current degree in rehabilitation therapy.

A proposed Master in Occupational Therapy (China) [MOT(China)] programme is to be launched by the PolyU in Sichuan University in Chengdu, China in Sept 2012. The programme will be under the structure of the new Institute on Disaster Management and Reconstruction (IDMR). It is open to students who have completed a Bachelor's degree in Rehabilitation Therapy programme recognized by the Education Bureau of China. Upon graduation, the student will possess an entry-level qualification for practice in occupational therapy. With the MOT(China), therapists who have already possessed a bachelor's degree in rehabilitation therapy can enter into the occupational therapy profession. These graduates will be the first batch of entry level masters in OT in the mainland and become the workforce of OT teachers and specialists in future.

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(5S1.2) 高雄长庚医院手外科康复OT服务现况

张瑞昆

台湾高雄长庚纪念医院复健科职能治疗

长庚纪念医院最初于1976在台北创建，目前在基隆、台北、林口、云林、嘉义及高雄等地共设立了六个院区，共有七间医院，总共拥有近一万张病床。高雄长庚医院于1986年开幕，目前约两千七百床，是长庚体系所有医院中第二大规模。

由于80年代，台湾出口加工业非常旺盛，导致操作机械时手部被压伤的患者相当多。1989年在林口长庚医院由魏福全医师及职能治疗师马海霞小姐规划成立「肢体重建中心」，为当时台湾第一个结合整形外科及复健治疗的复健中心。高雄长庚医院复健科亦有感于专业服务分工的重要性，并加强与外科系(骨科、外伤口、整形外科)密切合作，于1997年规划成立「肢体创伤复健治疗中心」，并由专职的职能治疗师及物理治疗师提供手伤、骨科及烧伤病人工复健治疗服务。

空间与人员：高雄长庚医院肢体创伤复健治疗中心空间约350平方米，配置有3位元OT及2位PT。

服务范围：包括加护病房、一般病房、门诊、急诊之肢体创伤病人。

服务内容：物理治疗(运动治疗、按摩、牵张、水疗、电疗...等)、职能治疗(徒手治疗、副木支具、弹性压力衣及工作强化职业复健...等)。

转介方式：(双轨制)

1. 为有效沟通及争取时效，各外科(骨科、外伤口、整形外科)可采直接转介至「肢体创伤复健治疗中心」，由治疗师直接提供复健服务或谘询。
2. 各科亦可先照会复健科医师，或经复健科门诊后，再转介至「肢体创伤复健治疗中心」进行复健排程服务。

手伤病人类型：

住院病人—骨折66.2%、肌腱断裂11.1%、神经损伤3.7%、多重损伤11.4%、其他(烧伤、截肢、植皮、手部重建...等)7.6%

门诊病人—骨折63.2%、肌腱断裂9.6%、神经损伤1.2%、多重损伤13.8%、其他(烧伤、关节炎、肌腱炎、挛缩、先天性畸形...等)12.2%

服务统计：依据2011年统计，服务肢体创伤病人约20,000人次。其中手伤病人比例约占2/3，此外上肢副木制作计有1,257件、上肢弹性衣制作84件。

(5S1.3) 发展中的复旦大学附属华山医院手外科手功能康复部

周俊明、顾玉东

复旦大学附属华山医院手外科

院士领导开拓的手功能康复部

复旦大学附属华山医院手外科手功能康复部在中国工程院院士顾玉东教授直接关怀指示下，开拓创建了手外科手功能康复部并有计划、有规模地发展。

1. 使命

康复医学是一门新型学科，涉及面广，并从多元化康复领域向专科发展。手功能康复部建立是在康复领域中分化中创新发展起来的。

2. 先进的理念（先进的各种康复医疗仪器）

康复部运用最先进医疗技术和国际化评估仪以及康复医疗仪器治疗伤残，促进功能康复。手功能康复部从几部康复仪器和20几个平方米到现在260平方米并拥有国际先进和实用的理疗仪器大小不同功能约60多台。

引进高科技康复器材，从医疗到康复设施实行“五定计划”：定处方、定仪器、定房间、定专台、定座位。每工作台都有仪器功能表和适应适应症和禁忌症。

3. 人们对生活质量的提高

对康复的需求就越大，发展康复是必要的，它可以产生很大的社会效益和经济效益。一个好的临床医生不仅要治病救人，还要为病人的功能负责。

4. 组织团队建设（人员配备）

手功能康复部在顾院士直接领导下比较有规模的组成已经有将近10年了。每年有科领导组织的比较有规模的召开一次手功能发展研讨会主题是“发展是硬道理”，总结好的经验，修正不足之处。

5. 逐年的提升发展

康复部发展过程中得到了院、科领导的全力支援，相关经费及时落实保证，购买了各种理疗和体疗设备。和添置了手功能评估仪，给手功能康复部整体组合比较圆满。

6. 组织学习和病患沟通

每年还组织了康复医学人员分批参加国内外有关学习班，提高业务水准，带教了全国各地医院来进修的学员和来参观学习的医技人员约100余人。完成论文十几篇，发表在国内核心期刊上和组织编写手功能康复小册子及有关书籍。

7. 进一步有计划地发展

根据手外科领导指示，每年都进入康复新时期，手功能康复部做好医疗发展计画，认真落实。根据国家和我院医疗改革发展的重要战略机遇期中，按照科学发展观，制定好手外科手功能康复部发展计画，提高患者的康复水准，构建社会主义和谐社会。



(5S1.4) 东莞虎门医院手外科康复服务现状

蔡浩狄
东莞虎门医院

病人来源：主要为东莞市各镇街医院工伤病人及我院门诊病人，目前开设床位95张；

收费及结算方式：社保局工伤保险基金支付；

治疗师人数学历年资：6人本科学历，有2-3年工作经历；

治疗师助理人数及背景：6人，大专学历；

病人种类：主要为手外伤以及部分下肢、脊柱外伤病人；

治疗范围及特色：手部外伤，四肢骨折、肌腱、神经损伤及烧伤的康复；

治疗频率：2次/天，每次约30分钟；

科研专案：东莞市工伤康复现状调查与对策研究，手工制作对手外伤康复护理的临床应用。

(5S2.1) 上肢骨折术后康复规范

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台湾汐止国泰医院

骨折术后职能治疗

骨折是职能治疗在临床骨科问题上最多数的诊断之一，骨折经骨科或外科医师在急性期以外固定或内固定处置后，因固定方式不同，职能治疗之介入时程也随之不同，随病患骨性结构的复原情况不同，职能治疗师需要时时追踪个案的骨性结构复原情形，从急性期的副木保护、疤痕处理、预防关节挛缩到后期的肌力训练，职能治疗师需要依状况给予病患合适之治疗介入，并同时关心个案的日常功能与职业能力之失能状况予以适当之生活与工作调适建议。本次将与各位分享常见之固定术式与职能治疗活动时程，并分析各种术式之差异与后续治疗建议，与临床经验分享。

Occupational Therapy for Fracture

Fracture is one of most common diagnosis in department of orthopedic occupational therapy. After internal or external fixation by a surgeon at acute stage, occupational therapist provides splinting service, wound care, and ADL (activities of daily living) advises. According to the type of fixation procedure, occupational therapist applies different kinds of intervention to the client. As recovery after fracture, occupational therapist deals with scar management, ROM limitation prevention, and strengthening in different condition of client. Most of all, occupational therapist is concerned about ADL and vocational performance.

(5S4.3) 心智影像 (mental imagery) 在中风偏瘫职能治疗中的运用

黄璨珣
瑞复社会福利基金会董事与复健顾问

中风个案是一般复健科职能治疗的主要服务对象之一，偏瘫(Hemiplegia or hemiparesis)则是最常见的表征之一，常影响个案使其生活功能的参与能力受损。目前有多种治疗技巧与理论，「心智影像」之运用也是其中一种有效选项。

「心智影像」有各种介入形式，包括：视觉、动作、本体觉…等等，这是由认知/神经心理学为基础衍发的理论，广泛被运用在各个专业领域。简单的说，这是一种没有外界直接刺激的状况下，诱发出类似的知觉反应。

此乃一种非侵入性且安全有效的治疗方法，在动机引发、本体觉提升、生活技能重新学习、动作计画能力提升、类化并提升已学会之技能…等方面皆有明显成效，并因为神经科学之多面向发展，使得「心像」理论有更多的科学证据与具体解释。

借由对心智影像理论与运用现况之了解，探讨此理论于中风偏瘫者的职能治疗案例中的运用。

(5S5.1) The management of upper limb spasticity

Dou Zulin
MD, PhD.

The developmental definition of spasticity

Spasticity is a motor disorder characterized by velocity-dependent increase in muscle tone in tonic stretch reflexes (muscle tone) with exaggerated tendon jerks resulting from hyperexcitability of the stretch reflexes as one component of the UMN syndrome (Lance et al, 1980)

Spasticity is disordered sensori-motor control, resulting from an upper motor neuron lesion, presenting as intermittent or sustained involuntary activation of muscles. (Pandyan et al, 2005) This latter definition purports to shift the focus of the definition to encompass current understanding of pathophysiology and clinical practice.

The Upper Motor Neuron Syndrome in upper limb spasticity

The different components of the UMNS were divided into three distinct categories based on resulting in different treatment approaches and results. Positive signs and symptoms included spasticity, co-contraction, synkinesis, hyperreflexia, released flexor reflexes, mass synergy patterns; In the second category, also called negative signs and symptoms included weakness, in-coordination, less of selective control muscle and limb segments, loss of finger dexterity; The third category is rheologic changes, including stiffness, contractures, atrophy, fibrosis etc.

Outcome measures

The functional assessment should stress on the impact of upper limb spasticity. There are different consideration between professionals and clients. Clinicians often focus on the direct effects (eg, hyperreflexia, increased muscle tone) or impairment associated with upper limb spasticity. But patients are more concerned with the indirect or disabling effects, such as elbow flexion when standing, walking, dressing, hygiene, holding objects, performing activities of daily living (ADLs), etc.

Management of upper limb spasticity

Functional goals should be the target for treatment. Treatment decisions should be made based on the functional limitations imposed by spasticity and the UMNS. The goals of these treatment interventions are to improve volitional purposeful movement.

An integrated and multidisciplinary program of physical and medical interventions should be adopted for upper limb spasticity. Type A botulinum toxin (botox) injection is chosen firstly as one of the focal therapies. Botulinum toxin inhibits acetylcholine release and blocks neuromuscular transmission. The numerous of clinical report showed that low-dose botulinum toxin therapy also appear to be effective, especially when used in conjunction with another modality. Repeated injections and relatively high doses of botulinum toxin appear to be safe. Proper patient selection and problem identification, proper injection technique and correct management strategy are important factors that affect on therapy outcome. A few of injection guided techniques are useful, such as anatomical landmark, electromyography, electrical stimulation, ultrasound etc. Other adjuvant therapeutic modalities include physiotherapy, occupational therapy, splinting and serial casting, electrical stimulation, acupuncture.

(5S5.2) 局限诱发行法于中风病患之临床应用

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高雄长庚纪念医院复健科职能治疗师

中风是造成失能的主要原因，将近70%的中风患者会有半侧偏瘫的现象，进而造成功能上的限制，甚至影响日常生活的独立性以及生活的品质。密集性复健治疗可加强患侧动作功能的恢复，且这些治疗手法可借由神经可塑性，重组中风患者脑部神经网络，并具有永久效用，其中又以局限诱发行法 (constraint-induced movement therapy, CIMT) 是少数累积大量实证的治疗方式。

习得废用症 (learned non-use) 是指中风患者因为动作功能状况不佳，再加上以健侧手来代偿功能，因而导致患侧手不使用的现象。因为废用会造成大脑控制上肢的相关脑区受到抑制而逐渐减少，因而执行动作时会额外的费力，使个案在日常生活的活动减少主动使用患侧手。

局限诱发行法主要是利用动作学习理论及脑部神经的可塑性来改善患侧肢的「习得废用症」，其主要治疗策略有三点：第一是借局限健侧手的活动，来强迫使用患侧手；第二是提供患侧手密集的训练活动，并利用行为塑造 (shaping technique) 的技巧提供正向回馈，第三是提供患侧手大量练习的机会 (massed practice)。促进患侧手在执行活动时主动动作之动机，进而影响大脑皮质重整，使得患侧肢动作功能提升。其流程大致可分为以下几个阶段：第一阶段初步资料收集，包括初步的职能治疗评估和医疗史的收集。第二阶段是使病患及家属了解此疗法执行之方式、家庭计画及病患对于接受介入后的期望。第三阶段是选择合适的成效评估工具，包括参与、活动、身体结构和功能之评估。第四阶段是和病患及家属协商设计治疗计画。第五阶段是执行治疗计画并纪录病患之表现。最后是评估接受治疗后的成效。

虽然证据显示局限诱发行法或改良式局限诱发行法皆有益于急性至慢性中风患者之动作恢复，但在临床上的使用却是不多。多数的职能治疗师认为局限诱发行法的执行比传统复健治疗困难，归咎其原因，可能有下列几点：(1)病患的参与动机以及配合度不佳；(2)临床职能治疗师缺乏对此疗法足够的相关知识；(3)缺乏足够的时间人力等资源。

了解职能治疗师在执行局限诱发行法的困难有助于我们思考如何增加局限诱发行法在临床上使用的可行性。近来，小团体治疗和到宅局限诱发行法即为因应这些执行上的阻碍所发展的。团体治疗可以改善病患之态度和信念，并提供心灵上的分享和支援，可提升病患参与之动机。再者，亦能减少人力和时间的需求。而到宅服务的优点包括增加病患参与之动机及家属之配合度，以及在自然的情境下提供介入可使活动设计易类化到日常生活中等。此两种方法皆能促进病患参与局限诱发行法，并减少人力和时间的需求，因而增加局限诱发行法的可行性。



Free Papers

(4F4.2) Measuring the Participation of Youth in Taiwan

王欣雁、Christine Berg

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Background

In Taiwan, there is a lack of assessment tools measuring the participation of youth transitioning from adolescence into adulthood. The Adolescent and Young Adult Participation Sort developed in the U.S. is an assessment that measures the participation of youth as they transition into adulthood. The approach of using a card sort of photographs presenting youth participating in activities makes it more valid for the youth, but decreases its generalizability to other cultures. Cultural adaptation is required to apply this assessment tool in Taiwan. This study describes the development of Adolescent and Young Adult Participation Sort - Taiwan version (AYAPS-T). Furthermore, psychometric properties of the AYAPS-T, including content validity; test-retest reliability; feasibility of applying the AYAPS-T on youth with high-functioning autism; and discriminate validity of a group of typically developing youth and a group of youth with high-functioning autism were tested. The aim of this study is to develop a reliable and valid assessment tool measuring participation to enhance occupation-based intervention for occupational therapy practitioners in Taiwan.

Methodology

determine the cultural-specific items of the AYAPS-T, a literature review, expert review, and translation were conducted for the initial activities listed in the AYAPS-T. Photographs of Taiwanese youth participating in activities listed in AYAPS-T were taken. To establish content validity, the photographs were shown to 23 community-dwelling youth to determine whether the items of AYAPS-T were representative, and whether the photographs were clear and matched their captions. Test-retest reliability was examined in a 2-week interval of 22 participants. Feasibility was tested by comparing the self-reported results of 11 youth with high-functioning autism. Discriminate validity was examined by comparing the results of 45 typically developing youth with those of 11 youth with high-functioning autism.

Results

A total number of 60 items was established in AYAPS-T with a corresponding photograph for each item. The test-retest reliability was analyzed by intra-class correlation coefficients (ICC) to determine the correlation between the two tests. A McNemar test was applied to analyze the feasibility of using AYAPS-T as a self-administered assessment tool for youth with high-functioning autism. To assess the discriminate validity, a MannWhitney-U test was used to compare the results of the typically developing youth group and the group of youth with high-functioning autism. The results suggested that AYAPS has good test-retest reliability (ICC > 0.7). Besides, the participation pattern reported by youth with autism and their parents were consistent, which supports the use of AYAPS-T as a self-administered assessment tool for youth with high-functioning autism. The AYAPS-T discriminates the group of typically developing youth and youth with autism in that the group of youth with autism reported less participation in some social and leisure activities, such as dating, developing intimate relationships, and vacationing with friends.

Conclusion

AYAPS-T may serve as a valuable tool to investigate the participation of youth transitioning from adolescence into adulthood in Taiwan, further help clarify the barriers and ameliorate the participation of youth with disabilities, such as youth with high-functioning autism.

(4F4.3) Two years review for the effectiveness of the "Occupational Life Development and Training Program for Adolescents with special needs"

Chau Kei Yung, Lam Chi Fung, Leung Kwok Fai

Queen Elizabeth Hospital

Background

The unemployment rate in Hong Kong was 7.4% and 27.2% for aged 15-19 and 20-24 respectively in July-September 2011 (Census and Statistics Department). It is more difficult for adolescents with chronic illness, physical impairment, mental illness or learning difficulties to pursue their career in the job market as they may have less positive learning experiences when they grow up. The transition from childhood to adult life is even harder for this group of teenagers as their occupational life development is affected. The "Occupational life development and training program for adolescents with special needs" is a program that aims to help those young people to get prepared to work or study. This nine-week intensive program promotes occupational life development through personal coaching and variety of activities with positive experience. Six months follow-up was given for support. The purpose of the study was to investigate the effectiveness of the program in career development efficacy and employment status after completion of the program.

Methodology

49 adolescents with special needs aged 15-25 completed training in the program (2009-2011). A single group pretest and posttest design was used to examine the impact of the program for those adolescents. Measures included Career Development Self-Efficacy Inventory (CD-SEI) and employment rate (both full time and part time job) was counted.

Results

Over 70% successful employment rate was recorded among those adolescents. The six domains in CD-SEI i.e. career planning, gender issues, training selection, job hunt preparation, job hunting and career goal setting all showed significantly improved after the program ($p < 0.05$).

Conclusion

A comprehensive training program is necessary to help those adolescents with special needs to equip and enhance their career skills when they get into the labour market. A longitudinal study would be required to see the long term effect of the program.

(4F4.4) Preliminary Findings of Local Application of IMR in Promoting Recovery-oriented Psychiatric OT Service

Kan Lap Chi Eric, Wan Sing Hin Maurice, Wong Hung Kei Raymond
United Christian Hospital

Background

Psychiatric illnesses have significant disabling impact on the lives of individuals. Occupational Therapists provide psychosocial interventions to people with mental illness in facilitating recovery. Illness Management and Recovery (IMR) is a standardized, evidence-based psychosocial intervention program with a recovery orientation in USA (Dalum, 2011). IMR program aims at teaching people with mental illness self-management strategies. This paper reports the preliminary findings of applying IMR in Hong Kong.

Skills/Experiences sharing

One of the IMR modules "Coping with stress" was implemented in the Psychiatric Occupational Therapy Unit of United Christian Hospital. A total of 20 mentally stable patients were recruited in this trial. They were either in-patients or day-patients receiving psychiatric occupational therapy service. The module was divided into 5 sessions with each session lasted about 1 hour. It was conducted in groups of 4-6 patients. All participants were invited to complete a satisfaction survey after the program. Over 90% of the recruited patients expressed high satisfaction. All reported that the program was useful and helpful for managing their symptoms, and helped them make progress toward personally meaningful goals. They also found the module covered sufficient breadth of information and that the materials were understandable.

Discussion

Local patients are satisfied with one of the modules of IMR and find it helpful. These pilot data support the feasibility of implementing the IMR program for patients with mental illness in Hong Kong.

(4F5.2) Clinical audit on rehabilitation outcome in management of total hip and total knee replacement

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Occupational Therapy Department, United Christian Hospital

Background

In order to provide the best clinical practice and high quality care, the multi-disciplinary clinical pathways for total hip (TKR) and total knee replacement (THR) have been established in United Christian Hospital (UCH) since 2007. Occupational therapist (OT) provides evidence-based practice and rehabilitation protocol driven towards restoration of patient's independence and safety in personal and instrumental Activity of Daily Living (ADL); so as to prepare patients for safe and timely discharge. To evaluate the compliance rate of the treatment protocol, a clinical audit on rehabilitation outcome was conducted.

Methodology

The objective of the clinical audit was to measure whether the treatment goals of the clinical pathways in total joint replacement could be achieved upon discharge. Two outcome parameters were targeted in OT perspective: (1) patient is fully independent in toileting (Modified Barthel Index Toileting score 10) and (2) bathing self with assistance e.g. shower/bathtub transfer (Modified Barthel Index Bathing score >/3). A retrospective clinical audit was conducted between July 2010 and March 2011. All the operations in these patients were performed by the same group of arthroplasty surgeons. The inclusion criteria included patient with primary total knee or total hip replacement operated. The exclusion criteria included patients having revision surgery, and patients transferred out due to non-orthopaedic problems.

Results

Of the total of 115 patients (97 patients who had a TKR and 18 patients who had a THR), one patient was excluded due to revision TKR. Eighty-eight patients (77%) were female. The mean age for those 114 patients was 68 years old (ranges 34-85). In the TKR group, the mean 95.8% of patients could manage toileting independently while 77.3% of patients were able to bathing self with or without assistance. The mean hospital stay (including both acute and rehabilitation ward) in this group was 12 days with 83.2% of them were able to discharge in less than 14 days. Similar result was found in patient with THR, 94.4% of patients were independent in toileting, while 72.2% of patients can manage bathing with or without assistance. The mean hospital stay (including both acute and rehabilitation ward) in this group was 11 days, with 77.7% of them were able to discharge within 14 days post-operation.

Conclusion

Clinical pathways are treatment recommendations that are often based on the guidelines. It is most often focused on actual day-to-day patient care and guideline compliance. In rehabilitation of total joint replacement, clinical pathways and audit have been applied in many countries with the aims to reduce cost and improve outcome. In this study, more than 90% of the patients have archived the expected rehab outcome in toileting, but there are still rooms for improvement in bathing training. This study supports quality of care and provides a means of continuous quality improvement.



(4F5.3) Functional Outcomes following simultaneous hip and upper limb fracture in Older Women

Poon Mei Yee, Louie Wai Shan, Au Kai Ming, Wong Kam Man
Tai Po Hospital

Background

Fractures related to osteoporosis are common in elderly women, and there is limited evidence on the analysis of functional recovery of patients presenting with combined hip and upper limb fractures. The aim of this study is to assess outcomes at 2 years in combined hip and upper limb fractures patients and to compare with those had been suffered from hip fracture only.

Methodology

Study Design: A prospective cohort study Setting: The Orthopaedic Rehabilitation unit in Tai Po Hospital Methods: A total of 282 female in-patients with traumatic hip fracture or a combination of hip and upper limb fractures were recruited from September 2009 and September 2011. They were classified into two groups: combined hip and upper limb fractures group (group I) and isolated hip fracture group (group II). The motor part of Functional Independence Measure[®] (FIM-Motor) (on admission and upon discharge) was used to assess functional change. Upper Limbs Function of group I, length of hospital stay (LOS) and discharge placement were also evaluated as rehabilitation outcomes.

Results

Group I consisted of 26 patients (9.2%) while group II consisted of 256 patients (90.8%). The associated upper limb fractures were proximal humerus (n = 8) and distal radius (n = 18). 23 patients (90.9%) in group I had simultaneous upper limb and hip fractures ipsilaterally. There was no significant difference detected on the mean age between two groups (p = 0.053) (83.14 years for group I and 80.98 years for group II). A significant lower admission and discharge FIM-Motor scores was found in group I (p < 0.05). Group I was also shown to have longer LOS significantly when comparing with group II (p < 0.01) (26 days for group I and 21.17 days for group II). For discharge placement, over 70% patients in both groups returned to community.

Conclusion

In this study, patients sustaining combined hip and upper limb fractures showed significant slower in functional recovery and required longer hospital stay, independent of age factor and change of living condition. These findings have important implications on rehabilitation consideration for this specific group of patients.

(4F5.4) New model of pain management from occupational therapy perspective – Circle of Pain (COP)

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Background

In 2009, a pain survey on common chronic pain in Hong Kong adults was conducted with 1002 respondents, 463 male & 539 female. The results showed 90% of respondents reported suffered from one to six types of pain among them. Musculoskeletal pain contributed to 55.3% of pain with the commonest sites were: back, head, joint, neck-and-shoulder and other muscle groups. Ten leading causes were: cumulative trauma 20.4%, work stress 8.5%, poor posture 8.4%, injury on duty 7.4%, comorbidities 5.7%, sports related 4.6%, poor health status 4.6%, diet problem 4.2% and weather change 3.6%. Pain duration with more than three months shared by 17.6% of respondents and 75% of them with pain level, Visual Analog Scale (VAS), equal or more than 5 out of 10. The alarming escalating prevalence of pain and the complexity of pain management drive occupational therapist adopted a multi-dimensional and scientific based model in acute and chronic pain management in daily clinical practice and running chronic pain self-management group.

Skills/Experiences sharing

Definition: Acute pain is awareness of noxious signaling from recently damaged tissue, complicated by sensitization in the periphery and within the central nervous system. Its intensity changes with inflammatory processes, tissue healing, and movement. Unrelieved acute pain for more than three months, that persists longer than normal healing, without identifiable temporal & causal relationship to injury or disease and exhibit constantly or intermittently with useless biological purpose termed chronic pain. Circle of Pain (COP), the new pain model was based on latest neuroscience, neuropsychiatry and psychology to tackle the above mentioned acute and chronic pain management. The goals of management included: 1. Provide subjective comfort 2. Minimize physiology and emotional impacts 3. Prevent acute transit to chronic pain 4. Positive learning of pain memory to create positive thought 5. Enhance self-determined pain modulation efficacy. COP composes 1. ASCENDING PATHWAY 2. LEARNING & MEMORY 3. THOUGHT 4. PAIN MODULATION PATHWAY Clinical Application: ASCENDING PATHWAY 1. Assessment on sensory and pain intensity 2. Identify any peripheral and central sensitization 3. Understand sensory and affective transmission of pain signal 4. Differentiate nociceptive, inflammatory and neuropathic pain LEARNING & MEMORY 1. Understand dual-process of learning 2. Effect of habituation and sensitization learning THOUGHT 1. Transform and create positive thought 2. Life style redesign PAIN MODULATION PATHWAY 1. Learn and practice state dependent method on excitatory and inhibitory ways to control reaction on pain

Discussion

COP provides intervention strategies for OT practice: OBSTRUCT ASCENDING PATHWAY 1. Pain history, pain scale, sensory assessment, QOL questionnaire 2. Splintage, positioning, pressure garment and guided mobilization 3. Wheelchair, assistive devices, pressure relief cushion and mattress 4. Ergonomics study ENHANCE POSITIVE LEARNING PAIN MEMORY 1. Desensitization therapy 2. sensory re-education 3. pre-and-post operation assessment 4. visual feedback on assessment result 5. adequate follow-up 6. verbal and non-verbal prompt as extrinsic habituation and desensitization technique CREATE POSITIVE THOUGHT 1. Coaching 2. Solution focused 3. Life style redesign REINFORCE PAIN MODULATION PATHWAY 1. Enhance motivation by goal setting and pacing 2. Promote natural reinforcement as reward via group treatment 3. Practice new skills such as health qigong and work hardening with analgesic effect 4. Positive change the environment and method via job modification All current OT practices could easily fit in the new pain model by understanding which part is being intervened.

(4F5.5) Modulating Pain Perception among Patients with Chronic Low Back Pain: A Shift Attention Paradigm

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Background

Despite the fact that distraction might be a reasonable mind-body intervention for pain modulation, its effect appears to be questionable among those with chronic pain due to their hypervigilance to pain (Crombez et al., 2005). Focused attention has been shown in behavioral studies to be effective for individuals with chronic pain (Nouwen et al., 2006). This study aimed to investigate the neural processes and effects of focused attention through sub-nociceptive imagery in people with chronic pain and pain-free subjects.

Methodology

The subjects were 17 patients with chronic low back pain (male=7; mean age=41.53 (SD=7.88) years; mean pain history=4.05 years) and 18 pain-free individuals (male=7; mean age=35.78 (SD=13.15) years). After the sensory thresholds were calibrated, each subject received training on familiarizing with 5 levels of nociceptive and sub-nociceptive stimulations applied from an electrical stimulator. The subject was required to engage in a two-task experiment. In perception trials, the subject was given two nociceptive stimuli (50 ms) which were 3000ms apart. The subject was asked to maintain the nociceptive image and determine whether the intensity of the two painful stimuli were the same. In imagery trials, the subject was given 3000ms to generate and rehearse a corresponding pre-learned sub-nociceptive image after the nociceptive stimulus was felt. At the end of each trial, the subject was to recall and rate the pain perception on the nociceptive stimulus using an 11-point numerical rating scale (NRS). The EEG signal was concurrently recorded to capture brain activities. Besides, both patient and pain-free subjects completed Stroop Test (Stuss et al., 2001) for measuring their imagery and frontal lobe functions. Patient subjects also completed Pain History Questionnaire and Cognitive Strategies. Multivariate repeated measures ANOVAs were used to examine the between-group differences in pain NRS under focus attention, and voltage amplitudes of selected event-related potential (ERP) components. Correlation statistics were used to examine the relationship between pain modulation effect, neuropsychological test scores and electrophysiological activities.

Results

Post-hoc test of repeated measures showed significant between-group differences in pain rating between two conditions in Levels 1-3 pain in pain-free group ($t(17)=-2.630$ to -3.223 , $p<0.050$) and in Level 2 pain in chronic pain group ($t(16)=-2.208$, $p<0.050$). Multivariate repeated measures ANOVA showed more positive amplitudes in P2 ($p<0.01$) and less negative N400 ($p<0.01$) in Imagery task among pain-free chronic pain groups with different cortical topography. Further analysis revealed that six chronic pain patients ("respondents") showed a better ability to modulate pain when compared to the others ($n=11$). The amplitudes of P2 and N400 components were found to be associated with other neuropsychological measures.

Conclusion

Behavioral and neurophysiological data suggested that the effect of focused attention was lessened among some of chronic pain patients possibly due to hypervigilance to pain. The P2 component could be a marker for pain modulation using focused attention. The N400 component may represent generation of sub-nociceptive. The results support that the somatosensory imagery technique has the potential to be a therapeutic technique for some patients with chronic pain to down-regulate nociceptive perception.

(4F6.1) 屈指肌腱松解术前术后的康复治疗

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背景

手部肌腱断裂修复术后，由于长时间的制动常导致关节僵硬、肌腱粘连，需要行肌腱松解手术。肌腱松解术后，如不能进行正确的康复锻炼，常常影响手术效果。自2004年以来，我们与临床医生积极沟通配合，为肌腱松解患者进行一系列的术前术后的康复治疗，使肌腱松解患者获得了理想的功能恢复。

技术/经验分享

1、术前：行关节活动度训练、肌力的训练、物理因数治疗。2、肌腱松解术24小时后即在无菌条件下给患者行手功能训练：(1)主动助力运动（直拳、勾拳、及复合握拳练习）(2)物理因数治疗（消炎、消肿、镇痛）。治疗结束后立即换药，包扎，必要时行加压包扎。(3)支具的应用。3、术后2周行主动关节活动度练习。4、术后2-3周拆线，逐渐开始肌力及耐力练习。5、术后3-4周后行手部精细运动练习。

讨论

屈指肌腱粘连行松解手术前后需跟其主刀医生进行沟通，严格评估其骨、关节、肌肉、神经、肌腱及其他软组织情况，术前患手各关节被动屈伸需达到正常水准，肌力达到4级以上，才可行肌腱松解手术。术前周密的康复训练计划，术中充分松解肌腱，术后系统的功能锻炼、严格的抗感染治疗等措施，是屈指肌腱粘连松解手术成功的关键。



(4F6.2) 手伸指肌腱修复术后康复方案临床疗效对比观察

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背景

在香港职业治疗学院的帮助下，我科手外伤康复蓬勃发展，接收手外伤康复患者的能力逐年提高，患者日益增加，尤其以手伸指肌腱修复术后康复居多。早期良好的制动是肌腱愈合的根基，术后的制动又可能造成肌腱与周围组织的粘连从而限制手功能的回复，这一对矛盾时刻的困扰着手外科的医生，我科自08年以来，收治了大量的手伸肌腱修复术后的患者，对比观察手伸指肌腱损伤修复术后采取早期动态支具被动式活动与普通延迟活动方案的临床疗效，发现采取早期动态支具被动式活动的患者，康复效果明显提高。

方法

随机将病人分为两组，治疗组采用早期动态支具被动式活动方案，对照组采取普通延迟活动方案均采用TAM评定、及FIM评分，予以统计学分析。

结果

两组均无患者发生肌腱松弛或断裂，治疗组伤指TAM评定明显优于对照组，治疗组患者FIM评分明显优于对照组。

结论

手伸指肌腱损伤修复术后采取早期动态支具被动式活动较普通延迟活动方案明显优越，值得推广。

(4F6.3) 镜像治疗辅助运动想像训练对偏瘫患者上肢功能的影响

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目的

观察镜像疗法辅助运动想像训练对脑卒中偏瘫患者上肢运动功能和日常生活活动能力的影响。

方法

将44例符合条件的偏瘫患者，按照入院病例号的顺序，分为治疗组（22例）和对照组（22例）。所有患者均接受传统的康复训练。治疗组用镜像疗法辅助运动想像，对照组采用常规作业训练，训练时间均为30min / 次，1-2次 / d，5-6d / 周，持续6周。分别在治疗前及治疗6周后进行Brunnstrom分级评定和Barthel指数评定（BI）。

结果

1. 治疗4周后，两组Brunnstrom分级和BI评分均得到提高($P < 0.05$);
2. 治疗组患者的Brunnstrom和BI评分均高于对照组($P < 0.05$)。

结论

镜像治疗辅助运动想像训练能有效提高卒中偏瘫患者上肢功能和ADL能力。

(4F6.6) 职能治疗师入校执行学生小团体辅导方案之模式与成效

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Background

台湾地区职能治疗师到校介入模式已行之有年，校园中，未取得诊断之潜在个案特质常包含注意力缺损、冲动、社交及情绪障碍，影响学习和人际关系。职能治疗师与学校辅导团队合作，执行小团体辅导方案，介入社交、情绪行为及学习等层面，提升学童适应能力。

Experience Sharing

小团体辅导方案进行之模式，由学校提出需求，职能治疗师订定团体计画，以每周一次、共计八至十周的团体辅导，其间使用团体动力、认知行为等理论，以导出正向行为，建立自我觉察为目标。

尔后，职能治疗师再与辅导团队、导师会谈，制定后续策略，提供可转介的医疗院所资讯。借由专业建议及学校、家庭之配合，能让学生找到自我调适策略，提升在学习情境功能性表现。

Discussion

由职能治疗师执行小团体辅导方案，能依其专业，精确分析学生功能，找到适当介入模式。学校及家长，都给予正面回馈。然弱勢家庭未必能落实执行或定期治疗，效果会打折扣。职能治疗师是否能依学生家庭的情况，提出更个别化的建议，将会是未来努力的目标。

(4F7.1) Workflow Improvement in Cognitive Rehabilitation Service for Elderly Patients with suspected Dementia

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Background

The demand for cognitive rehabilitation is increasing significantly in the OT department of UCH with an average waiting time of 18 weeks. To manage the long waiting time and to facilitate early cognitive intervention for better clinical outcome and continuity of care, the OT department had revised the workflow of cognitive rehabilitation service based on previous clinical experience and developed a collaboration model on "Cognitive Rehabilitation Program for Elderly with suspected Dementia"(CRE) with Hong Kong Society for Rehabilitation (HKSR), Christian Family Service Centre(CFSC) in the Kwun Tong Community in March 2007 and January 2008 respectively.

Methodology

In the collaboration, OT Department of UCH shared her cognitive rehabilitation protocol with HKSR and CFSC in which patients referred to OT Department for cognitive assessment and rehabilitation were screened and triaged according to set criteria. Those patients with Global Deterioration Scale (GDS) less or equal to 4 were recruited to the CRE program that is a standardized training program consisting of 8 sessions and are conducted on weekly basis. Patient and carer psycho-education on memory were also included. Hospital occupational therapists will provide initial assessment to the referred elderly patients on areas of cognitive function, abilities in activities of daily living and psychosocial status. Instead of waiting for CRE program in UCH, those patients with indicated needs will be introduced to the community CRE program in a group triage session by the OT colleagues from the NGOs. Those who consent will be referred to CFSC, HKSR for intervention according to the shared protocol. There are about 6 patients per each group. Each session will last for about 1 hour and 30 minutes. After completion of the program, both HKSR and CFSC will continue to provide follow-up and maintenance support for the patients as appropriate.

Results

From March 2007 to July 2010, a total of 181 patients had been referred to HKSR and CFSC. Data from a sample of 72 patients who had successfully completed the CRE program was collected for analysis. Waiting time for the program in UCH had been shortened from average 18 weeks to average 6-8 weeks. Significant improvement in many cognitive parameters including attention ($p < .001$), initiation ($p < .000$), memory ($p < .000$) and total score of dementia rating scale ($p < .000$) were still reported. Due to the benefits of the program, the established relationship with staff and co-patients, some of them continued to receive follow-up and maintenance support in the CFSC and HKSR that helped to facilitate community re-integration and independent living.

Conclusion

With previous experiences, we concluded that the workflow improvement based on the collaboration model on "Cognitive Rehabilitation Program for Elderly with suspected Dementia" can effectively reduce waiting time, facilitate early intervention, continuity of care, community re-integration and more long-term support and maintenance of the patients in the community. (Remark: If chosen for oral presentation, a 12 minutes video demonstrating the need of patients and service improvement can be presented with the data available for sharing.)

(4F7.2) Effectiveness of a Reality Orientation Program to enhance the cognitive and orientation function of geriatric in-patients

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Background

Reality Orientation (RO) is a psychosocial intervention widely used in the rehabilitation of subjects with dementia (Taulbee LR 1966, 1984; Folsom JC 1967, 1968; Donahue EM 1984; Edelson JS 1985). The purpose of RO is to reorient the patient by means of continuous stimulation with repetitive orientation to environment. This study aimed to examine the effectiveness of the RO program in enhancing the cognitive and orientation functions of the geriatric in-patients.

Methodology

During February to September 2010, all patients admitted to the Acute Geriatric Unit in Grantham Hospital with the Mini-Mental State Examination (MMSE) score 10 or above and the time and place sub-scores each 3 or below were recruited in the study. Eligible subjects were randomly assigned to the intervention or control group. Intervention consisted of a reality orientation program which was conducted by the occupational therapist. The RO Class was carried out 5 days per week and each session lasted for 30 minutes. Both groups would receive usual occupational therapy training. Outcome measures were MMSE total score and time and place orientation sub-scores and Barthel Index (BI) score. Demographic data, comorbidities and dementia history were collected. Paired t-test and chi-square test were used to compare the outcomes in the two groups before and after the program. A p-value of less than 0.05 was regarded as statistically significant.

Results

There were 105 subjects in each group. There were no significant difference in age (82.33 vs 82.30 years, $p = 0.967$), gender (male 23.8% vs 13.3%, $p = 0.051$), place of residence (home 82.9% vs 85.6%, $p = 0.468$) and prevalence of dementia (17.1% vs 14.3%, $p = 0.569$) in two groups. There was also no significant difference in baseline MMSE total score and time and place sub-scores in two groups. After the RO program, the intervention group showed significant improvement in MMSE total score (19.61 vs 16.48, $p = 0.000$), MMSE time sub-score (2.93 vs 1.48, $p = 0.000$) and MMSE place sub-score (3.90 vs 2.52, $p = 0.000$). The intervention group also had a significantly shorter length of hospital stay (12.9 +/- 6.9 days vs 16.1 +/- 9.6 days, $p = 0.007$). Sub-group analysis on patients with dementia showed similar finding that the MMSE time and place sub-scores were significantly higher in the intervention group after the program.

Conclusion

A Reality Orientation Program is effective in improving the cognitive and orientation functions of geriatric in-patients including those with dementia. It may also facilitate an earlier discharge. Future studies are recommended to investigate on the program's sustainability.



(4F7.4) Reliability And Validity Of The Self-administered Shortness Of Breath Questionnaire (C-SOBQ)

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The Hong Kong Polytechnic University & OTCOC

Background

Dyspnea is a major complaint among patients suffering from Chronic Obstructive Pulmonary Disease (COPD) and has a great impact on their daily function. A simple, but valid and reliable, assessment is essential for its clinical management. Therefore The Hong Kong Polytechnic University and OTCOC worked out a joint investigation of the titled project.

Methodology

Out-patients from 7 Hospital Authority settings and community COPD self-help group were included in this study. For test retest reliability, 18 patients from Hospital Authority and 4 patients from self-help group were recruited. For criterion related and discriminative validities, 115 patients from the 7 hospitals and out-patients clinics of Hospital Authority were recruited.

Results

est-retest reliability of the Chinese Shortness of Breath Questionnaire (C-SOBQ) was high, with intra-class correlation coefficient 0.915 ($p \leq 0.05$). The Chinese Shortness of Breath Questionnaire (C-SOBQ) had significant correlation with Modified Medical Research Council Dyspnea Scale (MMRC), Global Initiative for Chronic lung Disease COPD stage (GOLD COPD stage), the BODE index (Body-mass index, airflow obstruction, dyspnoea, and exercise capacity), lung function test, Body Mass Index (BMI) and 6 minutes walk distance (6MWD). Multiple linear regression analysis demonstrated that the BODE index, MMRC and 6MWD were valid predictors for C-SOBQ and accounted for 63% of the total variance of the C-SOBQ. In discriminative analysis, 50.4% of the cases could be correctly stratified to quartiles of BODE index with the C-SOBQ.

Conclusion

The Chinese Shortness of Breath Questionnaire (C-SOBQ) with pictorial enhancement is a reliable and valid instrument for Chinese patients with COPD. It greatly enhances the ease of administration of a symptom-oriented questionnaire, reflecting reliable information on clients' dyspnoeic levels upon different functional activities, for this patient group.

(4F8.1) Oncology rehabilitation: Bowen therapy approach to post radiotherapy patients

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Special Interest Group in Bowen Therapy

Background

In our clinical practice we encounter cancer patients with post radiotherapy complications such as muscle tightness around treated areas, decrease range of motion of the joints resulting in decline of their daily function and decrease in quality of life. These evolve into chronic conditions and no active treatment was provided. We are going to share some of our experience in treating these type of patient using a new technique (ISBT Bowen Therapy) by occupational therapists and how this approach significantly reduce the problems faced by these cancer survivors.

Skills/Experiences sharing

Bowen therapy (BT) is an approach to treat a broad range of physical conditions including muscular, structural and visceral problems. It is a dynamic fascia and muscle release modality by applying single and gentle cross-fiber movements to specific muscles, tendons and ligaments to promote improvement in flow of blood and lymph. We are going to illustrate the improvement of 2 oncology cases namely, NPC and Ca breast using BT. (video)

Discussion

Patients received BT had improvement in the range of motion of and functional performance in ADL. Future well designed study with large sample size is recommended to further investigate the effect of the BT on this group of patients and it is a new treatment modality for occupational therapists to explore.

(4F8.2) To study effectiveness of repetitive training as Occupational Therapy outcome in upper limb weakness with stroke population- systematic review. Objective: To determine the effectiveness of repetitive task oriented training intervention in upper limb weakness in stroke.

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Hamad Medical Corporation

Background

BACKGROUND: Stroke is leading cause of adults disability in world. In Qatar it estimated that incidences of stroke has increased. Stroke Rehabilitation is an organised Endeavour to help patients to maximise all opportunities to active lifestyle. Varies studies support task oriented training. SEARCH STRATEGY: MEDLINE, EMBASE, CINAHAL, Cochrane searched for articles about repetitive task oriented training in stroke. DESIGN: Systematic literature Review. DATA SOURCES: Cohort studies, randomised controlled trials, meta-analysis articles of task oriented training in stroke published in the period from 1996 to 2011 was done.

Methodology

Methods: Inclusion criteria: 1) Studies - Randomized controlled trials, cohort studies, case studies, meta-analysis in stroke 2) Participants - Adults with age group of 30 -70 years old diagnosis of stroke Ischemic and hemorrhagic stroke 3) Articles using intervention of repetitive task and function based activities aimed to improve upper limb function. Exclusion criteria: 1) Client with perceptual deficit and severe cognitive impairment excluded. STUDY SELECTION TOOL: All the articles were selected using the sacketts level of evidence scale. Methodology: We conducted systematic review of articles with randomized controlled trials, meta-analysis, cohort studies was done. Participants with inclusion criteria were randomly allocated into experimental group with task oriented training and controlled group using usual therapy. The duration of treatment varied from 2 to 20 weeks. All results of studies were analysed. Being an research reviewer I have 4.2 years of clinical experience in stroke rehabilitation. Here in Qatar we follows Evidence Based Practice of Rehabilitation. Here we conduct initial Neurological assessment using Ashworth scale of spasticity for tone, voluntary control using Brunnstorm stages, Cognitive assessment using MMSE, LOTCA, ROM, Hand function assessment using nine hole test, block and box test and functional status assessment using Functional Independence Measurement. We found above systematic review using repetitive task oriented is corrected with contemporary practice in stroke rehabilitayion in Qatari population which shows some significant functional recovery in activities of Daily living. OUTCOME MEASURES: primary outcome measure used: Arm function test, Action Research Arm Test, Wolf Motor function Test. Hand function: Nine Hole peg Test, BOX and Block Test. Secondary outcome tool in ADL: Functional Independence Measure.

Results

RESULTS: Data analyzed in systmatic review shows task oriented training more effective in acute and sub acute stroke than chronic clients. Repetitive task training shows early recovery in activities of daily living but shows not significant improvement in upper limb weakness.

Conclusion

conclusion: The above analysis data regarding systematic review of task oriented training shows some significant improvement in ADL activities. Task should be more goal oriented. Further research in repetitive task training should be using more specific and meaning task which can be used as functional outcome for early recovery.

(4F8.3) Constraint-Induced Movement Therapy under Conductive Education System

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Background

Studies had shown that Constraint-Induced Movement Therapy (CIMT) is an effective treatment for children with hemiplegic cerebral palsy. It had been used to overcome the "learnt non-use" and "developmental disregard" phenomenon and promote the use of affected hand through active and intensive participation. By Adopting CIMT under conductive education system, which involves different disciplines to work together cohesively and in a holistic manner, the effect of CIMT may be more prominent.

Skills/Experiences sharing

2 preschool girls diagnosed with hemiplegic cerebral palsy were recruited in this study. They underwent 2 series of three-week constraint-induced movement therapy in the Jockey Club Marion Fang Conductive Learning Centre. The CIMT program involved restraint of unaffected upper limb using a sling for 6 hours a day. The program lasted for 15 school days over a period of 3 weeks. Intensive hand function training sessions (ITS), which lasted for 30 minutes, were conducted by occupational therapist on every school day. Apart from ITS, in the rest of the intervention time, the girls were encouraged to use their affected hand in all lessons and daily routine, for examples, pushing their chairs from one classroom to another, feeding with spoons and playing with toys. Roles of occupational therapist involved not only in design and implementation of the sling and ITS, but also in adaptation of classroom activities and teaching corresponding facilitation skills, provision of aids, and coordinating every involved professional and supporting staff. Parents were also encouraged to participate in the training to ensure the best carry-over in and after school. Pre and post CIMT data was collected and some of their performance was video recorded.

Discussion

In this study, improvement was observed in upper extremities function of the two children with hemiplegia. Parents and teachers appreciated the outcome of CIMT. Repeated CIMT was found to be effective in one child but outcome seemed to level off in another case. The immediate and lasting effect of CIMT was further enhanced under the conductive education system.



(4F8.4) The possible mechanisms of pressure therapy on the management of post-burn hypertrophic scars

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Background

Although pressure therapy has been widely used as the first-line treatment for hypertrophic scar (HS), the theory underlying the observed clinical efficacy remains unknown. This study aimed to understand the underlying mechanism of pressure therapy on HS.

Methodology

Six patients with post-burn HS were recruited for a standardized pressure garment treatment for 3 months, from whom the scar biopsies were collected before pressure intervention, as well as 1 and 3 months after intervention for histopathological examinations. Meanwhile, the clinical characteristics of HS were assessed in line with the histopathological assessments.

Results

Clinical assessments demonstrated that the overall grading, thickness and redness of the scars were significantly improved after pressure intervention. Histological examination revealed that the cellularity in the dermal layer was significantly reduced in the 3-month post-pressurized scar tissues, while the arrangement of the collagen fiber was changed from nodular to a more wave-like pattern. In addition, the immunoreactivity of α -smooth muscle actin was significantly decreased after 1-month pressure treatment, and a significant reduction of myofibroblasts population was observed after 3-month intervention. An increase in the apoptotic index in the dermal layer was detected in 3-months' post-pressurized scar samples. On the other hand, keratinocyte proliferation was found inhibited after pressure treatment.

Conclusion

In conclusion, pressure intervention reduced myofibroblasts population, possibly via apoptosis, and inhibition of keratinocyte proliferation.

(4F8.5) Current Practices In Prevocational Skills Training Among Selected Institutions In Metro Manila, Philippines

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Background

Occupational therapists address the changing focus of skills training among adolescents with disabilities, paying more attention to developing occupational behavior related to independent living and vocational preparation through pre-vocational programs. The purpose of this research is to determine and describe current practices in prevocational skills training of Filipino adolescents among selected institutions in Metro Manila.

Methodology

This study employed a case-study qualitative approach to describe the current practices in prevocational skills training among selected institutions. Purposive-judgment sampling was employed to come up with three institutions that participated in the study. Using the Document Review Guide (Driscoll, 2007), Interview Guide (Boyce & Neal, 2006) and Skilled Observation Guide (USAID, 2008), three centers were participated in the research study. On-site visits followed where data collection was performed through in-depth interviews, document reviews and skilled observation using the validated research tools. The collected data underwent thematic analysis and triangulation. The final themes from the collated data have undergone further validation from a qualitative research data expert.

Results

Results of the data collection and thematic analysis provided an interesting array of responses to describe the institutions' practices in the implementation of their prevocational skills training program. The researchers of this study present the "Three Ps of Prevocational Skills Training" which describes practices in the domain of: Process, Programs; and the Professionals involved. A separate section gives insight to the role of occupational therapists in prevocational programs.

Conclusion

This study was able to provide a clear description of the current practices that institutions employ in the implementation of their prevocational skills training programs. Such practices have been seen to be effective, and can be emulated by other institutions as well. The role of OTs were also explored. The data presented can give insight in updating competencies of occupational therapists related to prevocational skills training, or transition planning in general. Seeing how thriving the selected programs help adolescents with disabilities transition into the area of work can influence concerned lawmakers to create programs and legislations for these populations.

(4F8.6) Return-To-Work for injured hospital staff - Keys to Success

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Background

Introduction: Occupational therapist (OT) is a core member in multidisciplinary team of work injury management for hospital staff. We adopted "seven principles" in our practice, which were proven to be the key factors in facilitating successful return-to-work (RTW) (Franche et al., 2004). This paper is to review the service outcome and to share the experiences through a case illustration.

Methodology

Result: From 2009 till now, we have worked with 75 staff, 15 male (20%) and 60 female (80%). The mean age was 45, 64% were IOD and majority were upper limb injury (41%). 75% were clerical and supporting staff. After RTW management, 81% resumed either modified or full duties, while the rest were still on active treatment. We also conducted Work Capacity Evaluation (WCE) for staff already RTW with modified duty. From 2009 onwards, 34 "light duty" staff were assessed, with 9 male (26%) and 25 female (74%). The mean age was 44, 53% were IOD and majority were back injury (44%). 50% were nurse and other medical professions. Recommendations on job modification were communicated with their respective supervisors and 6 (18%) could resume normal duty.

Results

Case Illustration: Ms. Ho worked as General Service Assistant (GSA) in Transportation Department (TSD) in UCH. She sprained her neck and right shoulder while lifting at work, with multiple somatic pain and low mood since then. Ms. Ho was referred for work rehabilitation after two months of sick leave. Apart from usual training, she also joined qigong class and vocational counseling for better psychosocial adjustment. As Ms. Ho's case manager, we contacted her supervisor very early for information of her job demand. Ongoing communication maintained with Ms Ho and supervisor to formulate individualized and gradual RTW plan within her abilities. As her supervisor was fully understood her physical and psychological condition and progress, he was very supportive and committed to offer accommodation with ongoing adjustment. She started with half day work in TSD for transporting documents and patients on wheelchair. Later on, in order to gradual increase her working hour without too much physical demand, in addition to the half day work in TSD, she worked in OT department for simple cleansing for the other half day. Finally, she was able to resumed normal duty after seven months of gradual work accommodation. During the RTW process, Ms Ho was put as extra-manpower to minimize unfavorable changes on the routine and workload of her co-workers. In a recent press interview, Ms. Ho reported that she was very satisfied with her present work and relationship with co-workers. She pointed out that "understanding from her supervisor and co-workers", "felt being respected and involved" and "re-gain competence at work through gradual adjustment within her ability" were the most successful factors in RTW.

Conclusion

Conclusion: RTW is a complex and multi-factorial process. "Seven principles" in disability management encourages better communication, consistent and commitment of all involved parties. The returning worker, on the other hand, also gains better autonomy, work competency and understanding from others. These are the keys to success for injured staff in RTW.

(4F9.1) Relationship of Cognition and Learning Potential in improving rehabilitation potential of clients with Severe Mental Illness (SMI)

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Background

Traditional OT program focused on training and assessing patient's work ability such as work habit, work skills and social elements involved for employment. Those indicators mainly based on behavior observation supplemented with limited work assessments. However, under the recent advancement and evidence in neuropsychological approach for explanation of psychiatric disabilities, we may adopt such approach on work rehabilitation and providing comprehensive evaluation on work ability for our younger age clients with SMI. We aim to improve the accuracy of job matching and outcome of placement service for this higher potential group.

Methodology

Exploratory study was used. Subjects were (1) receiving psychiatric OT training in Kowloon Hospital and (2) were mentally stable. All participants were instructed to participate in different assessments. Outcome variables involved (1) measures on form perception and non verbal reasoning, (2) memory function, (3) information processing speed, (4) executive function, (5) general cognitive functions and (6) work sample performance.

Results

From July 2007 to October 2007, 44 participants were recruited. Their mean age is 35.6. All were suffered from Schizophrenia, 25 % were male, work experience of 0 to 10 years. Stepwise Logistic Regression Model shown that score in form perception and non verbal reasoning (Raven Standard Progressive Matrices) explained 46.4% (=0.464) variance of work task error made (Valpar Component Work Sample 10). 2 (R When the delayed memory score (Contextual Memory Test) were added in the model, =0.593) variance of work error made. Finally, 2it improved to explain 59.3% (R when information processing score (Stroop Word Reading Test) added in the model, =0.715) of variances of work error made. 2it further improved to explain 71.5% (R The score of these three cognitive components contribute to the work error made in the work assessment.

Conclusion

The form perception and non verbal reasoning skill, delayed memory ability and the information processing speed appeared to be contributing the error made in the work task performance. We may speculate that learning potential of our client is mainly determine by these three factors. So if we could improve our patient's function over these areas, we increase their learning potential and hence improving their readiness for work.



(4F9.3) Resilience in early psychosis: The role of daily activities and the environment

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Background

In the field of mental health, the development of occupational therapy interventions that support young people's engagement in school, work, family and social life is at least partially dependent upon our understanding of how young people develop their resilience (capacity to cope) in the context of early stages of experiencing mental illness. Yet, most of the research on coping and recovery in individuals with mental illness has been confined to older populations that have lived with psychiatric illness for over 5 years. In the scant research available, the focus has been on aspects of, and psychological processes within individuals as opposed to the role of daily occupations and the environment (e.g., social) on coping and recovery; aspects of the environment are potentially more amenable to clinical, system, and policy level intervention. The purpose of this study is to explore how youth recently diagnosed with psychosis develop their resilience (capacity to cope) and how aspects of the environment and the daily activities they engage in support or hinder this process.

Methodology

The study applies a qualitative, interpretative approach that combines methods from the traditions of narrative inquiry, arts informed research, and grounded theory at different stages of the research process. A sample of 17 participants, between the ages of 18-24 was recruited from a specialized early psychosis intervention program and an inner city youth mental health program (a psychiatric service for street involved youth). Data collection involved narrative interviews (augmented by the creation and/or collection of literary and visual art work), and a group based participatory research method called Photovoice. Analysis of the data is conducted using a framework that integrates thematic, structural, dialogic, and visual approaches. Strategies of prolonged engagement with participants, triangulation, transparency, and reflexivity are incorporated into the research design to enhance rigour, credibility, and trustworthiness of the findings.

Results

The study is in its final stages, with analysis underway. Findings will be ready for presentation at the time of the conference. Thus far, provisional observations of the data include: youth engagement in overcoming stigmatisation and engaging in self-healing processes through the use of creative, meaning making, and normalising activities. The role of social supports and health care providers in supporting and hindering resilience development is also highlighted by the narratives.

Conclusion

This study represents a novel, contextualized application of the role of therapeutic occupation and environment in the development of resilience and it is anticipated that findings will advance theoretical understanding of the relationship between occupation and resilience from an ecological perspective. Moreover, findings will be discussed in relation to their implications for informing the planning of occupational therapy and psychosocial interventions that support and enhance resilience in youth recently diagnosed with psychosis.

(4F9.4) Client satisfaction with community psychiatric rehabilitation in Taiwan

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Background

Client satisfaction with rehabilitation programs may both influence, and be influenced by, therapeutic outcomes. Formal assessment of client satisfaction is more frequently being requested as a component of community psychiatric rehabilitation services. The purpose of this study is to describe the development and evaluation of the Scale of Client Satisfaction Questionnaire-8 Chinese version (CSQ-8) for psychiatric patients in Taiwan.

Methodology

The sample recruited 198 patients from 2 community psychiatric rehabilitation centers in Taipei, Taiwan. Excluded missing data, there were 132 patients completed. The CSQ-8 Chinese version was administered to the participants clients who received services in the community rehabilitation centers provided by licensed occupational therapists and well trained case managers. The correlations of the CSQ-8 with services utilization were examined

Results

The male were 39.4% (52/132), diagnosis with schizophrenia were 84.8% (112/132), the average age were 41.0 years old, and 75.9% (100/132) were above senior high school. Internal consistency for CSQ-8 Chinese version is excellent (Cronbach's = 0.895). The 132 subjects who completed the CSQ-8 Chinese version reported high levels of satisfaction with the community psychiatric rehabilitation services. The mean utilization of community psychiatric rehabilitation service is 46.7 months.

Conclusion

With the growing interest in the patient's perspectives regarding mental health services, client satisfaction scales have been developed for related research. The community psychiatric rehabilitation in Taiwan emphasizes renamed, rehabilitation, and recovery. Based on patient-center treatment guide, the rehabilitation programs modified not only by occupational profession but the vision of patients. The community psychiatric rehabilitation centers provided continued care and helped clients decrease the medical discontinuation. Clients in the centers were satisfied with the training programs or activities, and followed the treatments, including medical care and psychosocial interventions. The CSQ-8 may be especially useful as an easy and quick measure of client satisfaction.

Posters

(A004) 低温热塑板材支具用于足踝部皮瓣修复术后的临床效果

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背景

探讨低温热塑板材在足踝部皮瓣修复术后的临床应用。

方法

为足踝部皮瓣修复患者术后即用低温热塑板材固定于皮瓣无张力位。术后2周左右，判断皮瓣成活后去除外固定行功能锻炼。

结果

低温热塑板支具可维持皮瓣的稳定状态、避免足部活动造成血管痉挛及影响刀口愈合,辅助足踝部皮瓣修复术后皮瓣成活。

结论

足踝部皮瓣修复术后常规需要石膏外固定，但是因石膏比较沉重、不透气、渗出液侵入石膏会增加激发感染的机会，而低温热塑板有重量轻、舒适、透气性好、易塑形、有记忆性等特点，可随着更换辅料进行调整，穿戴方便，可清洗、消毒，在足踝部皮瓣手术有较好的辅助作用。

(A006) How To Engage A Schizophrenic Consumer Back Home By A Home Resettlement Program In Kwai Chung Hospital

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Background

A consumer who was 38 years old widow treated as resistant schizophrenia. She had mental illness since 1983. Her 15-year-old son was in Po Leung Kuk. (Her husband was a gambler and in debt and committed suicide in 2002) 46 months out of 48 months from 5/04 to 4/08, she was admitted in Kwai Chung hospital. Typical and five atypical included Risperidone, Olanzapine, Solian, Abilify and Clozapine used without good progress. Due to the poor symptoms control, repeated admissions were recorded and she became a long stay patient (Date of admission: 5/12/05).

Skills/Experiences sharing

Although she still believed that she was shocked by electricity which was delivered by her persecutor all along, she insisted to return to her previous home with her son again. She had stayed in a psychiatric hospital for two years with intensive pre-vocational training program in Main Occupational Therapy Department. Hence, a home resettlement program with family intervention was started in September, 08 to help her achieve her aspiration. Two objectives were set to analyze the procedure in providing a home resettlement program to meet with her daily challenges in the community and improve the communication pattern between consumer and their family members by individual and joint sessions at her home. A case file was reviewed and younger sister was contacted. Home assessment conducted on 10/9/08 to assess her self maintenance, domestic and community living skills. Home-based training program (19/9/08) and two support visits (17/10/08 & 24/10/08) during home leave period were arranged to facilitate her in structuring her time realistically under a home resettlement program. She lived with her symptoms gradually. Finally, her son and younger sister accepted and supported the consumer back home after conducting the program with family intervention. Four community occupational therapy programs with family intervention under a home resettlement program were given accordingly to the consumer to strengthen her life skills and social connection. She was empowered to take up her roles of a mother and a worker. Individual psychotherapy was given to educate her how to encapsulate her residual symptoms. Joint family intervention was introduced a congruent communication pattern to three of them with key elements of open-minded, non-judgemental and consensus-based conversation. Therefore, she was successfully discharged back home after one and a half months of tailored-made rehabilitation program on 27/10/08.

Discussion

Case Occupational Therapist initiated to review her current functioning in bridging the gap between previous living style and present situation. Four sessions of home resettlement programs arranged to facilitate her in coping with her roles and daily demand. Then, she was able to sustain in the community for 15 months with work training program in Day hospital. To conclude, home resettlement program with family intervention was the best option for her so as to facilitate her to reintegrate into the community.



(A009) Determinants on Return to Work of Patients with Acute Occupational Hand Injuries in Fuzhou City

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Background

With the fast growing industrial activities in recent years in China, acute hand injury is very common among workers. Traumatic hand injuries can negatively influence the functional use of the hand and may result in long period of sick leave from work and decreased productive ability, which brings economic burden on individual, family, as well as the society. Return to work (RTW) after hand injury is considered as an important yet complicated issue. Heleen (2009) and Cabral (2010) pointed out that RTW of patients with hand injuries and hand disorders was a multi-factorial determined process. These factors can be grouped into four categories: biomedical, psychosocial, work-related, and demographic factors. Better understanding of the determinants associated with RTW can help medical and rehabilitation professionals take a more proactive approach in formulating more structured programs to promote injured workers to achieve normal functioning, return to work, as well as advice patients to change work as early as possible. However, most of the studies on RTW were conducted in the West, different conditions, such as economy, culture, medical and rehabilitation services, and insurance system, may affect the generalizing power of the results of these studies in Chinese context. This study aimed at investigating the influence of potential determinants on return to work (RTW) of patients with acute occupational hand injuries, and exploring the reasons of the non returner in Fuzhou city.

Methodology

This was a cross-sectional exploratory study. A telephone survey, using a questionnaire, was conducted to the workers who hospitalized in one teaching hospital because of acute occupational hand injuries during January 2009 to December 2010. A total of 288 potential participants were retrieved from the medical records, of them, 60 were successfully contacted by phone. The influence of potential factors on the probability of RTW was analyzed by bivariate correlational and logistic regression analysis.

Results

Four factors were found to be significant predictors, including white-collar job (odds ratio [OR] =19.195, 95% confidential interval [CI], 1.001-368.014), internal attribution of the injury (OR=6.256, 95% CI, 1.024-38.215), good relationship with coworkers and employer (OR=11.016, 95% CI, 1.715-70.755), and breadwinner in family (OR=10.568, 95% CI, 1.528-73.086). And the main reason of not returning to work was due to that the injured hand had not ever recovered to normal functions.

Conclusion

The predictors found in the study could be used in future practical. And rehabilitation services could be set about based on the common types of injury so as to decrease the economic costs that resulted from workdays lost to maximum extent.

(A015) Overview of Occupational Lifestyle Redesign (OLSR) Programs in the Hospital Authority Settings of Hong Kong

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Background

People with chronic illnesses usually have difficulties in coping life challenges and thus they found with lifestyle dysfunction. According to the International Classification of Functioning, Disability and Health (ICF), clients' engagement and functioning should be enhanced rather than impairment or disability focused. Since 2006, many occupational therapists of the Hospital Authority Settings have introduced and implemented the new service of OLSR Programs for a wide range of clients with physical and mental problems. Through clients' active participation in activities and regular goals setting, OLSR Programs helps them to regain their meaningful, functional life and happiness. This study aims to review the use of OLSR Programs in Occupational Therapy Department of the Hong Kong Hospital Authority Settings and its future directions in occupational therapy services

Methodology

A clinical e-based survey was developed and sent out to all Occupational Therapy Departments under the Hong Kong Hospital Authority Settings in 2010. The survey consisted of 19 questions, including the demographical data of the clients, descriptive data of the group composition and staff's feedbacks about OLSR Programs. The surveys were completed by occupational therapists within two weeks. Descriptive Statistics were used for data analysis.

Results

A total of 23 surveys were returned. All clusters Occupational Therapy Departments have implemented OLSR Programs for clients with physical and mental disorders. The majority of target clients were psychiatric illnesses, followed by stroke, psychogeriatric, chronic pain and chronic illnesses like diabetes mellitus, hypertension, insomnia and stress related problems, etc. The main sources of referral were from Medical Officer (56%) or by self referral (43%). Enhancing a happiness and healthy lifestyle was the most common theme of the group. 60% of the groups involved 5-7 clients and nearly 60% were run by 2 therapists. The number of sessions ranged from 4 to 10 sessions, while almost 60% included 8 sessions or more. 65% of the groups were organized weekly while 43% took one to two hours in each session. Therapists of different settings had run groups ranged from 1 to 10 within one year and 91% of them had provided follow-up service to the corresponding clients. Many positive outcomes were reported, both in quantitative and qualitative measures. Approximately 80% therapists planned to continue or run OLSR Programs for new client groups.

Conclusion

OLSR Program is an innovative service that was commonly provided by occupational therapists in all clusters of Hospital Authority Settings in Hong Kong. Although OLSR Programs require much time in preparation and organization, occupational therapists still contribute plenty efforts to conduct the programs with satisfactory outcomes. The concept of OLSR echoes the ICF in reducing clients' lifestyle dysfunction and furthermore, improving their wellness and facilitating balanced lifestyle. Not only the occupational therapists, medical professions and clients also recognized its positive effects on life domains. Further studies on the possibility of wide spread of the OLSR concept into rehabilitation services and its qualitative outcomes are recommended.

(A021) 围作业治疗针灸方案对脑卒中社区康复患者肢体运动功能及日常生活活动能力的作用

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背景

康复治疗如OT和PT等是脑卒中恢复期社区康复中的重要环节。但此环节中如过多依赖PT，会带来投入、场所规模、专业人员不足等问题。本项目旨在研究围作业治疗针灸方案在脑卒中社区康复中的作用。

方法

398例符合纳入标准的患者，随机分为治疗组和对照组。治疗组采用OT+针灸，对照组采用OT+PT，5次/周，共4周。治疗前后分别采用Fugl-Meyer 运动量表、改良Barthel 指数量表评定肢体运动功能和ADL。

结果

两组治疗前的Fugl-Meyer评分和MBI无显著差异($P>0.05$)，治疗组和对照组治疗前后两项评分有显著性差异($P<0.05$)，两组治疗后的两项评分无显著差异($P>0.05$)。

结论

围作业治疗针灸方案对脑卒中社区康复患者肢体运动功能及ADL有明显改善作用，与作业治疗结合物理治疗方案相比，两者作用相当。

(A022) “越动越聪明”之婴幼儿体育活动的开发和指导

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背景

动作是人类适应环境的重要手段，在人体发育的早期，动作的发展是判断人体脑发育正常与否的重要指标。

方法

以脑神经医学和皮亚杰认知理论为依据，分析婴幼儿动作行为发育的规律，强调“先天性反射”在婴幼儿脑神经发育期间所起到的重要作用，在合适的时候给予婴幼儿合适的刺激，设计运动处方。

结果

基于以上理论，研制出一套科学有效的运动处方和动作训练的原则、内容、手段，从而使正常婴幼儿多元智慧的潜能得以发展，也有助于及早发现婴幼儿感觉运动障碍。

结论

为培养“全脑型宝宝”和促进婴幼儿多元智慧的开发有着特殊的重要意义，早期的动作训练可促进深度知觉的发生、发展，为从事特教工作人员、早教机构的培训师、家长提供一些理论和实践指导。



(A028) Occupational Therapy pre-operation assessment and intervention in total hip and total knee replacement

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Background

Post-operative home care for patients, who have undergone total joint replacement (TJR) surgery accounts for a considerable portion of medical expenditures and, due to an aging population, is expected to increase in future. More cost-efficient home care delivery may be safely achieved through reducing the numbers of post-surgical visits when combined with a pre-operative home care visit. In view of that, Occupational Therapy pre-operation screening and assessment was proposed to enhance the quality patient care for total hip (TKR) and total knee replacement (THR), and through the identification of potential post-discharge problems, particularly those related to the home environment and the need for modifications; early and proactive interventions could be provided.

Skills/Experiences sharing

A self-administered dichotomous questionnaire (Chinese/English) was developed for TJR pre-operation screening, which consists of 10-item addressing two domains (1) patient's premorbid functions (e.g. ADL/IADL, cognitive status and mobility) and (2) home environment and support. Patients who undergo TJR would complete the questionnaire during nurse-led pre-operation education talk in UCH. If patients answer yes to 3 or above of the questionnaire, a comprehensive pre-operation screening and assessment will be conducted by OT. In this retrospective review, 24 patients (18 females, 6 males) were included between May 2010 and October 2011. Age ranged from 44 to 81 years (mean, 67 years; SD, 6.9 years). 19 patients (79.2%) received TKR and 5 patients (20.8%) received THR. 50% of the patients were either living alone or day time alone. In the pre-morbid mobility status, 7 patients (29.2%) were unaided; 14 (58.3%) walked with stick and 3 (12.5%) walked with quadripod. 5 patients (20.8%) reported history of fall in recent 1 year. Three patients have received pre-operation home visits with home modification, assistive aids prescription and on-site carer education.

Discussion

To respond to rising service demand on TJR operations and management of patient's expectation, a pre-operation screening and assessment was proposed. Through the assessment on patient's functional and cognitive status; and also social and home environment, potential discharge problems can be early identified while the recommendations in rehabilitation potential and treatment planning are formulated. Further empirical study should be conducted on treatment effectiveness of pre-operation assessment and intervention, which compare the overall functional status, length of hospital stay and patient's satisfaction.

(A030) 观察水疗配合瘢痕按摩对于烧伤患者瘢痕生长治疗效果

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背景

肥厚性瘢痕的产生是烧伤患者主要后遗症之一，致使关节僵硬，肌肉短缩，感觉减退等继发性功能障碍，严重影响到患者的ADL和职业的能力。压力治疗已经被全球广泛认可，尤其是瘢痕的塑型起到了很好的作用。但穿戴时间久，夏天穿戴不便等因素，考虑除压力治疗外，因此针对烧伤患者的瘢痕处理，采用了水疗配合瘢痕按摩的治疗方法进行观察，并记录治疗效果。

方法

针对2010年入住上海养志康复医院（隶属于上海阳光康复中心）5名烧伤患者的瘢痕进行处理，使用压力治疗的基础上，对3例患者进行水疗及瘢痕按摩治疗。其余2名未进行水疗及瘢痕按摩治疗。5名患者的平均年龄为27岁（22岁~38岁），烧伤面积从20%~90%，受伤时间平均为10个月（3个月~1年），伤口已愈合无渗出。使用温哥华瘢痕量表进行瘢痕评定。水疗：15分钟/次，1次/日；瘢痕按摩治疗：15分钟/次，2次/日；压力衣除训练时间外长时间穿戴，治疗持续3个月。

结果

3名进行水疗及瘢痕按摩的烧伤患者温哥华瘢痕量表平均总分从12分降至8分，为进行水疗及瘢痕按摩的患者平均总分从13降至11分。前者皮肤瘙痒明显减轻，无皮肤病症出现。后者皮肤问题依旧存在。

结论

水疗配合瘢痕按摩对于烧伤患者瘢痕生长是有效的。水疗具有缓解痉挛、改善回圈、增强组织新陈代谢和身体抵抗力等疗效。对于烧伤患者来说，可以促进皮肤血液回圈，改善瘢痕的质地，从而防止继发性的功能障碍。瘢痕按摩的治疗也可起到软化瘢痕的主要作用。从实验结果得知，水疗配合瘢痕按摩的治疗小组要比单纯使用压力治疗的患者瘢痕的愈合更为突出。对于功能的恢复也是有很大帮助的。

(A031) 中国内地康复发展与教育 - 探析内地康复发展与教育之现状和未来

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背景

自5.12汶川特大地震后,四川省内的康复医学发展突飞猛进,除了行政中心成都市内的几家大型的综合医疗机构康复医学科争相做大做强外,还有几家正在酝酿着有专科突破的康复机构涌现出来。此外,在成都市外的几乎所有的地市州县,凡当地的第一大西医为主医院或中西医结合医院都争相购置设备引入人才。还有不知现代康复为何物的社区卫生服务中心都纷纷挤进来分得一勺羹。正所谓熙熙攘攘皆为利往、皆为利来,如何使康复发展有序而且有效,避免形成资源浪费、恶性竞争,成为我们关注和思考的问题。

技术/经验分享

本文以四川省内康复的医疗需求、教育需求、学科建设、学术地位、资源整合中国特色等多方面进行现状与未来的探索分析,以期达成共识,集团队之力做好康复工作。在总结我省康复医学发展的经验和教训的基础上,力图探索出我国内陆地区康复医学及其教育发展的可行模式。

讨论

我国内陆地区的地理、经济、文化等特点,决定了内地康复医学及其教育的发展不能单纯照搬国外、港台以及沿海地区的模式,而应因地制宜,寻求个体化发展的途径。

(A032) 作业治疗继续教育 - 因人而异因地制宜的培训与教育

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背景

作业治疗是康复医学中非常复杂、灵活而有创意的亚专业,在我国起步的时间较晚,发展尚不成熟,是康复医学中不可或缺的一部分。目前大多数的康复医学室里都没有设置这一亚专业部门,部分即便是有设置也形同虚设,这种现象在中国内地尤为明显。作业治疗师的培训必须是专业而系统的,使得从事作业治疗的人员充分了解和掌握这门亚专业,才能在康复医学领域中发挥其独特而有创造性的作用。

技术/经验分享

作为一家非教学医院,我院康复医学科没有条件与相关学历教育挂?,而由于内地康复医学教育发展状况所限,我们也没能招收到作业治疗方向的毕业生。但我们的作业治疗工作依然蓬勃开展起来,这得益于我们受到专业人士因人而异、因地制宜的专业教育与培训,并且对未来发展也有明确的规划,使我们作业治疗专业进入了一个良好的发展进程之中。本文就此经历做探索和分享。

讨论

鉴于我国内地康复医学教育的现状,康复医学科发展作业治疗专业没有现成的专业背景人员可用,需要更加重视治疗师的继续教育,在工作岗位上通过培训、学历深造等方式,培养有经验而专业的作业治疗师,从而逐渐将作业治疗部门开展起来。

(A035) Demographic pattern among Community Elders referred for Cognitive Assessment Service in Occupational Therapy Department

LAU Lam

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Background

Introduction Cognitive impairment (CI) highly influences a person's ADL and family's quality of life. Out of 100 outpatients referring to Occupational Therapist (OT) in Caritas Medical Centre (CMC) from 2009 to 2010, 5 of them requiring cognitive assessment service (CAS). The increasing bulk of CAS referral and patient's initial assessment waiting period hinted us the alarming prevalence of Hong Kong elders with CI. Objectives To explore patient's characteristics received CAS in CMC outpatient department and review service directions.

Methodology

Patients with potential CI referred from SOPD and GOPD for CAS were included. Cognitive and functional assessments were conducted.

Results

From June 2009 to October 2011, 947 patients (573female:374male) were referred. Their average age and MMSE were 76 and 19 while 55% scored below cutoff. 6% of patients were further assessed with HK-MoCA, 37% of them were screened with mild CI with the average score 23. Most of them were living with their family receiving adequate social support (80%) while others living alone (15%) or receiving residential care (5%). Short-term memory deterioration (81%) was the upmost common problem that elderly encountered in their daily living while IADL dependency (63%) became the second. 24% of patient or their family members even found that CI has affected patients'ADL ability such as toileting and bathing. 85%of patients were on regular drugs. However, 43%of them found it difficult to follow drug regime and require other's assistance.13% of patients had difficulties finding way home while 36% of patients were suffered from Behavioral and Psychological Symptoms of Dementia(BPSD) including having delusional belief or hallucination (both 9%),as well as increasing irritability(8%).

Conclusion

OT's role in cognitive assessment is quite well established and we what we aimed at is the next stage. Besides helping in early detection of CI and facilitating physician on diagnose differentiation and treatment decisions including pharmacological dosage prescription and adjustment, patient's living pattern revealed OT's importance on carer education upon overcoming the deteriorating cognitive and self care function of their loved parents or relatives. Clinically, carer stress can be reduced through learning compensatory strategies and environmental safety tips in an earlier stage. Undeniably, the demand on CAS is huge, it is essential for OT to continue CAS, conduct related studies and provide best quality of care for our community elders.



(A038) The effect of pencil grip on handwriting performance: a new pencil grip classification method

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Background

Handwriting is the skill that allows students to record ideas, express themselves, and communicate with others throughout their educational careers. Pencil grip is an aspect of handwriting that has been addressed by occupational therapists who work with students having handwriting difficulties. The conventional method of classifying pencil grips is determined by the number of fingers grasping the pencil shaft and availability of thumb opposition. However, the assumption that grip patterns may influence handwriting performance has not yet been validated by most studies adopting the conventional classification method. The intrinsic muscles of the hand guide the delicate finger movements required in handwriting tasks and is more energy saving than extrinsic muscle during handwriting movement. Accordingly, a pencil grip involving more intrinsic than extrinsic muscles of the hand would be more efficient for handwriting. It is often seen that an inefficient pencil grip cause fatigue, especially in a long writing task. Thus, this study classified pencil grips into a distal or a proximal grip according to the phalange of the thumb holding the pencil. That is, a distal grip refers to the distal part of thumb (the thumb pad) holding the pencil shaft whereas a proximal grip is the proximal part of thumb (interphalangeal joint and proximal phalanx of thumb) holding the pencil shaft. Furthermore, the majority of studies examining the relationship between pencil grip and handwriting performance used short-length writing tasks, i.e., less than 5 minutes. Thus, this study examined the effect of pencil grip patterns (distal vs. proximal grips) on handwriting performance in a long writing task.

Methodology

Subjects were 8 adults, 5 with a proximal grip and 3 with a distal grip. The mean age was 25.96 (+1.23) years old. Writing speed was defined as the number of characters written in 10 minutes. The level of fatigue was scored using the Visual Analogue Scale (VAS) with 11 levels of grading. The surface electromyography (sEMG) was used to measure the muscle activities in writing, including two extrinsic and two intrinsic muscles.

Results

The results showed that subjects using the proximal grip for writing had more sEMG activities in extrinsic muscles (i.e., extensor digitorum and flexors of the fingers) than those using the distal grip ($p=0.001$, $p=0.002$). In the same vein, the subjects using the distal grip for writing had more sEMG activities in intrinsic muscles (abductor pollicis brevis and first dorsal interosseous muscle) than those using the proximal grip ($p=0.025$, $p=0.058$). A trend was noted that the subjects using the proximal grip had a higher level of fatigue than those using the distal grip despite that the difference was not significant. Perhaps the 10-minute writing task was not long enough. No significant difference was noted in writing speed between those using the proximal and those using the distal grips.

Conclusion

In summary, the findings indicated that there were differential effects of the distal and proximal grips on hand muscle activities and the level of fatigue during a long writing task. This study provided the evidence for the classification method based on the degree of intrinsic or extrinsic muscles involved during handwriting in adults and served as basis for future studies in handwriting in school-aged children.

(A045) The Reliability, Internal Consistency of Action Research Arm Test Chinese Version and Its Correlation with Wolf Motor Function Test in Upper Extremity evaluation in Chronic Stroke

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Background

Action Research Arm Test (ARAT) has been widely applied in stroke rehabilitation research for its result can indicate the recovery of upper extremity and hands in stroke patients. The reliability, validity and sensitivity of ARAT have been identified by researchers from Taiwan and overseas. However, only two relevant articles have been published in China while none of them involved chronic stroke patients. In order to provide tangible evidence for application of ARAT-Chinese version in China, this study examined the interclass reliability, intra-class reliability, and internal consistency of this assessment in chronic stroke patients in China, and the correlation with Wolf Motor Function Test (WMFT) were examined.

Methodology

Nine patients with chronic stroke have been undertaken two kinds of assessments (ARAT and WMFT) twice within 1 week after allocation. Each assessment was instructed by assessor A and scored by assessor A & B without discussion. The interclass reliability and intra-class reliability were examined by correlation analysis, and intra-class consistency by Cronbach's Alpha analysis and correlation between ARAT and WMFT by Spearman correlation coefficient, respectively.

Results

High consistency in four sub-items and total score of ARAT was found in the same assessment conducted by two assessors. High consistency in four sub-items and total score of ARAT was found between two assessments conducted by the same assessor ($ICC \geq 0.908$). High internal consistency in ARAT total score with Cronbach's Alpha was 0.965. High correlation in total score was found between ARAT and WMFT ($\rho = 0.842$, $P < 0.001$).

Conclusion

ARAT-Chinese version has high interclass reliability, intra-class reliability, internal consistency and correlation with WMFT in chronic stroke patients. Moreover, ARAT can be easily applied in clinical and research areas due to the user-friendly, simple tools using and time saving features.

(A046) 国内康复治疗学专业教育现状的调查与思考

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背景

近年来，全国各高校纷纷开设康复治疗学专业以满足社会需求，但教育层次参差不齐。为此，本研究调查统计2006-2010年国内康复治疗学专业现状。

方法

采用文献检索、问卷调查、电话访问方式收集2006-2010年开设该专业的院校数、招生人数、课程设置等资料。

结果

从2006年起，开设康复治疗专业的本、专科院校数目、计画招生数逐年增加，且专科院校数及计画招生人数均远大于本科，但2010年专科院校数目和计画招生人数略有下降。本、专科之间统编教材课程、专业及基础课程开设方面比例差别较大，且部分课程所占比例小或不开设。

结论

国内康复治疗学教育有待规范化、国际化。未来应按社会需求培养各层次的治疗师，若有条件应分专业细化培养；在符合我国国情基础上力争与国际教育接轨。

(A048) The Effectiveness of Bowen Therapy in Improving the Performance Components and Occupational Performance of People with Shoulder Injury

Hong Kong Occupational Therapy Association
Special Interest Group in Bowen Therapy

Background

Shoulder injury has significant restriction on the movement of shoulder and causes persistent pain and stiffness that affects performance in daily living activities. There is no universal agreement on which conventional treatment approach is the most effective and safe. Bowen Therapy (BT) is a gentle and relaxing cross-fibre movements approach to release tension in musculoskeletal system. BT has been practiced on people with shoulder injury by a group of occupational therapists in Hong Kong. This is a pilot study to analyze the effect of BT on shoulder injury in Hong Kong.

Methodology

A retrospective review was performed on the treatment records for patients with shoulder injury that were referred to occupational therapy department with receiving BT in the year of 2010-2011. Their pre and post performance on performance components (e.g. shoulder flexion, extension, abduction, internal and external rotation and power grip) and activities of daily living (e.g. combing hair, dressing pull over garment, managing bra, bathing, hanging clothes, etc) were analyzed by Wilcoxon signed-rank test and Fisher exact test respectively.

A retrospective review was performed on the treatment records for patients with shoulder injury that were referred to occupational therapy department with receiving BT in the year of 2010-2011. Their pre and post performance on performance components (e.g. shoulder flexion, extension, abduction, internal and external rotation and power grip) and activities of daily living (e.g. combing hair, dressing pull over garment, managing bra, bathing, hanging clothes, etc) were analyzed by Wilcoxon signed-rank test and Fisher exact test respectively.

Results

13 females and 7 males were recruited in this study. The mean (standard deviation; S.D.) age was 56 (14). 35% got frozen shoulder, 25% had fracture of humerus, 15% had shoulder dislocation, 15% had rotator cuff injury and 10% had shoulder sprain. There were significant difference in the improvement of shoulder flexion (45 o), shoulder extension (18 o), shoulder internal rotation (38 o), shoulder external rotation (33o) and abduction (42o) with $p < 0.01$; the improvement of power grip at 3.6kgf with $p < 0.05$. The Fisher exact test showed the distribution of difference in ADL and IADL items were significant with $p < 0.01$ between the pre and post treatment.

Conclusion

All patients received BT had improvement in the range of motion of shoulder and functional performance in ADL. Future study with larger sample size and well controlled design is recommended to further investigate the effect of the BT in shoulder injury.



(A050) A Critical Review of the Role of Occupational Therapists with Families of Children with Attention Deficit Hyperactivity Disorder (ADHD)

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Background

Attention deficit/hyperactivity disorder (ADHD) is a common neurobiological childhood disorder that affects many families (Helitzer et al, 2002; Holowenko, 1999). Occupational therapists are involved by helping parents manage daily living tasks with their children (Case-Smith, 2005; Lougher, 2001). Yet, the roles they play are not clearly defined. Increasing number of studies are looking at the role of occupational therapist in families of children with ADHD (Olson and Esdaile, 2004; Heizer et al., 2002). However, no studies presently had critically appraised and collated these relevant findings. Therefore, the aim of this paper is to identify and critically appraise literature regarding the role of occupational therapists with families of children with ADHD and provide recommendations for practice and research.

Methodology

Search of 11 electronic databases was supplemented by manual search to yield 13 articles which conformed to specified inclusion and exclusion criteria, all of which were published post 2000. Critical appraisal tools were used to determine methodological quality.

Results

Evaluation of the findings from 13 studies suggests that there is a role for occupational therapists with such families. They include providing family focus interventions, supporting and educating the family. However, these findings were difficult to generalise due to the studies methodological limitations such as small sample sizes.

Conclusion

There is a role for occupational therapists with families of children with ADHD via family focus interventions, family support and educating the family. These roles help families cope better with their child's behaviour and daily engagement in occupations. Better quality studies on occupational therapists' involvement with such families are recommended for the profession practice.

(A052) The development of a cognitive assessment protocol for clients with severe mental illness as Shop Sales in supported employment.

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Background

Occupational Therapists are major assessor and referrer for supported employment (SE) service with SMI. However, there is little literature reported on the content and predictive validity of the process. The goal of this research was (1) to establish the profile of successful and unsuccessful clients as shop sales in SE; and (2) to develop a decision pathway that can simulate such judgment or 'internal standards' of the job supervisors

Methodology

This is a concurrent validation study of criterion-related scales for a single job type. The subjective ratings from the supervisors (PFRT) would be concurrently validated against the results of the battery of objective assessments of the areas of intellectual functions and work related cognitive behaviors.

Results

A regression model for the successful and unsuccessful clients using supervisor's ratings PFRT cut-off of 10.5 was established [R sq = 0.918, F (41) = 3.794, Sig. F change = 0.003]. Using datamining software, C&R tree was plotted to identify the profile with an overall accuracy of 0.861 (relative error 0.26) after partition testing.

Conclusion

This methodology in utilizing both inference statistics and datamining techniques, where the study results can be more readily applied by therapists and directly improve the efficiency and efficacy of the clinical work.

(A053) Clinical research of Loewenstein occupational therapy cognitive assessment in assessing cognitive function of patients with stroke

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Background

To explore the applicable value of Loewenstein occupational therapy cognitive assessment (LOTCA) in evaluating cognitive function and observation of curative effect in patients with stroke.

Methodology

Thirty stroke patients with cognitive impairment (cognitive impairment group) and thirty stroke patients without markedly cognitive impairment (stroke control group) were screened by mini-mental status examination (MMSE), and thirty healthy subjects served as normal control group. And the gender, age, level of education were matched in the three groups. All cases were examined with LOTCA. After two months of treatment, the cognitive impairment group was assessed again.

Results

The total scores and the scores of sub-items of LOTCA in cognitive impairment group were significantly lower than those in stroke control group and were even lower than those in normal control group ($P < 0.01$), particularly conspicuously lower scores in the LOTCA sub-items of thinking operations, orientation, visuo-motor organization. In stroke control group the scores of sub-items of LOTCA, including thinking operations, visuo-motor organization, attention, orientation, spatial perception were all obviously lower than those in normal control group ($P < 0.01$), especially in thinking operations and visuo-motor organization sub-items. After treatment, the scores of LOTCA were obviously improved compared with before treatment ($P < 0.01$).

Conclusion

LOTCA can comprehensively assess the degree and the characteristics of cognitive impairment in stroke patients, offers an effective assessing method for identifying the existence and improvement of cognitive impairment and can reflect the cognitive level of them. So it has better value of clinical application.

(A054) Perceptual and semantic task-related subsequent memory effects in persons with mild cognitive impairment: An ERP study

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Background

This study was conducted to understand how mild cognitive impairment (MCI) sufferers process information perceptually and semantically and how they differ from normal aging using subsequent memory effect (SME) as an index.

Methodology

Seventeen healthy elderly adults (HEA; 10 male) were included in the study. HEA's mean age were 65.3 ± 4.9 (range 58 to 76) years and they received an average 8.9 ± 4.0 (range 3 to 21) years of education. MCI group included ten participants (6 male) that were diagnosed with MCI based on the research diagnostic criteria in Gauthier and colleagues (2006). MCI participants' mean age were 72.9 ± 3.8 (range 68 to 80) years and received an average 8.8 ± 5.0 (range 2 to 16) years of education. Participants completed a study-test recognition experiment that required them to make perceptual and semantic judgments at study phase and studied-untold judgments at recognition phase.

Results

Behaviorally, it was found that MCI adult's recognition performance did not improve in the semantic condition. Analyses of event-related potentials revealed significant SME of P2 and N3 in both conditions in MCI which suggested they may still be sensitive to early processes that correlate with successful encoding. Group differences in SME of P550 and late positive component (LPC) were found in the semantic condition and in SME of LPC in the perceptual condition. These differences were characterized by negative SMEs in the left frontal and central sites in SME of LPC in perceptual condition; negative SMEs in the left hemisphere in the P550 window and in central sites in the LPC window in the semantic condition. SME in these sites showing group variation, however, did not correlate with behavioral performance in either group. The site (CPz) that showed strongest correlation with performance was the same in both groups in the perceptual condition. Interestingly, in the case of HEA the correlation was positive and was negative in the MCI group. In the semantic condition, sites (F7, T7, and C3) showing strongest positive correlation with performance was largely the same in P550 and LPC in HEA; in MCI, such correlation was only found in P7 in LPC.

Conclusion

MCI sufferers may perform qualitatively different perceptual operations than HEA or there might be underlying morphological changes in regions responsible for perceptual processing. Together with findings from group difference in SME, results indicate widespread cerebral dysfunctions in MCI when the task required semantic processing. Dysfunctions may include access to semantic memory.



(A055) Making a Difference Between Life and Living After Seating Adaptation: A 30-Year-Old Lady with Huntington's Chorea

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Background

Huntington's disease (HD) is a neurodegenerative genetic disorder that affects muscle coordination and leads to cognitive decline and dementia. It typically becomes noticeable in middle age (average age 35) and usually progresses to death within 15 to 25 years. HD characterized by jerky, involuntary and writhing movements called chorea. Postural instability may also occur with loss of balance during movement and frequent fall.

Occupational Therapy (OT) aims to facilitate independence in activities of daily life, enabling the person to fulfill a wider range of societal roles. It may be achieved through a process of education, the delivery of specific advice on safety and risk management, application of specific therapeutic treatments, modification of activities or environments or the provision of assistive devices such as wheelchairs.

Sitting is often a major problem for people with Huntington's disease, as the person frequently has a tendency to slip out of a conventional chair because of the twisting and arching movements regularly seen. It can make it difficult for the person to remain safely seated. Seating someone with Huntington's Disease can be very challenging.

Experience Sharing

Objectives

To provide a durable, stable chair for a patient with Huntington's Disease so as to

- 1) Offers proper positioning for comfort;
- 2) Fall prevention;
- 3) Protection against the resident from injuring themselves; and
- 4) Positioning for functional activities and feeding

Outcome Measures:

Modified Barthel Index (MBI)

Seated Postural Control Measure (SPCM) – Function Section (modified version)

Achievement of Functional Tasks

Results

Subsequent to thorough seating assessment, adaptation of seating devices was provided in wheelchair namely Wedge Back Cushion, Pelvic Belt, Chest Belt and Padded footplates. With seating adaptation, the involuntary movement was minimized in the well support seated system with maximized her upper limb functional activities. She was able to use computer, writing, making a call and promoting good postural support for feeding.

Discussion

A proper seating device should address both postural support and functional participation in daily activities. In this single-case study, OT intervention of seating adaptation in wheelchair can promote the patient's independence in activity of daily living, making a difference between life and living.

(A059) Effect of gait triggered functional electrical stimulation on foot drop patients after stroke

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Objectives

To observe the effect of Low-frequency electrical pulse stimulator being applied to patients with foot drop after stroke.

Methods

Base on routine medical treatment and rehabilitation therapy, 30 stroke subjects with foot drop after stroke received electrical stimulation on common peroneal nerve and tibialis anterior muscle of affected side by using XFT-2001 Low-frequency electrical pulse stimulator twice a day. One time only used exercise mode as neuromuscular electrical stimulation (NEMS) on affected tibialis anterior muscle for 20 minutes; the other received both NMES and 15~20minutes' walking training, 5~6days a week, 2 weeks in total. Before treatment, used XFT-2001P neuromuscular locator to find sensitive position, then placed the black negative electrode on sensitive position (common peroneal nerve) and placed the red positive electrode on the suitable position (tibialis anterior muscle). Evaluated muscle strength (assessed by manual muscle testing) and low limbs' motor function (assessed by Fugl-Meyer lower limbs scale) and walking function before treatment, 1 week after treatment and 2 weeks after treatment.

Results

After 2 weeks' treatment, there was a significant different on improving the muscle strength, motor function and walking function of affected low limbs compared with pretreatment ($P < 0.01 \sim 0.001$). Walking with Low-frequency electrical pulse stimulator immediately improved walking speed, transfer ability, up and down stairs ability and reduced the physiological cost of Foot drop patients after stroke ($P < 0.5 \sim 0.001$)

Conclusion

Low-frequency electrical pulse stimulator can improved muscle strength, motor function and walking function of affected low limbs. Walking speed, transfer ability, up and down stairs ability differently improved and physiological cost differently reduced as soon as walking with the machine. It has little side effect and it was considered to be a safe and effective training method.

Keywords

functional electrical stimulation; foot drop; motor function; walking function

(A060) Use of a simulated salon workshop for assessing and training of work-related social skill in an acute/sub-acute psychiatric in-patient setting

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Background

Simulated workshop has long been used in Occupational Therapy for assessment and training of patient with psychiatric illness. With the donation from the S.K. Yee Medical Foundation, a simulated salon workshop was set. We would like to share our experience in using this modality in response to reduced length of stay and the preliminary data that supported the effectiveness of this training modality.

Experience Sharing

- 1) The first version of the training protocol took four weeks to complete. It focused both on the hair-washing skills and the work-related social skills. However, many patients were discharged before they had completed the program. In view of the reduced length of stay, the program was then modified to become more intensive and focus more on the training of social elements than the hair-washing skills.
- 2) The group was restructured from close-group format to open-group format. The therapeutic element relied more on the trainer-trainee interaction than the trainer-trainer interaction.
- 3) For maximizing the efficiency of learning of the work-related social skills, the training context was structured to provide more opportunities for the trainee to practice the social skills learned in the social skills training group.
- 4) In response to the reduced length of stay, training posts were refined to three sub-posts, i.e. customer, junior hair-dresser and senior hair-dresser. This arrangement could cater the need of trainees with different functioning levels in a limited training period.
- 5) Many patients were not interested to join the salon group as they might not have the intention to work in salon after discharge. Learning of work-related social skill could be emphasized in the recruitment process as it was common to most serving jobs.
- 6) In view of the reduced length of stay, the role of the simulated workshop focused more on the assessment than the training. For improving the validity of the situation assessment, we used the standardized work-related social skill checklist and the salon-related skills checklist for assessment and reporting.
- 7) For evaluating the effectiveness of the training workshop, a pilot study was done from December 2009 to May 2010. The research project adopted a quasi-experimental design (A-B design). Convenient samples were recruited from original project participants. The work-related social skill checklist was used by as the measuring tool. A total of 13 patients completed the measurements for the pilot research. The mean total number of attendance in the program was 16.54 (± 15.27). On average, they have attended 8 (8.23 ± 7.13) social skills group session and 8 (8.31 ± 9.30) simulated-salon sessions before they left the program. The mean score of social behavior at baseline was 65.62 (± 8.61). The mean score was improved to 68.23 (± 8.72) when they left the program. 10 (76.92%) out of 13 patients showed improvement in social behavior at the end of the program. Using the Sign test, it was verified to be statistical significant ($p = .046$).

Discussion

1. Assessment was one of the major roles in acute psychiatric settings. A simulated salon environment was definitely useful and relevant for predicting the work potential of patients who would like to engage in serving jobs.
2. The role of training in acute psychiatric setting was not easy to achieve due to high turnover rate, decrease in length of stay and the variable stability of the mental condition of patients. The result of this pilot study could provide preliminary evidence to support the effectiveness of workshop training of work-related social skills in acute/subacute settings.

(A061) 脑瘫儿童康复治疗系统软体在作业治疗中的疗效研究

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Background

为提高作业治疗整体效率，我院通过整合脑瘫儿童的评测、诊疗及作业指导等资讯，自主研发一套应用软体。

Methodology

对我院康复科2010年4月——2010年6月收治的60例脑瘫儿童进行回顾性分析。治疗组30例运用儿童康复诊疗系统进行评测、诊疗及作业指导。对照组30例进行传统评测及作业指导。平均随访时间3个月。

Results

治疗组生成的能力得分方便患儿家长准确掌握孩子的治疗情况，满意度更高。系统可自动生成患儿存在的不足并制定与之相应的所有治疗计划。治疗组整体效率高于对照组，其更具系统性、便捷性、可操作性和推广性。

Conclusion

运用系统软体能更好的规范脑瘫儿童的康复作业治疗，并提高治疗效率。



(A062) 腰椎间盘突出症的康复治疗疗效观察

诸澄

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目的

观察腰椎间盘突出症的康复治疗效果。

方法

治疗综合应用电脑自动腰椎牵引、物理治疗、手法治疗及腰背肌功能训练等方法对128例腰椎间盘突出症患者进行系统康复治疗。

结果

根据治疗前后患者腰腿疼痛程度、腰椎活动范围、直腿抬高实验、下肢感觉运动功能障碍及生活自理能力进行评定，总有效率95%。

结论

系统康复治疗对腰椎间盘突出症是一种有效的治疗方法，可明显改善患者的功能和工作生活能力。

(A064) 专科作业治疗技术课程建设

马雪真¹、王晓臣¹、陈轶¹

[摘要]作业治疗是康复治疗技术的核心技术之一，作业治疗技术课程也是康复治疗技术专业的核心课程，具有很强的实践性，是在校期间的必修课，对这门课程的建设我校主要从以下五个方面开展

1. 定期召开康复建设指导委员会对我校康复治疗技术专业的人才培养模式、课程改革、教学内容、教学方法、实训基地建设等进行研究和探讨。
2. 根据康复治疗师工作过程的需要、以实际工作任务为线索，整合序化了教学内容，制定了课程标准，把教学内容归结为16个工作任务，共计90学时并且理论和实训的比例调整为1:2。
3. 选用闵水准主编的《作业治疗技术》作为参考，严格按照课程标准授课。
4. 灵活多样的教学模式
5. 采用过程性评价和终结性评价相结合的课程评价及考核

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(A065) 学龄前及学龄泛自闭症儿童之情绪行为问题之差异

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Background

泛自闭症障碍 (Autism spectrum disorders, ASD) 包含自闭症、亚斯伯格症、和未分类广泛性发展障碍，为伴有情绪与行为问题的高风险族群且其日常适应行为多受限于核心症状，如社会互动障碍，及固着重复行为。目前研究仍未确定这些问题是否随年龄增长而有改变。本研究目的为探讨学龄前及学龄泛自闭症障碍儿童之情绪及行为问题，以及其适应行为之差异。

Methodology

对象为台湾北部53名三至五岁 (Mean age: 53.39m)，44名六至八岁 (Mean age: 78.79m) 共97名泛自闭症障碍儿童。由家长填写基本资料表、1.5-5岁 (学前组用) 或4-16岁 (学龄组用) 儿童行为调查问卷，并接受研究者以文兰适应行为量表访谈。以多变量变异数分析探讨两组泛自闭症障碍儿童之情绪及行为问题与适应行为的差异性。

Results

结果显示学龄前泛自闭症障碍儿童其窄义症状行为问题落于临床范围之百分比，由高至低，前三项依序为退缩 (70.2%)、注意力 (19.3%) 及情绪反应 (15.8%)；六至八岁儿童，依序为社会问题 (54.5%)、思考问题 (47.7%) 及退缩 (36.4%)。外化行为问题分数 ($F=4.37, p=0.039$) 之组间差异达显著水准，内化问题则无差异 ($p > 0.05$)，即在外化问题方面，学前童自闭症障碍写不清楚。

(A066) 社区脑卒中后遗症患者肱三头肌皮脂厚度的对比研究侯来永¹、刘秀玲²¹ 卫生部中日友好医院康复医学科副主任治疗师² 北京市朝阳区管庄第二社区卫生服务中心康复科主管治疗师**目的**

通过对社区偏瘫患者肱三头肌皮皱厚度(triceps skinfold thickness,TSF)检测,判断健侧上肢与患侧上肢、偏瘫者与同年龄组健全人之间TSF是否存在差异。并推断差异形成的原因。进而指导针对社区偏瘫患者康复或运动方案的制定。

方法

在管庄地区偏瘫后遗症患者中随机抽取符合标准患者42例并在同一社区随机抽取同年龄组健全人42例。由同一组医生为抽样样本进行体检,包括:身高,体重,血压,心率,血糖,腰围,臀围,TSF;用Brunnstrom进行功能评价并调查日常锻炼情况。对检查结果进行统计学分析。

结果

偏瘫组健侧TSF大于患侧 $P<0.05$;健、患侧TSF小于对照组 $P<0.05$ 。偏瘫组中上肢有分离运动健侧、患侧TSF均大于未出现分离运动的健侧、患侧值;有/未出现分离运动健侧TSF均大于患侧 $P<0.05$ 。偏瘫组中规律参加运动锻炼人员健侧、患侧TSF均明显大于不参加规律锻炼人员 $P<0.01$ 。

结论

偏瘫后遗症患者TSF降低,患者TSF与上肢功能和患者锻炼水准有关。提示应继续给予社区偏瘫患者必要功能训练,并指导其加强规律的日常锻炼。

(A068) The Pilot Scheme on Home Care Service for Persons with Severe DisabilitiesLam Wai Ki, Patrick; Lo Kai Yeung, Kaiser
Christian Family Service Centre**Background**

Currently, the government provides various types of community care and support services for people with disabilities (PWDs) in strengthening the care givers' caring capacity and relieving the caring stress as to improve the quality of life of PWDs and promote their integration into the community. According to the feedbacks from the care givers (2010), the PWDs who are on the waiting list for the severe graded residential care services have special caring needs and the immense pressure is faced by the care givers in caring for them at home. In response to these expectations, a pilot scheme to provide persons with severe disabilities with home-based personal care and rehabilitation training with a view to enhancing the community support to them and relieving the pressure on their care givers started since March 2011.

Experience Sharing

The Christian Family Service Center (CFSC) adopts Strength Perspective in case management. The core belief of perspective is put on identifying the client's strengths and assisting family members and the clients to maximize the use of their own strength so as to support them in achieving caring and life goals. These strengths can be caring parents, positive personality, resourceful family, high motivation in certain interested activities. With focus on strengths rather than limitation, the resilience the clients and their families have to overcome adversity becomes more prominent.

Occupational Therapy service include individual assessment and interventions namely home based ADL training, cognitive training, aids prescription, family education on caring skills such as transfer skills, use of rehab aids etc, environmental modification suggestions etc. All services are provided at home aiming at supporting the quality of life when dwelling at home.

One of the advantages of this new service is the incorporation of ADL training into personal care service at home. Personal care service can be provided as frequent as daily on need basis. Through real engagement in daily living activities such as showering and dressing, training can be incorporated in daily routine in home environment. Specific techniques and aids could be employed aiming at improving the clients' skills as well as demonstrating to family members on training or caring methods.

Occupational therapists work under a trans-disciplinary approach to enhance the smoothness of service delivery as well as the cohesiveness among team members. This is practically essential as members of different disciplines make home visits individually and need to give brief advice of or referrals to other professions in the team when need is indicated or it is requested by the clients and/ or their families.

Discussion

Since the commencement of this pilot scheme, the collective picture of the needs of the clients and their families starts to emerge progressively in these 6 months and thus allow the management team to evaluate the mode of service delivery.



(A072) 游戏在社区残疾儿童作业治疗康复中的应用

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目的

观察游戏在社区残疾儿童作业治疗康复中的作用，及对上肢运动功能、日常生活活动能力 (activities of daily living, ADL) 的影响。

方法

将2009年1月—2011年5月在朝阳区管庄地区温馨家园康复站进行康复的40例残疾患儿随机分成作业治疗组20人、作业加游戏治疗组20人。两组均接受同一治疗师的常规作业治疗，作业加游戏治疗组加入为儿童设计的符合心理、身体特点的游戏活动。采用简化Fugl-Meyer 运动功能量表和改良Barthel指数评定肢体运动功能和日常生活活动能力。

结果

分别于治疗开始时（初评），治疗6个月后对2组患儿上肢功能及Barthel指数进行评分。治疗前两组差异无显著性 ($P>0.05$)，治疗后作业加游戏组上肢功能评分明显优于单纯作业治疗组 ($P<0.01$)，Barthel指数评分也明显优于单纯作业治疗组 ($P<0.01$)。

结论

儿童处在生长发育阶段，接受新生事物的能力强，自觉能力差。在接受传统、规范、机械的康复训练时，通常会厌产生厌倦行为。采用作业治疗结合游戏性的康复训练，可以保持患儿的警觉性、注意力及热情，能有效改善肢体运动功能，提高日常生活活动能力。

(A073) 作业治疗：中西结合

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Background

作业治疗作为一个新的康复分支于地震后在成都地区得以发展。除了延续传统作业治疗以外，还接受了来自香港各界和广东工伤等前沿技术的冲刷。本文以经验总结分享的形式将成都市第二人民医院暨成都市地震伤员康复中心中作业治疗的发展进行总结，得出结论。

Experience Sharing

作业治疗是指导患者参与选择性，功能性活动的治疗方法，这一提法是现代康复医学中提出，纵观五千年传统文化中，不乏与之相似的方法在治疗中运用。虽然没有系统地归纳在书本当中，但却有意无意地在民间被运用。其中最为突出的是传统运动、武术、太极拳、气功等功法，还有古而有之的养身策略，最早系统见诸《黄帝内经》。我不知道这样理解之作业治疗之中西结合有牵强附会，但中国人骨子 流淌着这种血液，接受它们会更加容易。然而由于时代的久远，接受人与授人者已非古者，其治疗环境并非以前之场景，本文在这方面初步探讨，阐释传统功法中与作业治疗相近之处，并设计出针对不同类型的患者的作业治疗方法予以分享。

Discussion

传统功法中与作业治疗相近之处；不同类型的患者作业治疗方法讨论

(A075) 心理干预对脊髓损伤伤患回归家庭影响

罗伦、龙泽金、蒋敏、苏文渊、向桃

成都市第二人民医院康复科

Background

脊髓损伤后，患者身体、活动和社会参与三个层面上面临许多心理问题，并经过不同的阶段后，患者逐渐认识到残疾的现实，并且从心理到行为逐渐开始适应。患者在家庭和角色的角色发生转变，患者对于回到家庭的自信心发生改变，并对未来生活失去信心，逃避困难，长期依赖医院，不愿回到家庭和社会。

Methodology

康复科从2007年到2011年对46例脊髓损伤伤患进行随机分为两组，试验组提供心理支援、心理疏导；开展小组工作、协调家庭关系、完善家庭、社会等支援系统等方法，使患者主动配合治疗，并建立对伤残生活的积极性，对照组给予日常的运动、作业等常规康复治疗

Results

通过干预后焦虑抑郁量表 (SAS、SDS)、日常生活能力评定 (FIM)、生存品质量表 (QOL) 进行比较,试验组较对照组有明显提高。

Conclusion

对脊髓损伤病人不同阶段的心理干预后，脊髓损伤伤患能够积极面对生活，建立起对于未来生活的信心、从新规划未来生活，适应社会环境，回归到社会。

(A076) 天灾后作业治疗师的角色

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成都市第二人民医院康复科

Background

5.12地震后作业治疗师肩负着除了传统作业治疗以外的其他角色，本文以经验总结分享的形式将成都市第二人民医院暨成都市地震伤员康复中心中作业治疗师的工作内容和方法进行总结，得出结论。

Experience Sharing

天灾后作业治疗师除担任传统作业治疗任务外，需承担心理咨询师和社会工作者的部分角色，如进行家庭康复指导、心理咨询、协助患者伤残适应、情绪疏导、社区资源链接、未来生计指导等其他责任。对促进患者更好的回归社区创造有益条件。

Discussion

天灾后作业治疗工作，对作业治疗师有更高的要求。在平时治疗师的培养中，应加强除作业专业技术等其他方面如社会工作、心理咨询等其他领域的专业学习，以保证在自然灾害或重大事故发生后能做出及时回应。同时，在天灾发生后，作业治疗师需与其他部分如医生、物理治疗师、心理咨询师、社会工作者保持密切联系，共同为患者服务。

(A077) 关于患者生活重整的探索 - 以“成都市第二人民医院康复科患者”为例

张涛、罗伦、向桃、龙泽金、杨映月
成都市第二人民医院康复科

Background

中国目前正处于医疗卫生体制改革关键时期，现正由传统「生物」治疗模式转化为「以病人为中心」的「生物—心理—社会」治疗模式。本文在「以病人为中心」的模式下围绕成都市第二人民医院康复科患者，包括：地震伤员、医保病人、工伤病人及部分“危机”干预病人等提供关于生活重整的相关服务和探索。

Methodology

本文以成都市第二人民医院康复科患者为例，通过关注患者生活自理与家庭、工作及闲暇生活，为患者开展并提供一系列心理、社会的支援与服务。

Results

分析患者在生活重整这一过程遇到的困惑以及引发的诱因、制定并实施相应的服务计划、方案以及取得的成效。

Conclusion

生活重整目前在国内属于较新的课题，通过开展这一服务，能有效的帮助患者在身、心、环境中建立充满快乐、充实、自信等有意义的生活动，从而完善患者支援网络，使得患者能够达到身、心、社、灵全人的发展。

(A078) 治疗师在职业康复个案管理中角色扮演初探

杨映月、罗伦、向桃、龙泽金、张涛
成都市第二人民医院康复科

Background

5.12地震以后，成都市第二人民医院康复科在香港红十字会、香港工健和广东省工伤康复和pcd的资助下，开始开展“5.12地震灾后职业社会康复专案”，并且在资助方的帮助下，成立了职业社会康复部，开展灾后的职业社会康复。项目经过三期发展，由刚开始的一人，发展到四人，由主要针对地震伤员逐步转变到工伤病人，由出院后再介入，渐变为住院期间的早期介入。

Methodology

通过总结5.12地震灾后职业社会康复专案一、二、三期进行分析，探讨治疗师在个案管理中的角色及优势。

Results

以治疗师为背景的个案管理员不仅有治疗者、沟通者、教育者、联系者、管理者、协调者、和研究者等多重角色，还可以通过工作现场评估分析和职业能力评测，做出合理的分析，制定更符合个案特征的康复计划和工作能力强化训练，并在与用人单位和工伤伤员协调下，促使病人更大程度的返工。

Conclusion

以治疗师为背景的个案管理员，已经不单单是以工伤伤员身心康复为主要内容。而是建立在身心康复基础之上的职业回归和再就业。



(A079) 推拿治疗“电脑颈背痛症” - 60例临床疗效研究

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目的

观察推拿治疗“电脑颈背痛症”的临床疗效。

方法

于2004年6月至2011年5月，笔者对随机抽样的“电脑颈背痛症”60例患者（女性35例，男性25例，年龄13—60岁，平均36岁），采用推拿手法治疗，每周两次，10次为一个疗程，治疗3个疗程。

结果

患者治疗后，治愈20例（33.33%），好转35例（58.33%），无效5例（8.33%），总有效率为91.67%。

结论

推拿治疗“电脑颈背痛症”疗效确切，安全可靠，操作简单，便于临床推广应用。

(A081) Occupational Therapy Intervention For Patients With Pacemaker Implantation

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Background

Background: Self management is an important component in the chronic care model. Effective self management can reduce costly hospital readmissions and help patients to achieve more active lifestyle and better quality of life. However, previous studies found that some patients after having pacemaker implantation had misconceptions that pacemakers could interfere with their normal daily functioning. Some patients felt anxious in adjusting their usual lifestyle which finally led to unnecessary restrictions in their daily activities.

Skills/Experiences sharing

Methods: In 2009, Occupational therapist participated in Pacemaker Integrated Service (PIS) to provide the out-patient multi-disciplinary pacemaker workshop for those patients after pacemaker implantation. All patients who underwent the pacemaker implantation for more than 8 weeks were recruited into the 4 session's workshop. For occupational therapists, we applied the psycho-educational and body-mind theory in enhancing their self management skills through education in daily living precautions, stress management skills, lifestyle adjustment and Health Qigong practice. Based on this workshop experience, it was worthwhile to start this approach at an earlier stage i.e. before the implantation, in order to reduce their anxiety or misconception over the pacemaker implantation. Hence, in-patient PIS was started in May 2010 for those patients requiring pacemaker implantation. Occupational therapist advice on activities of daily living, assistive devices usage and precaution following implantation were provided at in-patient stage. Results: Fifty-five patients (26 males, 47%), mean age of 75 years (SD=9), were recruited into in-patient PIS from 2010 to 2011. One hundred and eighty four patients with mean age of 71 years (SD=9) were attended the out-patient multi-disciplinary pacemaker workshop from 2009 to 2011. Most of them were satisfied with the arrangement of the program. During the workshop, they expressed that the program helped them to understand more about daily living precautions, reduce their anxiety and encourage them to resume a more active life role. Some patients showed positive feedback and had interest in learning and practicing Health Qigong in future.

Discussion

Conclusion: Occupational therapist participated in Pacemaker Integrated Service (in-patient and out-patient phase) for patients with pacemaker implantation. It is concluded that patients enjoyed this psycho-educational and body mind approach. They found that it was useful in helping them to solve their daily activity problems after pacemaker implantation and learnt self management skills. Further studies are suggested to focus on standardized outcome measures in self-efficacy of ADL and physiological aspects.

(A0831) How to integrate CO-OP intervention into school-based occupational therapy practice?

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Background

For 12-15 years of age adolescents with Developmental Coordination Disorder (DCD), Cognitive Orientation to daily Occupational Performance (CO-OP) approach is an effective way to support them exploring or sustaining vocational interests, and to improve their occupational performance. School-based occupational therapy is a newest but important practice area for occupational therapists because through the combination of resources surrounded the clients and interdiscipline corporation, the effect of intervention will be very apparent and direct. The key point of this experience sharing is how I integrate CO-OP intervention into school-based occupational practice, and further improve occupational performance of adolescents with DCD.

Skills/Experiences sharing

The steps of integrating CO-OP intervention into school-based occupational therapy practice are as follows. 1. Individual interviews with students and teachers (Canadian Occupational Performance Measurement) 2. Occupational evaluations in natural context: Use activity which is familiar to, and meaningful to the student. 3. Discussion with students with DCD: Go through the process of guided discovery-Help students finding presenting problems on their own; teach students the general CO-OP principle-GOAL, PLAN, DO, CHECK; demonstrate how to lead a group discussion for teachers. 4. Integrate the resources that school can provide (such as the cooking room) to design therapeutic activities in school which are associated with student's vocational interests. 5. Collaboration with teachers: Help teachers organize "Brainstorming Group" before and after each therapeutic activity; the objectives of this group include a. set up a semester schedule b. go through the general principle of CO-OP approach c. let students learn to listen to other students' strategies and share own methods and think about the other situations/occasions which the strategies are applicable. d. peer-support; help teachers write Individualized Educational Plan(IEP), adjust or adapt the activity difficulty level. 6. Follow up/ Outcome Measure: Make sure the working of the Brainstorming group ;focus-group interview with all students and teachers who join in the CO-OP group(use COPM again)

Discussion

Discussion points are as the follows. 1. Does this process still work on in Mainland China? 2. Professional Boundary: The role and function of occupational therapist in school is to provide in-direct interventions or consultations. During the professional knowledge sharing, therapists and teachers learn and grow up together. But on the other side, how about professional boundary? Is it very important to defense ourselves that only OT can use certain skills and techniques? 3. Most challengeable parts

(A094) Quality of life of parents of Filipino children with special needs

Ivan Neil B. Gomez

University of Santo Tomas-College of Rehabilitation Sciences

Background

Children with special needs (CWSN) experience disability in various areas and create challenging situations, requiring special attention to their unique needs. It is imperative to note that although disability affects the individual, attention should also be given to its effects to the people around them. The birth of a CWSN causes stress in the family, most especially on parents, consequently affecting parental Quality of Life (QOL). A lowered parental QOL can have grave effects on how a CWSN is cared for and raised. This paper therefore examined the determinants of parental QOL and described the QOL of parents of Filipino children with special needs.

Methodology

This paper utilized a descriptive-correlational approach. The participants are parents of Filipino CWSN (n=76) and were asked to answer the WHOQOL-Bref Questionnaire (Filipino Version). The variables that profile parental QOL was described. Correlational analysis was used to determine the relationship between parental variables and QOL domains.

Results

Results of chi-square p value analysis reveal that there is a relationship between parental physical health domain and the child's co-morbid conditions (p=0.04) and the number of days the CWSN attends school (p=0.02); parental social domain and whether the child receives therapy (p=0.03); parental environmental domain and parental educational level (p=0.01) and family income (p=0.045). Such identified factors can be considered as significant parental QOL indicators.

Conclusion

This paper profiles the quality of life of parents of Filipino children with special needs. The child's co-morbid conditions, length of time spent in school, child's therapy services, parental education and family income are the most significant parental QOL indicators. These factors can greatly influence the parents' ability to engage in their life roles and occupations. It is therefore recommended by the author for data to be utilized and further triangulated with existing knowledge to create programs specifically directed towards parents at the early stages of identification of the child's condition to give them foresight; and to include and focus on these data when creating programs that adopts a holistic and integrative frame of mind at the school and community levels.



(A096) Educational Placement Options For Filipino Children With Special Needs

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Background

Occupational therapists work with children with varied disabilities. Because of their special needs, care should be taken in providing the best possible recommendations when it comes to their participation in schools. The purpose of this paper is to review various educational placement options, described in literature that Filipino occupational therapists can take into consideration when giving recommendations on school participation.

Skills/Experiences sharing

Children with special needs (CWSN) find difficulty with occupational participation. A number of journals study the provision of early interventions for young children with the main purpose of occupational adaptation. However, the Philippine's Department of Education reported in 2005 that out of the 5.48 million children with special needs, only 4.8% are being served with appropriate educational services. This paper narrates the author's experience as a student, practitioner, academician and researcher as it relates to available and possible educational placement schemes for CWSN in the Philippines, as well as the contexts where these schemes might be recommended.

Discussion

The author believes that as occupational therapists, we have a stake-hold of our client's potential to participate in educational activities and settings. Through ample global knowledge of the best practices in educational placements, we are the best position to act locally and contextualize these schemes to better fit our clientele. The author recommends these contextual and schematic placements not only for the use of the Filipino OTs, but as well as for other OTs throughout the world.

(A097) Effect of working conditions on occupational therapy practitioners

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Background

The Bureau of Labor Statistics (BLS, 2004) describes the working conditions of occupational therapists and occupational therapy assistants as exhausting and strenuous due to the necessity of manually lifting of patients and equipment.

Methodology

A self-administered questionnaire mailed to 500 randomly selected practicing occupational therapy practitioners in Texas. The first section of the survey contained questions collecting individual information on OMI including types of injuries, anatomical areas injured, work settings, activities performed when injured, reporting of injury, seeing a physician, loss of work time, symptoms exacerbating activities, and adaptive responses generated. The second section consisted of two questions inquiring about psychosocial issues experienced by the respondent. The third section included demographic questions.

Results

Occupational therapy practitioners' lifting (21.42%) and transferring (20%) of patients were the most common activities being performed when injured, followed by conducting manual therapy techniques (11.42%), and performing repetitive tasks (10%). Years 2 =8.28, $p = 0.02$, and weight of practicing experience ($t=2.83$, $p=0.01$), age ($t=8.48$, $p=0.04$) were identified as significant factors associated with injuries among OTAs with no significant factors were found among occupational therapists.

Conclusion

Patient handling was the primary cause of injuries and years of practicing experience was the main risk factor among OTAs. When patient handling is coupled with young age, inexperience, and overweight, occupational therapy practitioners are at highest risk for work-related musculoskeletal injuries.

(A098) Motivational Interviewing in Occupational Therapy Practice

Shalini Lal
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Background

Motivational interviewing is an evidence-based, client centered, style of clinical communication that is internationally recognized as a best practice intervention to facilitate health behaviour change. Although motivational interviewing has been applied by practitioners from a wide range of health related disciplines, including nursing, medicine, and physical therapy, it has been given limited attention within the field of occupational therapy.

Skills/Experiences sharing

In this presentation, I will provide a brief overview of motivational interviewing in terms of its theories, principles, and skills. Next, I will share how motivational interviewing can be applied in occupational therapy practice drawing from clinical practice examples across a variety of population and clinical settings including physical rehabilitation, mental health, chronic disease management, and primary health care. I will also share, based on my experience, the process of learning motivational interviewing.

Discussion

This presentation will illustrate how occupational therapists can use motivational interviewing to support the process of helping clients make health related changes in their day-to-day lives within the domains of self-care, productivity, and leisure.

(A100) Live video modeling to teach learning-related social skills in kindergarten classroom setting.

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Background

Video modeling is a technique that involves demonstration of desired behavior through video representation and has been widely used as an intervention technique to work on social skills for children with autism. In this case study, video modeling was trialed with a six years old child in Kindergarten Two.

Skills/Experiences sharing

The occupational therapy intervention took place within the naturalistic classroom environment. Zac was referred for therapy due to behavioural concerns. In the first two sessions, he was taught the expected learning-related social skills using comic strip and through a small group teaching. In the subsequent sessions, he was videotaped during classroom lessons for ten minutes followed by immediate review of the video clips with discussion and feedback. When reviewing, Zac received a smiley face for each appropriate learning-related social skills shown and a sad face for each inappropriate learning-related social skills. The therapist also highlighted positive behaviours displayed by his peers in the video. Zac demonstrated improvement in his learning-related social skills (e.g., raising hand) at the end of six intervention sessions. His form teacher provided positive feedback that the video modeling was helpful. Zac enjoyed watching himself in the video and collecting smiley faces.

Discussion

This case study suggested that video modeling can potentially be effective when used with other intervention strategies. When using video modeling, other factors that need to be considered include the comfort level of the teacher for the session to be videotaped and the child's response to watching himself in the video.



(A102) What is the effectiveness of cognitive remediation therapy (CRT) in enhancing the executive function ability in managing daily activity on people with schizophrenia? A Systematic Review on randomized control trial study

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Title

What is the effectiveness of cognitive remediation therapy (CRT) in enhancing the executive function ability in managing daily activity for people with schizophrenia? A systematic review on randomized control trial study

Background

The usage of cognitive remediation therapy for people with Schizophrenia was developed for more than decades. Numerous of studies were conducted to investigate the effectiveness on different cognitive aspects including working memory, social cognition and executive function but the treatment effects were varied due to different research design and assessment tools. This present systematic review determines the effects of treatment and whether the varieties of cognitive remediation therapy packages influence the estimates.

Methodology

The identification of the article began with a search of the computer database Medline from 1999 to October 2011 using variants of key words "Cognitive remediation", "Therapy", "Clinical trial", "daily activity", "schizophrenia" and "executive function". This produced 30 articles were further reduced to 6 articles, and the criteria for exclusion were lacking of full text, unclear study design, including co-intervention or subject group not purely diagnosed as schizophrenia. Based on the level of evidence in National Health and Medical Research Council (NHMRC) Evidence hierarchy, total six studies were classified as randomized control trial (RCT) studies. There was a comparison group and allocation procedure in these studies. Data were available to calculate the effect size and functional outcome were able to be extracted for analysis.

Results

Six RCT studies (380 participants) yield moderate effect on global cognitive and daily functioning. The symptom effect was small and control by the studies inclusion criteria. Based on the study design from the six articles, cognitive remediation therapy was effective when patients were clinically stable in a rehabilitation phrase. The training approach (computerized or group session) and the duration of training (from 2months to 6 months) were independent to the executive and functioning outcome. No significant treatment effect was found in executive functioning and no significant generalize effect to daily functioning was found if only computerized cognitive remediation therapy used alone. A larger effect was present when the cognitive remediation therapy was used together with other psychiatric rehabilitation.

Conclusion

Cognitive remediation benefits people with schizophrenia on executive functioning, but this benefit can only be generalized to predict the improvement of daily functioning when combined with standard rehabilitation training. This conclusion only attributed in RCT study method. The review can only suggest benefit on people with schizophrenia who were clinically stable in a rehabilitation phrase.

(A106) A patient and caregiver empowerment programme for persons with hip fractures

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Background

The study objectives were to investigate if participants underwent the Patient and Caregiver Empowerment Group have more improvement in obtaining hip fractures related knowledge, activity of daily living (ADL) independence, fall efficacy on ADL; and applied adapted ADL skills taught more frequently than those underwent conventional hip fracture protocol.

Methodology

Eighty-seven participants were recruited with 50 and 37 participants allocated to Patient and Caregiver Empowerment Programme and conventional hip fracture protocol respectively. Paired t-test was used to compare the pre-post scores of hip fracture knowledge test, Functional Independence Measures-motor scores, Lawton Instrumental ADL scales and Chinese version of Fall Efficacy Scales within groups. Independent t-test was used to compare the outcome measures and application frequency of adapted ADL skills between groups.

Results

Results showed that both groups have improvement on hip fracture related knowledge, ADL, instrumental ADL independence and fall efficacy on ADL. However, the participants underwent the Patient and Caregiver Empowerment Programme were found to apply adapted ADL skills more frequently.

Conclusion

It appears that participants underwent Patient and Caregiver Empowerment Programme was more ready to build up habit on adapted ADL skills use. Further studies to investigate caregivers' stress and hand-on caregiving skills after the programme were recommended.

(A109) Challenges to Participation for Young Adults with High-functioning Autism Living in Taiwan

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Background

The International Classification of Functioning, Disability, and Health (ICF) emphasize that participation and engagement in meaningful activities are the key components to determine functioning and disability. The Adolescent and Young Adult Participation Sort - Taiwan version (AYAPS-T) measures the participation of youth transitioning from adolescence into young adulthood in Taiwan. The AYAPS-T contains 60 photographs of daily activities with a list of barriers to participation based on the ICF. The barrier list has two parts: personal barriers and environmental barriers. Studies have shown that youth with autism, even those with high-functioning autism, experience difficulties in a various life situations, including living arrangement, higher level of education, employment, social interaction, and intimate relationships. However, there is very limited knowledge about the activity participation, and challenges for youth with autism in Taiwan. The aim of the current study was to improve the occupation-based service for occupational therapy practitioners in Taiwan for youth with high-functioning autism by using the AYAPS-T to explore the activity participation and the barriers identified by the youth.

Methodology

Eleven community-dwelling youth with high-functioning autism received the AYAPS-T. The activity participation and the barriers were recorded and analyzed. Participation patterns were compared to caring adults familiar with the youth's daily activities.

Results

Youth reported not participating in, but having an interest in: chores: driving/ riding a scooter; with barriers of sensory dysfunction and emotional issues; solitary leisure: playing an instrument, writing, or going to the library; with barriers of money and transportation; Social: attending religious activities, gathering with friends, dating, and having an intimate relationship; with barriers of not having companions and lack of appropriate social skills; Education: paying attention to a lecture, budgeting money, and leading a group discussion; with barriers of attention or sensory dysfunction and lack of educational skills. Only 3 participants had jobs. Most participants expressed worry and anxiousness about seeking employment.

Conclusion

Youth with high functioning autism in Taiwan are facing difficulties in several domains of life participation during the stage of transitioning from adolescence into adulthood. To provide client-centered and occupation-based occupational therapy service, the youth's self identified barriers to participation need to be addressed during intervention.

(A111) Art as an Occupation: "Love Living" Art Exhibition of people with mental illness in Hong Kong.

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Background

We believe art is a bridge to connect people. The paintings from our clients together with their life stories would be an opened door to promote community's understanding towards people with mental illness. A project on "Love Living" Art Exhibition was launched in autumn 2011. Art is one of the most popular treatment media for person with mental illness. The creative process involved in art making facilitates healing and it is a self-soothing activity for calming down emotion of persons with mental illness and. It helps clients not only in increasing insight and judgment, but also coping better with stress, working through traumatic experience and increasing cognitive abilities. Sometimes, they might have difficulty in expressing their thoughts and feelings, through art making, they would be able to express their feelings freely in their own way and to connect themselves with others.

Skills/Experiences sharing

The goal of the project is to promote a barrier-free environment for the recovery of patients with mental illness: (1) To empower integration of people with mental illness into community. (2) To promote greater family-and-public appreciation of artistic abilities of persons with mental illness. (3) To develop community partnership with general public in building up a therapeutic environment of promoting recovery from mental illness. Art have been used as treatment media to people with mental illness in Tai Po Hospital since 2005 that included different media likes, ceramic, oil paintings, calligraphy and knitting. We screened out a total number of 27 paintings and the artists' life stories for the "Love Living" Art Exhibition in November 2011. The "Love Living" Art Exhibition Project was supported and funded by the "Star" Ferry Company, Limited (Hong Kong). A 7 days art exhibition was complete in November 2011 at the Central pier. An estimated number of 22,000 people per day passed through the exhibited area. The Exhibition was well recognized by different community partners from commercial and mental health settings, volunteer organization, our clients with mental illness and their family.

Discussion

Art is an occupation to open the door of our clients to the community. Based on the concept of recovery, occupational therapists believed that everyone person would be able to enjoy their life with meaningful occupation and being respected even with the present of the illness. Further exploration of meaningful occupation in Chinese culture would be an interest area to discuss and the ways of integration to Occupational Therapy service.



(A112) Ultra-U Device – A Connection Device Invented in United Christian Hospital in Empowering Patients on Self-performing CAPD

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Background

Introduction Peritoneal Dialysis (PD) is the initial Renal Replacement Therapy (RRT) for patients with End Stage Renal Disease (ESRD) in Hong Kong and Continuous Ambulatory Peritoneal Dialysis (CAPD) is the most prevalent form of treatment. However, sterile and safe connections are vital for performance. For patients with poor eyesight, monocular vision, tremor of hands or poor eye-hand co-ordinations, PD bags exchanges are considered unsafe and patients either require a helper or a switch to haemodialysis to sustain life. In 2006-2008, after different modifications by our occupational therapists, the 'Ultra-U' device was developed to empower these patients to perform PD exchanges by themselves.

Skills/Experiences sharing

Method The 'Ultra-U' device was made by thermo-plastic (1.6mm Aquaplast). It provides guidance for precise connection between the connector of the Ultra-bag and the connection tube on the patient side so as to minimize/ prevent the contamination of the tip of the connection tube on the patient side by touching the outer rim/side of the Ultra-bag connector. The connection guide consists of 2 components, one with pink colour highlight at one end called connection tube guide and the other called Ultra-bag connector guide. The connection tube on the patient side can be fitted in the connection tube guide while the Ultra-bag connector fitted in the Ultra-bag Connector guide. The pink highlight end of the connection tube guide provides a colour contrast platform to facilitate the touch down of the Ultra-bag connector guide and guiding the precise connection of the Ultra-bag System. Results From September 2006 to February 2008, 19 patients were trained on the use of the Ultra-U device. 12 of them were new CAPD patients and 7 were retrained because of poor eyesight resulting in poor CAPD connecting techniques. Their mean age was (56.6 +/- 10.7 years), and sex ratio was M:F= 8:11, 15 patients were diabetic, the other 4 patients were hypertensive nephropathy, adult polycystic kidney disease, obstructive nephropathy and unknown etiology. All performed PD exchanges by themselves. The reasons for the use of the device were: poor eye sight (n=16, 84.2%), mono-ocular vision (n=2) and hand tremor (n=1). The degree of impaired visual acuity ranged from (20/100) to hand movements only. Average training period was 6.8 days whereas the average training period for CAPD in our centre was 7.4 days. For a cumulative treatment period of 140.7 patient-months, no CAPD peritonitis episode occurred and the corresponding CAPD peritonitis rate for patients on the same system (Baxter Ultrabag), during the same period in our center was one episode every 43.7 months.

Discussion

Conclusion In this pilot observational study, the Ultra-U Device empowered our visually impaired CAPD patients to take care of themselves and the empowerment resulted in superior performance. Since 2008, our occupational therapists have using the 'Ultra-U' device in clinical to empower CAPD patients to perform PD exchanges independently.

(A113) A Community-based Occupational Therapy (OT) Program for elderly persons with osteoporosis and risks of fractures (Terri Ng & Kania Wan)

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Background

Osteoporosis is a major health issue as it is associated with the risks of fractures. Previous fracture and history of falls are identified as the risk factors in Chinese men and women with osteoporosis (Kung et al 2007, Bow et al 2011). Hospital-based OT programs for osteoporosis and related fractures focus on functional restoration. Continuation of rehabilitation in community should cover self management of multiple osteoporotic fracture risk factors, including enhancing bone health, preventing fractures or falls, and engagement in appropriate maintenance activities. A pilot community-based OT Program was designed and implemented in the Hospital Authority Hong Kong West Cluster Wah Fu Community Centre (WFCC) for those discharged community-dwelling elderly persons.

Methodology

The objectives of this program are to 1) enhance and reinforce the participants' knowledge on osteoporosis; 2) understand the osteoporotic fracture risk level; 3) prevent fragility fractures through education on fall and fracture prevention in relation to the community environment; and 4) encourage the participation in weight bearing activities. World Health Organization (WHO) Fracture Risk Assessment tool (FRAX®) was adopted to evaluate the fracture risk of participants, and a short quiz on osteoporosis was conducted at the initial assessment and after completion of the program. The data of pre- and post-program scores and post 6-month review on fall collected from the clinical data management system were analyzed.

Results

A total of thirty elderly persons were recruited in WFCC, and 22 participants completed the 4-session program. The mean age of the participants was 65.3 years old. 15 (68%) of them had musculoskeletal pain and regular orthopedic follow-up in specialized out-patient departments (SOPD) in Queen Mary Hospital. Four (18%) participants were diagnosed osteoporosis or had a history of fracture prior to the program. Three participants (14%) reported to have falls in the past 6 months. Preliminary results showed knowledge improvement in quiz scores from 73.5% to 89.5%. Post 6-month fall and fracture rates were 4.5% and 0% correspondently. There was 41% increase in number of participants who were confident to increase outdoor weight bearing activities duration to more than 30 minutes. Two participants proceeded to bone density measurement for proper diagnosis and management.

Conclusion

The results reflected that the main issues of management of osteoporosis were being addressed in this pilot program. The community setting allowed the training of fall and fracture prevention taking reference of the environment where daily activities are involved. The engagements in preferred lifestyle with participation in appropriate activities could be more effectively promoted in this transition period. The indicative participants who were equipped with the knowledge could understand the importance of referral for proper diagnosis and the need of on-going management. The shown benefits of this community-based OT program confirm the need of extending the hospital-based program to community for management of osteoporosis for older adults.

(A115) Bridging public healthcare system to community: the role of Hospital Authority (HA) Occupational Therapists in a community centre

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Background

The management of the continuous rehabilitation needs of clients discharged from hospitals is the focus of new services and programs developed in recent years aiming to help patients to reintegrate into community living. The rehabilitation outcomes achieved and strategies learned during hospitalization require consolidation and carry over to community. In the context of the first HA community centre established in the southern district of Hong Kong West Cluster (HKWC), the service model of community-based OT was piloted to address this issue. The three paradigms of 1) safe and prompt discharge; 2) secondary prevention and 3) continuous support guide the development of the services provided in this centre. The ultimate aims are to prevent unnecessary readmission and to encourage discharged patients' engagement in community rehabilitation resources.

Methodology

The target group of this service was set to include the discharged patients of HKWC who had completed the necessary training in in-patient, out-patient and day rehabilitation phases. Those with the needs of continuity of OT intervention and those at-risk elderly clients were screened and recruited for monitoring services. These clients were seen by OT either in this community centre or at their homes for monitoring of their condition and devising further rehabilitation plans to be carried out in the community. Those clients indicated for further support by volunteer, home care services or on-going training were referred to the suitable service providers. Community-based OT programs and theme-based workshops were conducted to reinforce secondary prevention strategies of major chronic diseases and the implementation in daily life situations.

Results

A maximum of four OT service sessions per week had been provided jointly by the OTs of four HKWC hospitals. From December 2009 to September 2011, a total of 1401 activity attendances were completed and recorded. Among these activities, there were 366 monitoring services (26.1%) including telephone follow-ups, home visits and centre-based monitoring. There were 187 (13.3%) attendances for community-based OT programs and 319 (22.8%) attendances of theme-based workshops conducted during this period. The overall readmission rate of these clients maintained comparatively low at 5%.

Conclusion

The pilot service delivery model of community-based OT is novel to this cluster and exemplary in managing continuous rehabilitation needs during the transition period after discharge. The on-site service ensures effectiveness and appropriateness in the OT support provided. The customized rehabilitation plans facilitate arrangements of referral to non-government organizations (NGOs) and smooth handover to the recipient service providers. These promising outcomes set the reference for the service development of future related HA programs in HKWC and the liaison with other NGOs on further collaboration. Being recognized the importance of our role, new resources were allocated from a newly-commissioned HKWC program to incorporate OT services in this centre as part of the management for discharged elderly patients.

(A116) Clinical Efficacy of Smart Pressure Monitored Suit (SPMS) on Patients with Varicose Veins of 2 regional hospitals in Hong Kong

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Background

Pressure therapy (PT) is commonly prescribed for patients with varicose vein (VV) to alleviate the signs and symptoms. The Smart Pressure Monitored Suit (SPMS) was developed to enhance the therapeutic intervention of PT based on a computerized pattern drafting program (YUKA system) to develop the patterns of SPMS which can build in interface pressure in a much more efficient way. Objective: To investigate the clinical efficacy of using Smart Pressure Monitored Suit (SPMS) on patients with varicose veins, when compared with conventional pressure garments (CG).

Methodology

A double-blinded cross-over experimental design was adopted in this study. Subjects with varicose veins were recruited from the Department of Occupational Therapy of two regional hospitals in Hong Kong. They were randomly assigned into 2 groups, namely, Group 1: SPMS intervention followed by CG and Group 2: CG treatment followed by SPMS. A self-administrative questionnaire on the properties of conventional garments and SPMS, interview with therapists on applicability of SPMS, measurement of interface pressure using Pliance-X system and pre and post-intervention clinical examination including VCSS rating were used.

Results

32 cases completed the study. Results showed that there is statistically significant improvement of clinical symptoms of varicose vein (VCSS score) for both groups ($p < 0.0005$). The SPMS group showed statistically significant decrease in their pain VAS score ($p = 0.027$) after one month of intervention but not in the CG group. Patients' feedback reported the SPMS fabric to be softer and have better pressure sustainability. Young therapists were more inclined to the YUKA system and find using the computer generated pattern to be time-saving and fairly accurate.

Conclusion

The SPMS also showed positive healing effects towards the symptoms of varicose veins, but there were no significant differences when compared with conventional pressure garments as both types of pressure garments had the same pressure applied on the subjects. The feedback from the therapists was positive towards SPMS since it minimized the time to draft the pattern. The fabric used in different hospitals in Hong Kong highly varied since the therapists purchase from different source and depends on market availability of good fabrics. Conclusion: SPMS appeared to be clinical comparable with CG and have some features better than CG, but further analysis is needed after the whole study is completed with more sample size for more evidence.



(A117) 个体化作业疗法对老年脑卒中认知障碍患者康复疗效的影响

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背景

目前国内常用的是以运动疗法为主的常规康复训练，针对老年脑卒中后认知障碍患者开展个体化作业疗法的报导不多[1-7]。

方法

将60例老年脑卒中认知障碍患者随机分为治疗组和对照组，两组均进行常规康复训练，治疗组在常规康复训练的基础上给予个体化作业治疗，治疗时间为2个月。在治疗前后对两组患者进行简易智慧状态检查(mini- mental state examination, MMSE) 及改良Barthel (Modified Barthel Index, MBI) 指数评定。

结果

1、治疗组治疗后MMSE评分明显高于治疗前($P < 0.001$)，对照组治疗前后MMSE评分差异无统计学意义($P > 0.05$)。2、两组治疗后MBI评分均明显高于治疗前($P < 0.05$)，治疗组与对照组比差异有统计学意义($P < 0.001$)。

结论

个体化作业治疗可明显改善老年脑卒中认知障碍患者的认知功能，提高日常生活活动能力。

(A118) 尝试COPM量表的新用途

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背景

在中国广泛推行教学改革，力求在专业教育方面尽快实现与国际接轨，并达到相应的国际标准的背景下，希望通过本研究，了解康复治疗系学生对教学改革的态度及希望进行改革的方面。

方法

采用COPM量表，分别对南京医科大学55名在校的3~4年级康复治疗系学生进行询问，首先要求学生确定是否希望教学改革，如果希望教学改革，再请列出5个希望进行改革的方面，并就每一个方面的重要性和现行的满意度进行打分，分数从1到10。记录学生们列出的所有希望进行改革的方面，先按重复出现频率的高低进行排序，再结合学生们对每一个方面的重要性、现行的满意度的打分，总结结果。

结果

所有的学生均选择希望教学改革；学生们希望进行改革的方面高度集中在课堂教学、见习课安排与教学方式、与老师间的交流、医患沟通能力、考试形式、课余的学习安排等方面。

结论

学生不仅希望教学改革，而且，对教学改革的内容和具体办法有着自己的思考。教学的服务物件是学生，依照作业治疗的“以人为本，以顾客为服务中心”的专业理念，教学改革应高度尊重学生们的意愿和选择。

(A119) A Self-Development Program for Young People with Psychosis in Hong Kong In-patient Adult Psychiatric Setting.

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Background

According to World Health Organization (2001), Psychosis ranked twenty-second in the worldwide causes of disease burden and even ranked twelfth for high income countries. Therefore, Psychosis caused serious functional impacts in general public, especially in young people. Young people with psychosis usually showed low self-esteem, poor premorbid academic and social function, poor coping and poor compliance to treatment leading to a lower quality of life. From May to November 2011, a 4-session Self-Development group program for young adult in-patients with psychosis was launched in Tai Po Hospital. The objectives were: 1) To enhance self-efficacy of patient through understanding on own strengths and weaknesses, 2) To empower patient to develop life-goals and work out plan to achieve them, 3) To identify stressors and manage stress by developing a healthy life style, and 4) To enhance insight of own illness and manage own illness.

Skills/Experiences sharing

The theme of the 4 sessions were: 1) Knowing yourself, 2) Stress Management, 3) Goals setting, and 4) Self management. Different media was used in the program to deliver the theme, such as self-test and games for strength exploration, live demonstration and practice of relaxation techniques, psychoeducation of illness, and discussion and sharing of patients' life goals and plans. A 12-question feedback questionnaire on the program was collected from the 9 female participants. A 5-point likert scale (1: totally disagree; 3 is neutral; 5: totally agree) was used in the questionnaire. The questions focused on their awareness of the topic, the knowledge they gained in the topic and their self-efficacy on achieving the objective of the program. All patients rated 3 or above in 6 of the 12 questions included: 1) they was aware that they had their own strengths, 2) they had set up of their own goals, 3) they knew how to achieve their goals, 4) they believed that they could achieve their goals after discharge, 5) they knew more about their illnesses and 6) they believed that they were able to manage their illness after discharge. Overall, they felt they understood more about themselves and they were happy to know other group mates in the sessions.

Discussion

This program provided a positive result of promoting quality of life of young people with Psychosis through enhancing self-efficacy, information giving and goal setting. The group dynamics and sharing of the patients also provided inspiration and promoted self-help among patients. Further study with larger sample size to indicate the effectiveness of Self-Development Program was recommended.

(A120) An Analysis of "Eating" in Physical and Psychiatric Patients.

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Background

Eating was one of the 4 most important aspects of life in Chinese Culture other than Clothing, Shelter and Transportation. In Occupational Therapy, eating was seen more than just an action, it was a core occupation in life. In July 2011, 7 physical and psychiatric patients were invited to join a cooking group in Tai Po Hospital. The objectives were 1) To illustrate the roles of OT in promoting patients' functions on "Eating", 2) To promote social and work roles of patients related to "Eating", and 3) To encourage patients' sharing on their life stories and feelings towards "Eating". The cooking group involved 3 sessions. In the first session, all patients are joined together to make and cook Chinese Dumpling. In the second and third sessions, they were separated into 2 groups. Each group prepared and cooked the dishes that they decided. There would be discussion part after each session when they were enjoying their dishes.

Skills/Experiences sharing

The group had come up with 4 essences of "Eating" in their lives. Firstly, group mates with physical disabilities such as Parkinson's disease and amputation thought that the ability of feeding and cooking independently despite of their disability was very important. It was a matter of dignity and a sense of competence in life. Second, group mates who were a chef and housewife in the past thought cooking and serving food were meaningful. By reminiscing their contribution in the past, their life satisfaction and self-efficacy were enhanced. Thirdly, all group mates thought that the concept of "sharing" was very important during eating such as sharing their cooking skills and the food. Also, through sharing, the work of others was appreciated. Fourthly, some younger patients saw eating and cooking as leisure activities which they could gain knowledge as well as enjoyment through the activities. The activities was a way to enrich life and improve the quality of life.

Discussion

The sharing of the patients on "Eating" further strengthened the roles of OT in patients' rehabilitation. First, innovative assistive devices were needed to be created to help patients regain the ability in eating and cooking. Second, OT needed to help patients in resuming their functional roles in eating and cooking. Sometimes, reminiscence of their past roles also enhance their self-efficacy. Third, positive concepts such as sharing and appreciation could be promoted to enhance patient's psychological wellbeing. Fourth, OT could use eating and cooking as a leisure component to enhance quality of life of patients. As a conclusion, through the analysis of "Eating", the rehabilitation needs of patients could be identified so that the services and roles of OT could be enhanced. Therefore, it was suggested that more analysis of different life aspects of patients could be done in the form of group activities and sharing in the future.



(A121) 脉冲静电振动按摩仪治疗膝关节骨性关节炎的初步研究

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背景

探讨脉冲静电振动按摩对膝关节骨性关节炎的疗效。

方法

对24例患者, 44例患膝, 给予脉冲静电振动按摩14天的治疗。分别于治疗前, 两周采用目测类比评分法(VAS)评价疼痛情况; ROM评价关节活动度; Lysholm标准评价膝关节功能; 骨骼肌肉超声检查关节炎改变情况。

结果

经治疗后, 脉冲静电振动按摩仪能有效缓解疼痛、改善关节活动度、功能障碍和超声结果, 差异有统计学意义($P<0.05$)。

结论

脉冲静电振动按摩仪能改善局部血液回圈, 促进关节周围组织充血肿胀的吸收, 消除局部非特异性炎症, 松解关节粘连, 缓解痉挛, 调整肌张力, 恢复软组织柔韧性, 减轻膝关节疼痛, 增加关节活动度, 增加姿势稳定性。

(A122) 膝关节骨性关节炎患者的超声结果与主要临床表现的相关性研究

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背景

观察和探讨膝关节骨性关节炎(KOA)患者超声结果与疼痛、关节活动度和功能障碍之间的关系。

方法

对67名临床确诊为KOA的患者, 处于活动期且X线分级以Kellgren-Lawrence分级法≥3级, 采用目测类比评分法(VAS)评价疼痛; ROM评价关节活动度; Lysholm评分标准评价膝关节功能; 采用Siemens Acuson Sequoia 512 彩色多普勒超声仪观察滑膜厚度和关节积液量。

结果

滑膜厚度与疼痛($r=0.386, P<0.01$), 与Lysholm($r=-0.387, P<0.01$), 与关节腔积液($r=0.415, P<0.01$), 与ROM($r=-0.087, P>0.05$)。关节腔积液与疼痛($r=0.322, P<0.01$), 与功能障碍($r=-0.257, P<0.01$), 与滑膜厚度($r=0.415, P<0.01$), 与ROM($r=-0.068, P>0.05$)。

结论

KOA患者滑膜厚度和关节腔积液量有相关性, 滑膜炎严重程度与疼痛和功能障碍的程度有相关性, 关节活动度可能受多种因素的影响。

(A124) Reliability and validity of the Chinese Version of the Caregiver Functional Use Survey (CFUS) used for children with hemiplegic cerebral palsy

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Background

To investigate the validity and reliability of the Chinese Version of the Caregiver Functional Use Survey (C-CFUS) as a parent-report measure of the functional use of the affected upper limb in everyday activities in children with hemiplegic cerebral palsy (CP).

Methodology

50 children aged from 6 to 18 years old with hemiplegic CP were recruited by convenient sampling from 2 special schools in Hong Kong and the mainland China respectively. The C-CFUS will be completed by their parents or caregivers. The content validity of the C-CFUS was first established by an expert panel review. Regarding the intra-rater reliability, the C-CFUS was administered by the same parent or caregiver in the first and third day upon recruitment. The concurrent validity of the CFUS was investigated by a comparison of its results with the performances in the Jebsen-Taylor Hand Function Test (JTHFT) and the Bruininks-Oseretsky Test of Motor Proficiency (2nd edition) (BO-II) in children with hemiplegic CP.

Results

The data collection is still in progress. According to the initial results, test-retest reliability of both "How Often" and "How Well" scales were high (the intraclass correlation coefficient for the How Often scale was 0.94, and for the How Well scale was 0.93). The correlation between the CFUS and the JTHFT was 0.56 ($p<0.001$), and that between the CFUS and the BO-II was 0.52 ($p<0.001$), suggesting high concurrent validity.

Conclusion

The Chinese version of the CFUS is a valid and reliable parent-report measure to evaluate the affected hand functional use of their children with hemiplegic CP at home.

(A125) 内地综合医院作业治疗实践与探索

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背景

目前内地大多数综合医院已经设立康复医学科,开展了部分作业治疗服务,并得到了社会一定程度的认可,但仍然面临专业的生存、发展等各种各样的问题

技术/经验分享

在综合医院开展OT的初期,大多依托各自医院的优势学科开展了部分作业治疗服务,保证了有一定的服务物件来源,在一定程度上保证了专业的生存。

讨论

目前作业治疗专业仍处在初步发展阶段,在综合医院主要表现在服务范围小,从业人员治疗技术不全面,不能满足各类病损者的需求。工作方式还没有完全脱离传统的生物医学模式;从业人员缺乏经营意识,缺乏对OT专业的宣传等。今后的探索:1.要发展优势专业,提高治疗效果和社会认可度;也要开辟新的服务专案,拓展业务范围,开展心肺疾病、脊柱相关慢性疾病、精神疾病等的作业治疗服务。2.运用ICF\COPM等基本概念进行临床思维,为服务物件提供全面的评估和治疗策略,充分发挥OT的特色。3.培养从业人员的经营意识,对患者、家属以及社会各界主动进行宣传,有效利用成功案例进行正面引导;加强对领导的宣传和呼吁,以获得更多的重视支持。4.加强科研与循证,为作业治疗提供更客观的资料支援。5.利用现代化的数码产品或网路视频对服务物件提供家居环境改造的建议和指导

(A126) PEO model 在作业疗法教学中的应用

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背景

作为一种较新的作业治疗模式,PEO model在作业治疗中正在推广应用。但在作业疗法教学中如何较好地应用PEO model引导学生进行分析,还需要进一步的探索。

技术/经验分享

在教学中对运动损伤治疗方面的内容授课时采用PEO model进行了尝试,教学方式以学生分组讨论和总结报告的形式进行,学生先分组进行病例访问与评价,然后按各自的组别对病例的情况、如何进行作业治疗等等进行讨论,最后按小组进行讲演汇报。

讨论

目前的PEO model主要用于中风、脊髓损伤患者等的治疗,对于运动损伤患者方面的应用很少。事实上运动损伤患者的治疗也可以纳入作业治疗的范畴,但对于这类患者如何采用PEO model进行作业治疗,有很多值得探讨的地方。本文进行了初步尝试。



(A129) The Relationship between self efficacy, work stress and job satisfaction of occupational therapist (OT) working in Hong Kong

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Background

In rehabilitation care profession, occupational therapist always plays an important role to contribute. Stress, self efficacy and job satisfaction was shown to affect the service quality or quantity directly or indirectly. Rees, D.W. & Smith S.D.(1991) found that occupational therapist perceived higher level of pressure from their relationship with other people in the workplace than other professional allied to medicine and nurses. In the past, over a thousand of job satisfaction researches was conducted in health service, most of them fell into nursing service but very little of them touch about OT and nil for HK OT. Therefore, this study investigates the HK OT's job satisfaction, self efficacy and work stress and their relationship.

Methodology

In this study, convenience sampling was used to recruit Hong Kong occupational therapists. Four sets of self-filled measuring tools which have good reliability and validity were selected. Self-efficacy scale (GSE) measuring the general perceived self efficacy; the Minnesota Satisfaction Questionnaire (MSQ) measuring the job satisfaction; Maslach Burnout Inventory (MBI) and Wolfgang's stress inventory (HPSI) were measuring the health professional stress level.

Results

100 valid questionnaires were analyzed out of 102 of them were collected. Age, work position, workload, and work speciality were significantly related to job satisfaction. In the LSD Post Hoc test, the intrinsic job satisfaction is significant different between the age range of 20-30 and 51-60years old, It was found that senior therapists have more job satisfaction than the junior therapist. The same trend was also shown in the work position, OT II is less satisfy than their supervisor The intrinsic job satisfaction showed significant different between the work post between the grouping of OT II and SOT and DM. The intrinsic job satisfaction significant level between OT II & SOT is .026 and OT II & DM is .033. Also, the different in general job satisfaction among OT II & DM is significant, the finding significant level of general job satisfaction among OT II & DM is .041. But there is no significant difference in job satisfaction shown between OT II and OT I. The workload and the job satisfaction is on the reverse trend, the "more workload" is related significantly with "less job satisfaction". Furthermore, the intrinsic and general job satisfaction shown significant different among neuro-cognitive and the others work speciality. In this study, the statistic shown stress is the mediator of self efficacy and it influences the job satisfaction. Also, several moderators among job satisfaction, self efficacy and job stress were found. 1. Age have the moderation effect on the professional recognition; 2. Work post have the moderation effect on self efficacy and professional uncertainty; 3. Marital status is moderate on job conflict.

Conclusion

The outcome of this study showed a significant correlation among job satisfaction, self efficacy and stress level. It may shed on a light on the educators and administrators when they plan the OT curriculum, which may include stress management, professional recognition, etc. Reasonable therapist to patient ratio, post-graduation training and career progression pathway are also crucial in organizational concern. The small sample size is the limitation in this study

(A130) Perfetti 治疗理念在脑损伤康复中的应用

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背景

Perfetti 治疗理念产生于20世纪70年代初。义大利的神经学家Carlo Perfetti 教授由于不满意时下的治疗方法对于偏瘫患者康复的疗效，特别是手康复的疗效，发展了Perfetti 治疗理念。他认为传统的治疗在治疗中太少注重病人主动的注意力以及运动的目标。Perfetti 理念遵循的理论是大脑的生理功能以及重组的各种不同的可能性，强调的是认识理论。其认识理论的三大基本原则是：躯体作为感受器的表面；康复作为学习过程；运动作为认识的手段。Perfetti教授指出，康复的任务不是学会一个运动，而是系统的调整能力以及如何产生生理性运动的规则。该治疗理念在欧洲国家使用较多，亚洲地区日本使用较多。

技术/经验分享

本文就Perfetti 理念在脑损伤康复应用中的神经生理学基础，治疗方式及其依据以及科学研究进行综述。

讨论

Perfetti 治疗理念在脑损伤康复中的应用和推广

(A133) A Sleep Improvement Program for the Elderly with Primary Insomnia through the use of Cognitive Behavioural Therapy and Life Style Redesign

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Background

Sleep disorders were common, with about one-third of people in the general population complaining of sleep difficulties. The risk of sleep disorders increases with age and affects approximately 20% to 40% of older adults at least a few nights per month. Insomnia was an important concern in elderly patients, not only because it was common, but its significant effects on daytime functioning by decreased ability to accomplish daily tasks, reducing cognitive ability, inability to enjoy family and social relationships, increased sense of being unwell and contributed to the increasing consumption of healthcare resources. A Sleep Improvement Program based on Cognitive Behavioural Therapy and Life Style Redesign was developed.

Skills/Experiences sharing

Hypnotics and other pharmacological management were commonly used as first-line intervention for primary insomnia. However, older people were found having higher tendency to take prescribed hypnotics on a long-term basis which caused a lot of concern from clinicians about the next-day sedation effects of the drugs, psychomotor slowing, increased risk of falls, the risks of dependency and adverse effects on health. Nonpharmacological strategies were well documented to improve symptoms of insomnia in 70% to 80% of patients, with durable efficacy lasting at least 6 months after treatment completion. An 8-session sleep improvement program was implemented for the elderly with primary insomnia in an out-patients setting. Cognitive Behavioural Therapy strategies were employed to help improve the sleep efficiency of the elderly. Meanwhile, lifestyle redesign approach was adopted to enhance the sleep quality of the elderly by addressing related psychosocial factors that promoted insomnia for the elderly.

Discussion

A single-group pretest and posttest design was employed. Outcome measures on (1) Sleep efficiency (2) Sleep Quality were collected. A total of 30 community dwelling elderly suffering from primary insomnia were recruited. Positive improvement was shown in various scales including the Sleep Diary, the Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale and the subjective feedback from clients. Preliminary evidence supported that the Sleep Improvement Program was effective to improve both the sleep efficiency and quality of the clients which addressed the sleep-maintenance difficulties and primary complaint of the elderly with insomnia problem.

(A134) The Effectiveness of Locally Developed Chinese Computer freewares for the Promotion of Cognitive Function of people with Mild Cognitive Impairment

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Background

Mild Cognitive Impairment (MCI) was proposed as an entity referring to people with mild Cognitive Impairment No Dementia (CIND). Prevalence rate is between 3% and 19% in adults over 65 years old in Chinese culture. Cognitive based intervention may offer the possibility of maintaining or improving cognitive function, and perhaps prevent or delay progression to dementia. Cognitive training may be offered in various forms, including individual or group session, pencil and paper or computerized version in different cultures. In this pilot study, 8 sessions of computerized training program using locally developed Chinese computer freewares is studied to investigate the effectiveness in improving cognitive function for patients with Mild Cognitive Impairment.

Methodology

During 3/2010 to 9/2011, 51 patients who are under SOPD care are screened for the study. Inclusion criteria include patients who: 1. are having subjective complaint of memory impairment with globally intact in daily function, 2. score Mini Mental States Examination (MMSE) above 22 with Montreal Cognitive Assessment (MOCA) score below 22 as suggestive of MCI. 8 sessions of cognitive training and home program in 2 months will be provided. Assessment will be conducted before and after the training program.

Results

27 male and 24 female patients are recruited with mean age 51 years. After receiving the cognitive training, the mean MMSE score improves from 25 to 26 with significant difference ($p=0.008$). Among the MMSE score items, calculation shows significantly improved ($p=0.004$). On the other hand, the mean MOCA score shows improvement from 20 to 22 ($p=0.000$). Among the MOCA items score, executive function ($p=0.006$), language ($p=0.01$) and abstraction thinking ($p=0.000$) shows statistical difference after the program.

Conclusion

Locally developed Chinese computer freewares which is culturally relevant to Hong Kong population showed effective in improving cognitive function with MCI. Also computerized cognitive training is feasible in the elderly population in this study. Comparison on the effectiveness of local software with commercial one can be investigated in the future.



(A135) A pilot Occupational Therapy (OT) program for older adults with Mild Cognitive Impairment (MCI) and Subjective Memory Complaints (SMCs) based in a community centre

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Background

Proper management of MCI and SMCs is one of the prompt intervention strategies for older adults. At present, there are hospital-based OT cognitive programs in HKWC for MCI clients in in-patient and out-patient phases. The indicative clients will be referred to Non-government Organizations (NGOs) after the completion of the program. For those community-dwelling older adults with SMCs, there is a lack of support for starting the proper management plan pre-requisite to long-term well-being of these clients.

OT program for older adults with MCI and SMCs was piloted in a Hospital Authority community center. Clients from Hong Kong West Cluster hospitals, NGOs and community self-referrals were recruited. The aims are to provide a transition program for those discharged from hospital-based OT programs and prepare those in the community for continuous intervention in NGOs.

Experience Sharing

The program was conducted from January 2010 to July 2011 in Wah Fu Community Centre (WFCC). Older adults who reported with MCI or SMCs were screened for recruitment into the program. The knowledge of self-management, usage of memory strategies and body-mind interaction activities were introduced to the clients within the four-session community-based OT program. Their knowledge improvement, the number of practice times of memory strategies and the participation in body-mind interaction activities were compared before and after program.

There were 16 clients recruited into the program. 31.3%(5) were male and 68.7%(11) were female with the mean age of 65.1. The mean score of Chinese version of Mattis Dementia Rating Scale (CDRS) was 135.8/144 as assessed before the program. Other pre-program means scores of Chinese version of Mini-Mental State Evaluation (CMMSE) and Activities of Daily Living Questionnaire (ADLQ-CV) were 27.2/30 and 4.5/100 respectively. After the community-based OT program, there was 33.4% improvement in client's knowledge shown. 60% of the clients increased their practice times of memory strategies and participation in body-mind interaction activities within one month after the program. All of the clients were satisfied with this program with the mean score of 86.3/100 in the client satisfaction questionnaires. 12.5%(2) of the clients were referred to NGOs for additional assessments for proper diagnosis and intervention after the completion of the program in WFCC.

Discussion

This community-based OT program for older adults with MCI and SMCs was effective in consolidating client's self-management knowledge, reinforcing the usage of memory strategies and participation in body-mind interaction activities. Those discharged from hospital could benefit from the reinforcement on secondary prevention strategies and the screening for continuous follow-up in NGOs. This program also initiated the referral for proper diagnosis for those participants in need which was facilitative to prompt identification and intervention for cognitive impairments. This need might be missed if the OT support was not available in the community.

(A136) Clinical Observations and Findings of Hong Kong Montreal Cognitive Assessment (HK-MoCA) among Chinese Stroke Patients at Rehabilitation Hospital

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Tai Po Hospital

Background

Since 1975, the Mini-mental State Examination (MMSE) has been widely adopted in assessing the cognitive functions. The Cantonese version was validated in Hong Kong in 1994. In response to increasing criticism on MMSE, the Montreal Cognitive Assessment (MoCA) was introduced in 2004 with its Chinese version of Hong Kong Montreal Cognitive Assessment (HK-MoCA) first introduced in Cantonese in 2007.

Methodology

35 Chinese stroke patients who fulfilled the inclusion criteria were recruited: i) cause of admission with diagnosis of stroke; ii) CMMSE score of 19 or above out of 30 during the initial assessment after admission; and iii) Chinese ethnicity able to communicate in Cantonese. The sensitivity, applicability and correlation between CMMSE and HK-MoCA; and the effect of age and education on the feasibility in applying HK-MoCA among Chinese stroke patients in clinical setting were examined.

Results

It was feasible to apply HK-MoCA in Hong Kong with high sensitivity. HK-MoCA had a positive correlation with CMMSE, with significant difference in education between the cognitively unimpaired and impaired groups.

Conclusion

HK-MoCA is sensitive and a better choice than CMMSE to identify early subtle cognitive impairment in post-stroke patients. It is feasible for routine use in busy clinical setting in Hong Kong.

(A137) A service evaluation of the cognitive training workshop for community elderly with mild cognitive impairment

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Background

A study conducted by the Department of Health and the Chinese University of Hong Kong in 2006 showed that the prevalence rate of dementia in the elderly aged 60 or above doubled every five years in Hong Kong. The overall prevalence rate of dementia of the local elderly aged 70 or above was estimated to be 9.3%, with 15.3% for female and 8.9% for male. Unfortunately, only 11% of the sufferers were diagnosed with the condition before the study.

Besides, those elderly with mild cognitive impairment (MCI) were 2.8 times more likely to develop dementia than those without. Therefore, early detection and effective intervention will help maintaining their conditions and postpone the cognitive decline in those who suffer from MCI.

In 2010, the occupational therapy department of Queen Mary Hospital collaborated with two district community centers (St James' Settlement Central & Western District Elderly Centre and HSKSH Western District Community Centre) to launch a cognitive training project (快乐心田) for the community elderly living in the Central and Western Districts in Hong Kong. The objective of the program was to promote awareness of the importance of cognition in daily living, and to improve the cognitive competence of the elderly with impaired function. The services were composed of educational talks, mobile cognitive screening clinics and cognitive training workshops. The workshops trained the memory ability of the participating elderly through practicing the memory strategies in daily tasks.

Experience Sharing

In this community project, all the assessments and training workshops were conducted by occupational therapists of Queen Mary hospital. Mini Mental State Exam (MMSE) and Montreal Cognitive Assessment (MoCA) were applied in the screening process conducted by the mobile clinics to assess the cognitive competence of the elderly. Those elderly who scored above the cutoff of MMSE and below the cutoff of MoCA were identified to be eligible for the subsequent cognitive training program. 20 elderly were selected and then invited to participate in the training program. The cognitive training program was structured in the format of a two hour closed group session carried out once per week for 8 weeks. A post workshop assessment was done in the final session.

Discussion

There were total 196 data analyzed for mobile cognitive screening clinic. About 89.8% (176) of cases passed in MMSE but 64.8% (114) of them failed in MoCA. A paired t-test was used to analyze if there was any change in cognitive performance of the participants after attending the workshops. There were 17 sets of data collected from the two centers. Results showed that there was significant improvement in the overall MoCA score ($p=.027$; CI -4.076, -.276) of the participants after attending the workshops. By analyzing the subscales, significant improvement was observed in speech capability ($p=.014$; CI -.729, -.093) and delayed recall capability in the individual cognitive function of MoCA.

There was a relatively large proportion of elderly living in the community were suspected to have cognitive impairment. With structured cognitive training workshops, their cognitive functions could be improved. Moreover, cognitive groups provided the aged with more opportunities to express themselves and practiced the memory strategies through games and activities. Hence, our program showed that the speech capability and delayed recall capability of the studied group improved significantly after the workshops. As such, it was important to have early identification of those elderly with MCI and provide efficient training to maintain their cognitive function in the community.

(A141) 康复治疗中的“医教结合”模式探究

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背景

探讨“医教结合”模式对特殊儿童的康复治疗效果。

方法

对50例特殊儿童（其中脑瘫20例，自闭症20例，唐氏综合症10例）作探究，将其分为“医教结合”训练组20例（治疗组），康复训练对照组14例（对照组1），特殊教育对照组16例（对照组2），“医教结合”训练组在特殊教育学校接受教育和康复训练，康复训练对照组在我院接受康复训练，特殊教育对照组在特殊教育接受教育，分别从运动功能，感觉功能，言语构音等方面评定疗效。

结果

三组患儿各方面功能均得到改善，但“医教结合”训练组疗效优于两组对照组。治疗组在运动功能，感觉功能，言语构音3方面评估成绩均高于两组对照组，差异均有统计学意义（ $P<0.05$ ）。

结论

“医教结合”模式能提高患儿功能，增强患儿自信心，加强康复治疗效果，是当代学龄特殊儿童康复治疗 and 特殊教育发展的必经之路。



(A142) 手外伤患者康复治疗模式体会

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摘要

手外伤患者采取的治疗模式为对手外伤患者采取手法治疗后立即进行治疗师监督指导下的自主器械手功能锻炼，治疗桌采用弧形设计，每位治疗师为3-4名患者进行康复治疗，每位患者的治疗师是固定一人。此模式与目前国内康复治疗模式即手法治疗与手功能锻炼在不同部门及不同时间治疗的模式相比，收到了如下效果：治疗师对患者各阶段病情变化及功能进步情况的了解更好；对患者各阶段的训练强度及复杂程度能得到及时调整；患者治疗过程有专人监督，确保了锻炼时长；患者治疗效果有专人负责，确保了治疗效果；患者对康复治疗的服务满意度提高。

(A143) 断指再植术后康复治疗

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目的

讨论断指再植术后康复治疗的作用

方法

手法治疗，运动治疗，作业治疗，支具制作

结果

断指再植术后初次评估：患者中、环、小指远节指间关节有克氏针内固定。关节活动度：TAM示、中、环、小指均劣($<100^\circ$)；MRC感觉评定：左中、环、小指离断以远S0；MMT评估：左手屈肌群：3级；握力：1kg；肢体形态测量：23.0cm。末次评估：TAM示、中、环、小指均良($100^\circ - 150^\circ$)；MRC感觉评定：左中、环、小指离断以远S4；MMT评估：左手屈肌群：4级；握力：15kg；肢体形态测量：23.3cm。

结论

康复治疗对断指再植的手功能提高，起着十分重要的作用，使其功能改善，关节主动活动增加，为重返工作，重返社会奠定了基础。

(A144) 神经、肌腱损伤术后的康复治疗

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背景

讨论康复治疗在神经、肌腱损伤术后的作用

方法

手法治疗 运动疗法 作业疗法 支具制作

结果

神经、肌腱损伤术后入院前初评：AROM—腕关节及拇、示、中、环、小指均有不同程度受限；握力0kg；MRC正中神经支配区域运动评定M2，感觉评定S0。出院后末评：ROM—腕关节背伸及拇指外展轻度受限，示、中、环、小指ROM恢复正常；握力23kg；MRC正中神经支配区域运动评定M3，感觉评定S1。由此可见康复治疗后，通过入院前后两个评估量表显示，患手功能由差到良，功能得到基本恢复。

结论

康复治疗对神经、肌腱损伤术后的功能恢复，起着重要作用，能有效提高各指关节活动度及肌力，改善术后患手功能，使其重返工作岗位。

(A145) 双足足趾游离移植再造术后康复治疗

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目的

讨论双足足趾游离移植术后康复治疗的作用

方法

手法治疗、作业治疗、压力治疗

结果

双足足趾游离移植再造术后初次评定：再造中指/环指MP：AROM 19-45°/21-30°，PROM 50°/33°；再造中指/环指PIP：AROM 12-20°/30-30°，PROM 45°/55°；再造中指/环指DIP：AROM 0°/0°，PROM 20°/30°；握力：右手N/A，左手28.0kg；侧捏：右手N/A，左手15kg；三指捏：右手N/A，左手13kg；MRC感觉评定-再造中指S1，再造环指S0，双足站立平衡3级，写字、进食、拧毛巾等不能独立完成；双足背疤痕增生明显。末次评定：再造中指/环指MP：AROM 60°/21-38°，PROM 76°/51°；再造中指/环指PIP：AROM 20-25°/30-36°，PROM 90°/73°；再造中指/环指DIP：AROM 0°/0°，PROM 50°/45°；握力：右手4.0kg，左手35.0kg；侧捏：右手13kg，左手24kg；三指捏：右手4kg，左手13kg。MRC感觉评定-再造中指S2，再造环指S1，单足站立平衡2级，写字、进食、拧毛巾均能独立完成。双足背疤痕增生程度得到有效控制；经过两次评定比较可以看出经过康复治疗后再造中环指主动关节活动度明显增加，双足功能得到明显改善。

结论

康复治疗对双足足趾游离移植术后的再造手指及双足的功能提高，起到十分重的作用，使其双下肢平衡、肌力得到改善，双足背疤痕得到有效控制，使再造手指关节主动、被动活动增加，提高其灵活性及ADL能力，为二期松解手术奠定基础。

(A148) 当代康复学科科研发展趋势分析

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背景

20世纪70年代以后，现代康复医学在医疗、科研、教育等领域有了快速发展，在我国起步较晚，从1982年至今经过近30年发展，以其独特的中国传统康复思想与世界现代康复医学潮流相融合，积极开展国际学术交流，目前也已经进入快速发展阶段。学科的发展要靠科学研究来引领，要靠科研成果在本领域内的传播来推进，科研只有反映最新动态，才能发挥其学术指导作用[1]。为了解当代中西方康复医学的发展趋势，本文通过对6种SCI收录的国际康复期刊、3种中国康复统计源期刊近1年内刊文的调研，比较了国内外康复科学研究方法及选题方向的异同，并在此基础上分析了康复医学选题的基本原则和影响因素，以及未来康复科研的发展趋势。

方法

1.1 外刊资料 选取科学引文索引(science citation index, SCI)收录的影响因数排序前6名的国际康复期刊6本，详见表1。检索MEDLINE上收录的该6本杂志2010年6月至2011年6月发表的所有论文共927篇，以系统等距抽样法抽取92篇论文，按文献内容分析法进行分析。1.2 中文资料 选取中国科技期刊引证报告公布的中国康复统计源期刊影响因数排序前4名的杂志（排除影响因数排名第三，但专科属性太强的《中国组织工程研究与临床康复》），见表2。检索3本杂志2010年6月至2011年6月发表的所有论文共1177篇，以系统等距抽样法抽取117篇论文，按文献内容分析法进行分析。表1 SCI收录康复期刊前6位影响因数排序表排名 杂志名称缩写 2009年总被引频次 影响因数 1 NEUROREHAB NEURAL RE 898 3.618 2 PHYS THER 2190 2.844 3 J ORTHOP SPORT PHYS 2547 1.895 4 J ELECTROMYOGR KINES 1870 1.844 5 SUPPORT CARE CANCER 2614 2.422 6 J REHABIL MED 1420 1.983 Science Citation IndexExpanded: SCI-EXPANDED2009 表2 中国护理学统计源期刊前4位影响因数排序表排名 杂志名称缩写 2009年总被引频次 影响因数 1 中国康复医学杂志 3633 1.459 2 中国康复理论与实践 2274 0.687 3 中国组织工程研究与临床康复 11807 0.491 4 中华物理医学与康复杂志 2131 0.467 2009版中国科技期刊引证报告

结果

6种SCI收录的国际康复期刊、3种中国康复统计源期刊近1年内刊文的分析结果见表3~6。表3 6种SCI收录康复期刊一年内刊文研究方法分析 篇数 百分比(%) 定性研究 11 12 定量研究 65 70.6 临床性研究 50 55.4 实验性研究 5 5.4 调查性研究 10 10.9 系统评价及meta分析 7 7.6 综述 6 6.5 其他 3 3.3 总计 92 100 表4 3种中国康复统计源期刊一年内刊文研究方法分析 篇数 百分比(%) 定性研究 1 0.85 定量研究 81 69.2 临床性研究 59 50.4 实验性研究 19 16.2 调查性研究 3 2.6 综述 21 17.9 其他 14 12.0 总计 117 100 表5 6种SCI收录康复期刊一年内刊文选题分析 篇数 百分比(%) 临床康复 69 75 康复管理 6 6.5 康复教育 3 3.2 社区康复 4 4.3 家庭康复 4 4.3 基础康复研究 5 5.4 其他 1 1.1 总计 92 100 表6 3种中国康复统计源期刊一年内刊文选题分析 篇数 百分比(%) 临床康复 68 58.1 康复管理 6 5.1 康复教育 4 3.4 社区康复 1 0.8 家庭康复 1 0.8 基础康复研究 19 16.2 其他 18 15.4 总计 117 100

结论

3.1 康复学科科研研究方法分析从康复科学研究方法角度出发，中西方的研究方法基本相同，但西方科研方法定性研究占有较大比重（12%），而国内定性研究几乎为0（0.85%），近年来，定性研究方法用在很多领域：社会学、人文地理学、临床科学与心理学、康复、护理、旅游、教育、资讯系统、行销等。在过去十年，定性研究方法因为能够提供有价值的资讯而被越来越多的健康及相关领域的工作者接受[2]，Baum[3]指出：定性非常适合研究复杂的情形，并且在很多方面有助于公共卫生研究，而康复医学涉及到身体、心理、个体活动能力、社会活动能力等各个方面的功能恢复、相对复杂，因此可使用定性研究方法，而且，这种研究方法的应用以后将会越来越多，这从国外研究中定性研究所占的比重可见。另外，在西方康复科研方法中，有一定数量的系统评价及meta分析，系统评价是根据某一具体的临床问题，采用系统、明确的方法收集、选择和评估相关的临床原始研究，筛选出合格者并从中提取和分析资料，为疾病的诊治提供科学的依据。Meta分析是指采用统计方法，将多个独立、针对同一临床问题、可以合成的临床研究综合起来进行定量分析。目前，国外文献常常将系统评价与Meta分析交叉使用，系统评价及meta分析研究的内容包括病因、诊断、治疗、预后、预防、卫生经济等各个方面，系统评价及meta分析被推荐为疗效评价的金标准，临床医师能更快、更准确、更方便地了解最新医疗措施，指导临床实践，提高医疗品质，此类研究的数量也从1990年的7篇上升至2007年2653篇（各个领域）[4]。3.2 康复学科科研选题分析从康复医学科研选题方面看，中西方复盖面基本相似，但程度有所不同，目前



(A150) 台湾职能治疗实习生之压力与其影响因素 Pressure And The Related Factors Of Occupational Therapy Students During The Fieldwork Practice In Taiwan

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Background

职能治疗学生于实习时需面临来自生理、心理的多重压力，研究目的：探讨台湾职能治疗学生实习期间的压力及其影响因素。

Methodology

以人口学、实习相关因数及压力相关量表建立问卷，采用分层随机抽样取样于台湾职能治疗实习生，共收集100份问卷。采相关性分析了解各变项与压力之相关，并使用多元回归分析确认压力之贡献因数。

Results

人口学和实习相关因数中，唯「实习站别」不同会使压力感受达显著差异。「疲劳」是压力的主要贡献因数，其次为「师徒关系」；「因应策略」与「社会支援」和压力则无显著相关。

Conclusion

本研究呈现：职能治疗实习生因不同「实习站别」而有不同压力感受，「疲劳」是实习生压力的主要贡献因数。此结果可作为职能治疗教育改革之实证参考。

(A152) The relationship between length of hospital stay, rehabilitation services, and functional outcome among stroke patients in Taiwan's rural area.

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Title

The relationship between length of hospital stay, rehabilitation services, and functional outcome among stroke patients in Taiwan's rural area.

Background

Stroke is the main cause of mortality and disability in the development countries. This research investigated the relationship between the length of hospital stay and receiving of rehabilitation services among stroke patients in Taiwan's rural area. In addition, how these factors affecting functional outcomes measured by Barthel Index (BI) was examined.

Methodology

In this research, the authors used retrospective chart reviews to collect information of stroke patients who matched the ICD-9 coding of stroke and admitted to a regional hospital in middle Taiwan in 2008. Demographic data, stroke related information, risk factors, information related to rehabilitation services, and BI score were collected from medical charts. Correlation and regression analysis was conducted in order to determine factors that affecting functional outcome at discharge.

Results

Preliminary finding showed that BI total score was negatively related to the number of days of hospital stay and receiving rehabilitation services. Relationship between early rehabilitation and better function was not identified. None of the other demographic factors or stroke related factors was correlated to better functional outcome.

Conclusion

The preliminary result of this study did not support the relationship between early rehabilitation and better functional outcome among stroke patients. Stroke severity, which influences functional outcome, determines the length of stay in hospital and the length of receiving rehabilitation services.

(A153) Fellow-up of the Work Injured Labors who Returned to Work after Work Hardening Program in Kaohsiung Chang Gung Memorial Hospital, Taiwan

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Title

职业灾害劳工经工作强化训练后之复工情形-台湾高雄长庚职能治疗工作强化中心服务之案例追踪

Background

工作强化的最终目标是希望职业伤病劳工能重回工作岗位。过程中利用真实或模拟性工作再配合运动训练活动，以渐进方式增进个案生理、神经肌肉、心脏血管、新陈代谢以及心理社会等功能，以期个案能在短时间内重返职场。本研究目的在于追踪2007年-2011年间在台湾高雄长庚职能治疗工作强化中心接受工作强化训练之职灾劳工复工情形。

Methodology

2007年09月01日到2011年08月31日止，共有147位职灾劳工参与在本院职能治疗工作强化中心进行强化训练计画，其中有76位个案完成工作强化训练计画，而完成训练计画之个案为已完成工作强化计画内容，接受中心晤谈、评估，以及工作强化训练之职灾劳工，利用电话或访谈方式记录个案于工作强化训练结束后一个月、三个月以及六个月复工情形，同时就2007-2011年四年间连续计画执行之服务成效分析。

Results

在76名已经完成工作强化计画个案中，其中有58为男性，女性为18名，他们的平均年龄为37.96岁(20-61岁)；工作强化结束一个月后有65位个案已重返工作，复工率为85.52%，工作强化结束三个月后有62位个案仍持续就业，复工率为86.11%，另有4名因结案未满3个月未追踪，工作强化结束后六个月仍有60位个案持续就业中，复工率为89.70%，另有8名因结案未满6个月未追踪，发现个案重返工作人数有增加的趋势，此乃因个案在工作强化训练目标达成后，没有适当的就业机会，因此在等待适当的工作机会，但大部分可于工作强化训练结案6个月后重返职场；经四年连续计画执行，追踪个案于本院职能治疗工作强化中心进行工作强化训练后6个月复工情形，2007年复工率为83.33%，2008年复工率为84.61%，2009年复工率为90.90%，2010年复工率更提升达95.23%，显示个案复工率有增加趋势，显示本院职能治疗工作强化中心除可有效缩短离开工作时间，让个案可先从适合其能力的工作做起慢慢随着体能及适应状况恢复到原工作职务，且因四年计划之连续实施，本职能治疗工作强化中心可有效促进个案重返职场。

Conclusion

1. 工作强化计画让职业伤病劳工早期获得正确的医疗复健资讯，并透过工作强化服务的介入，可加强劳工对伤病后工作能力的恢复与重建信心，同时可提升个案于复工后之适应能力，
2. 而工作强化评估及训练属治疗性行为，协助个案于社会上返回生产者角色，因此工作强化之治疗师不仅需知道伤病之复原时程及医疗复健运动，还要具备职业伤害相关之医学知识及其预后，尚需熟知工作强化评估及训练技巧、工作分析以及与工作相关之资源利用，目前职能治疗师养成教育中即有与工作相关之治疗，故这类服务职灾劳工之相关工作内容，协助重返职场，职能治疗师的投入在适合不过了。

(A154) 高功能自闭症与亚斯伯格个案在动作计画上的表现差异 - 临床实务分享

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Background

由流行病学的研究可知自闭症的发生率由西元1980年的1:10000上升到1998年的1:110。在台湾，近期每年近20%的成长率，显示诊断为自闭症个案的人数正在逐年增加。然而同样是自闭症光谱的亚斯伯格也有相同的人数成长吗？其实不然，主要因为①多数医师依旧不易给与亚斯伯格的诊断，而替以高功能自闭症的诊断②多数亚斯伯格症的个案外表与一般人无异且语言发展无显著落后，虽然社交互动上有品质上的退思，但由于台湾少子化的影响，不易显示出家庭团体互动上的障碍，多数个案是在就学后才由学校老师发觉其特异性，但终以学习障碍或是注意力不集中过动症之诊断类归。因此，如何协助亚斯伯格症(AS)的诊断，一直是临床工作者想要厘清的问题。无非是希望可以在提早诊断的情况下，及早执行符合该族群特质的复健训练计画，期以减少这些个案与家长在就学时的身心阻碍，增加学习效益。

Experience Sharing

本篇临床分享，主要是以高功能自闭症(HFA)与亚斯伯格症(AS)动作表现模组之异同性，结合语言发展的特质进行临床初探分享。

高功能自闭症(HFA)与亚斯伯格症(AS)除了语言发展之外，两族群间在动作品质上的差异则众说纷纭。就临床上的观察显示，可发现两者动作表现上最大的差异，在于动作模组的表现有所不同，因此在结合临床实证与理论之下，尝试从执行功能观点切入，针对动作计画模组进行比较，步骤如下：①挑选经确诊之HFA及AD；②撷取感觉统合之三项动作计画加以评估；以及③拍摄纪录：动作模式在时限内表现初探分析（包含，开链式回路、闭链式回路以及序列性动作）。

结果显示：开链式回路：AD较HFA时限内精准完成较多回合的动作要求；闭链式回路：HFA较AD时限内精准完成较多回合的动作要求；序列性动作，HFA在活动切换过程需较多的时间反应。

Discussion

这样的结果可知，虽然仍有相当多的学者认为，高功能自闭症(HFA)与亚斯伯格症(AS)在动作表现上无显著差异，但若尝试以“动作群组”进行分析，仍是可以看出其中的差异。更进一步的探讨，若将两者语言发展的差异特质与动作群组的特质进行比较，辅以①自闭症光谱个案的认知操作特质进行解释②认知神经科学共构系统 (core facility：外显的认知行为虽不相同，但内在讯息的处理却可能依循着相似的运作规则) 的概念解释，此一分析发现可作为日后探究动作计画发展与语言发展相关性之基础。

另外，未来计画将这样的临床操作模式，类推至观察亚斯伯格症(AS)与注意力不集中过动症(ADHD)之不同，为早期鉴别诊断提供另一个有利参考资讯。



(A158) 团队资源管理之ISBAR技巧于职能治疗模式下之运用

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Background

团队资源管理(TRM, Team Resource Management)为航空界行之有年(CRM, Crew Resource Management)后, 延伸至医疗系统的管理模式, 自2008年引进于台湾后, 在临床医疗管理上, 对病患安全、从业人员工作情绪上有极大的帮助, 国泰汐止医院复健科于2011年开始尝试导入团队资源管理模式, 利用团队资源管理中之「ISBAR」技巧导入职能治疗临床医疗交班流程与临床教学业务, 本文将叙述职能治疗单位开始使用「ISBAR」交班流程后单位元成员感受获得之效益。

Methodology

本院于2011年6月开始进行团队资源管?教育训?课程活动, 经过职能治疗团队讨论, 以「ISBAR」概念设计交班表, 以明确流程进行个案交接, 并借由书面表单的填写增进交班确实性。本研究以深度访谈法进行, 访谈对象为汐止国泰综合医院职能治疗组成员共8位。

Results

研究对象对「ISBAR」交班流程之满意度为85%。多数人感觉重新设计后的交班流程能增加对个案背景资料、确切评估结果与主诉和主要问题的掌握, 并能加速和家属与个案建立治疗关系。另外还包括和同侪的沟通满意度较为提升、提升实习学生专业沟通教学有效性等。但负向意见包括增加工作负担、延长工作时间等, 也是需要注意的地方。

Conclusion

许多研究指出团队沟通是造成医疗疏失发生的根本原因之一, 因此增进团队沟通已经被列为许多医院的重要年度目标。过去的文献多以护理及医师为主要研究对象, 本研究证明团队资源管理也可以应用在职能治疗专业中。利用团队资源管理中的「ISBAR」概念执行交班流程可以提升交班的正确性与团队沟通的有效性, 进一步提升患者照护品质, 但需要成员额外付出时间才能达到完整交班流程。

(A159) 限制 - 诱导运动疗法结合电刺激对偏瘫型脑瘫儿童上肢功能影响的临床对照研究

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Background

从患手结构与功能、双手协作的表现和社会生活的变化三个维度比较限制-诱导运动疗法(CIMT)、CIMT结合电刺激(ES)、OT三种技术治疗偏瘫型脑瘫患儿上肢功能障碍的临床效能。

Methodology

2009年1月—2011年3月筛查偏瘫型脑瘫儿童164例, 其中75例患儿符合入选标准进入研究程式, 将患儿随机分为3组: ①CIMT组(25例); ②CIMT-ES组(24例); ③OT组(26例)。在进入研究程式后又有7例患儿因没有按计划进行干预或随访, 从而中途退出, 最终进行资料分析的为68例患儿(男25例, 女43例), 基线资料中68例患儿的年龄为24-149个月(55个月 \pm 33)。三组患儿在医院进行2周的强化治疗, 之后指导在家进行相应的康复训练。根据WHO推荐的ICF, 本研究从患手结构与功能、双手协作的表现、社会生活与家长感觉的变化三个维度对治疗结局进行测评; 同时通过表面肌电图监测和分析偏瘫患儿治疗前后的上肢协调功能和肌肉疲劳状况。患儿入选后分别在治疗前, 治疗后2周、3个月和6个月时进行以下测评和分析: 腕关节充分屈曲位作为0度位时背伸主动关节活动度、改良Ashworth量表、血压计测试法的抓握力量、九柱孔测试、上肢功能测试、Peabody运动发育量表(抓握、视觉-运动整合分测试)、中国婴幼儿-初中生社会生活能力量表。采用Kruskal-Wallis非参数秩和检验比较三组患儿基线期的年龄和整体评价量表得分之间的差异; 采用 χ^2 检验比较三组患儿粗大运动功能分级系统水准的差异; 采用重复测量方差分析比较每组患儿治疗后2周、3个月和6个月的结果与治疗前的差异; 采用协方差分析比较三组患儿治疗后2周、3个月和6个月临床评估结果之间的差异。

Results

1、患手结构与功能的改善 三组患儿的患手的AROM、手指协调与手部灵巧性(九柱孔测试时间)、手的整体功能(上肢功能测试得分)治疗后2周有明显的改善, 效果维持至治疗后6个月; OT组患儿的患手抓握力量治疗后3个月、6个月, 以及CIMT组、CIMT-ES组患儿的抓握力量治疗后各时间点, 与治疗前比较, 有明显提高; CIMT-ES组、OT组患儿的腕部肌张力(MAS得分)治疗后各时间点与治疗前比较, 有明显降低; 经重复测量方差分析, 差异均有统计学意义($P < 0.05$)。治疗后2周, CIMT-ES组患儿的患手腕部肌张力(MAS得分)降低率较CIMT组明显, 治疗后3个月、6个月, CIMT-ES组患儿的患手抓握力量提高率也较OT组明显, 经协方差分析, 差异均有统计学意义($P < 0.05$)。与CIMT组、OT组比较, CIMT-ES组患儿的患手的整体功能(上肢功能测试得分)在治疗后各时间点的提高率明显较大, 经协方差分析, 差异均有统计学意义($P < 0.05$)。CIMT组、CIMT-ES组患儿的患手的手指协调性和手部灵巧性(九柱孔测试的时间)的改善率在治疗后各时间点与OT组比较, 明显较好, 经协方差分析, 差异均有统计学意义($P < 0.05$)。

2、双手协作表现的变化 三组患儿的双手协作表现能力(PDMS-2的抓握、视觉-运动整合分测试得分)在治疗后各时间点与治疗前比较, 经重复测量方差分析, 差异有统计学意义($P < 0.05$)。三组患儿的抓握分测试得分的提高率在治疗后各时间点进行比较, 经协方差分析, 差异无统计学意义($P > 0.05$)。CIMT-ES组患儿的视觉-运动整合分测试得分的提高率在治疗后3个月、6个月, 与CIMT组、OT组比较, 经协方差分析, 差异有统计学意义($P < 0.05$)。

3、社会生活与家长感觉的改变 患儿的家长感觉改变(整体评价量表得分), CIMT组、CIMT-ES组在治疗后2周、3个月、6个月与治疗前比较, 以及OT组在治疗后3个月、6个月与治疗前比较, 经重复测量方差分析, 差异有统计学意义($P < 0.05$)。患儿的社会生活能力得分, CIMT组、CIMT-ES组在治疗后3个月、6个月与治疗前比较, 以及OT组在治疗后6个月与治疗前比较, 经重复测量方差分析, 差异有统计学意义($P < 0.05$)。CIMT组、CIMT-ES组患儿的整体评价量表得分的提高率在治疗后2周、3个月、6个月与OT组比较, 经协方差分析, 差异有统计学意义($P < 0.05$)。

Conclusion

限制-诱导运动疗法结合电刺激、限制-诱导运动疗法、作业治疗这三种技术均可改善偏瘫型脑瘫患儿的手功能和感知能力, 然而限制-诱导运动疗法结合电刺激疗效最好。限制-诱导运动疗法的应用有利于提高偏瘫型脑瘫患儿手功能和改善感知能力。

Workshop

(5W8.1) 手上肢康复支架的设计与应用

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康复支架的分类与功能

康复支架可分为静态、动态及功能性支架三种。前两种以支架的形态及对病损的作用为分类准则，功能性支架则主要用来帮助病者处理日常生活活动的需要，如利用支架固定餐具或其他辅助器等。随着临床的需要，康复支架的设计可变得非常复杂，例如一个支架内可包括动态、静态及功能三个元素，所以更重要的是看那个关节动，那个不动，这个支架最主要的目的、佩带方法及时间。

康复支架的功能可分为8类：

1. 预防和矫正畸形
2. 预防进一步肌肉失衡
3. 辅助或替代瘫痪肌
4. 保护疼痛部份
5. 帮助愈合
6. 防止玷斑
7. 术前准备
8. 减少疤痕引致之畸形

康复支架的设计

康复支架的设计需要非常灵活的头脑，因为每个病者手部受伤的情况及对支架的需求都不同，而且材料亦不一定齐备，所以治疗师要依着病人的情况和当时有的材料来设计支架。在一般情况下治疗师要留意以下几个原则：

1. 基本原则
2. 设计原则
3. 制作原则
4. 机械原则
5. 合身原则

康复支架在手康复中的应用

康复支架只是手康复其中一种治疗媒介。手康复还包括伤口处理、控制肿胀、主动活动、压力治疗、痛楚处理、感觉再训练、安全教育、功能训练及职能康复等多个范畴。手康复需要多专业的合作，发挥团队的精神，才可帮病者达至最佳的治疗效果。手大夫跟治疗师应保持良好的沟通，在不同的病种上可先订立一般的治疗程式，这样可保持治疗的品质及方便评估治疗的有效性。



Abstract Supplement

(3S9) "Working as OTs in Mainland China: sharing by overseas therapists"

Moderator

Sheila Purves, Director, International & China Programmes, Hong Kong Society for Rehabilitation

Panel

Anna Jian, International China Concern, Hengyang, Hunnan

Jane Hill, International China Concern, Changsha, Hunnan

Yung Wong, Olivia's Place, Shanghai

Cao Mengnan & Ortal Shamay-Lahat, Hong Kong Society for Rehabilitation, Shenzhen

Objectives

1. To share the experiences and challenges of working as an overseas therapist
2. To consider how to increase communication between us
3. To highlight opportunities to support the developing OT profession and integrate with the rehabilitation and disability fields in China

(4S1.4) Occupational Therapy Practice In The Philippines

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OTRP, MRS

Despite differences in economic, social and cultural environment of developed and developing countries, one thing remains the same: the need for occupational therapy. Occupational Therapy was started in the Philippines in 1946 when two Filipino nurses were trained by American physicians and nurses in Rehabilitation and Arts and Crafts. At present, there are approximately 500 OTs working in the Philippines. Majority of which works at private paediatric clinics within major cities like Metro Manila. Other practice settings for OTs are hospitals, private rehabilitation centers, schools, community-based centers and psychiatric facilities. In rural areas, few opportunities for OT practice can be found due to lower socio-economic status of the people, and limited awareness of the role of OT. OT services are not subsidized by the most local government units which also limit the service delivery to people within the community. Due to limited funds, facilities and resources for rehabilitation can also be scarce. However, Filipino OTs are known for their creativity and ingenuity in being able to adapt, modify and create therapy materials and work in the simplest setting as needed. In addition, most OTs are knowledgeable and skilled in using specific intervention strategies like Sensory Integration, Behaviour Modification and Neurodevelopmental techniques, and are continually educating themselves on contemporary methods and other alternative therapies like Aqua Therapy and Hyperbaric Oxygen Therapy. One can say that despite limitations in resources, Filipino OTs still can provide a world-class type of service to its target clients.

(4F4.1) Handwriting assessment for secondary school students in Hong Kong

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Background

Secondary school students with handwriting difficulties often experience additional challenges in academic assessments especially in public examination which required higher demand in speed and quantity of handwriting. Accommodation of their handwriting in examination may be needed. Therefore, there are the increased referrals to occupational therapists in hospital settings and Child Assessment Centers to assess their problems associated with handwriting performance and speed for justifying their needs for special examination arrangements. However, studies related to Chinese handwriting were very limited. In Hong Kong, Chow et al. (2003) studied the children's handwriting performance in grade one to three. However, no normative data is available for Hong Kong secondary school students in handwriting evaluation. Therefore, the purpose of the present study was to investigate handwriting speed of secondary school students in Hong Kong.

Methodology

With the use of Occupational Therapy Handwriting Test for secondary school students (OTHWT) which was developed by Hong Kong Occupational Therapy Association, total 3453 students (ranged from form 1 to form 7 with female to male ratio 1 to 1) from 10 local mainstream secondary schools were recruited. They were asked to copy the test either the Chinese passage or English passage in 15 minute under the supervision of occupational therapists and trained research assistants.

Results

The result showed that the handwriting speed on the copying task was typically increased from one grade to the next for both Chinese and English handwriting tasks. Also, there were significant differences in age and gender. To conclude, the handwriting speed of Chinese and English tasks were faster for the higher grade and the girls wrote faster than the boys for both Chinese and English handwriting tasks.

Conclusion

The result can help occupational therapists to have the normative data on handwriting speed of secondary school students in Hong Kong for reference. This may help us to make accommodation for the handwriting of students with developmental coordination problems, physical disabilities or special needs in school and public examinations.

(4F5.1) Predict discharge functional status from the first day of admission under geriatric fracture hip pathway by prediction equation

Chan MT Edward¹, Chu ML Mary¹, Fung KK Henry¹, Wan Kania², Kwok Theresa³, Lau TW

¹ Queen Mary Hospital, ² McLehose Medical Rehabilitation Centre, ³ Fung Yiu King Hospital

Background

Every year, 17 per 1000 men and 28 per 1000 women aged 85 years or older suffered from fracture hip in Hong Kong. In Queen Mary Hospital (QMH) there were more than 400 new admissions of geriatric fracture hip each year. In 2008, a clinical pathway for geriatric fracture hip was set up to streamline the medical procedures with promising quality of care. Discharge planning on return home or institutionalized, requirement of social support and community care were based on the discharge functional status of clients. Early understanding the functional status of clients, clinicians and family members could make early arrangement on discharge.

The present prospective study was to identify factors for early predicting the discharge functional status of clients to facilitate discharge planning from the first day of admission.

Methodology

All clients recruited from Queen Mary Hospital (QMH) were under geriatric fracture hip pathway. After operations, patients were transferred to either Fung Yiu King Hospital (FYKH) or MacLehose Medical Rehabilitation Centre (MMRC) for rehabilitation and discharge to community. 415 subjects recruited from Jan 2010 to June 2011. Mean age=83.91, Chinese with single fracture, 73% female & 27% male. 74% from home and 26% from old aged home Comprehensive in-patient rehabilitation by a multidisciplinary team including Occupational therapist, physiotherapist, nurse, medical social worker and rehabilitation consultant. Prediction model with the selected outcome predictors were based on literature reported factors related to functional outcome in geriatric fracture hip rehabilitation.

Outcome measures

Demographics data were collected. Functional status was assessed by Modified Barthel Index (MBI) and cognitive status by Chinese version Mini-Mental State Examination (C-MMSE). Pre-fracture MBI score (Pre-MBI) and C-MMSE scores collected before operation at QMH. After the clients were transferred to FYKH or MMRC, MBI will be assessed at admission (A-MBI), first week (1st-MBI) and then weekly till discharge (DC-MBI) by OT.

Results

Multiple regression model was adopted to formulate the prediction equation to predict discharge functional status (Predict-MBI). Enter method by SPSS 17.0 on all prediction variables: Pre-MBI (Beta=0.227), Adm-MBI (Beta=0.572), 1st-MBI (Beta=0.785) with all $p < 0.0005$; MMSE (Beta=0.095) $p < 0.001$; sex (Beta=0.043) and premorbid living status (Beta=0.057) both $p < 0.05$ and age was excluded as $p > 0.1$. After comparing the standardized betas and the semi-partial correlations together with occupational therapists clinical concern, the predictors were selected and the prediction equation was formulated. The prediction power of the equation with 73% fit (Adjusted R²=0.726, F_{3,441}=393.53, $p < 0.0005$). The linear equation format : **Predict-MBI = 9.45 + 0.25 x Pre-MBI + 0.67 x Adm-MBI + 0.43 x MMSE.**

Conclusion

The predicted score can ease rehabilitation team to formulate a realistic discharge plan and explain to clients and family members on expected discharge functional status at very early stage.



(4F5.4) New model of pain management from occupational therapy perspective – Circle of Pain (COP)

Chan Man Tai Edward ¹, Li CF Carina ²
Queen Mary Hospital ¹, Hong Kong Sanatorium & Hospital ²

Background

In 2009, a pain survey on common chronic pain in Hong Kong adults was conducted with 1002 respondents, 463 male & 539 female. The results showed 90% of respondents reported suffered from one to six types of pain among them. Musculoskeletal pain contributed to 55.3% of pain with the commonest sites were: back, head, joint, neck-and-shoulder and other muscle groups. Ten leading causes were: cumulative trauma 20.4%, work stress 8.5%, poor posture 8.4%, injury on duty 7.4%, comorbidities 5.7%, sports related 4.6%, poor health status 4.6%, diet problem 4.2% and weather change 3.6%. Pain duration with more than three months shared by 17.6% of respondents and 75% of them with pain level, Visual Analog Scale (VAS), equal or more than 5 out of 10. The alarming escalating prevalence of pain and the complexity of pain management drive occupational therapist adopted a multi-dimensional and scientific based model in acute and chronic pain management in daily clinical practice and running chronic pain self-management group.

Experience Sharing

Definition: Acute pain is awareness of noxious signaling from recently damaged tissue, complicated by sensitization in the periphery and within the central nervous system. Its intensity changes with inflammatory processes, tissue healing, and movement. Unrelieved acute pain for more than three months, that persists longer than normal healing, without identifiable temporal & causal relationship to injury or disease and exhibit constantly or intermittently with useless biological purpose termed chronic pain. Circle of Pain (COP), the new pain model was based on latest neuroscience, neuropsychiatry and psychology to tackle the above mentioned acute and chronic pain management. The goals of management included: 1. Provide subjective comfort 2. Minimize physiology and emotional impacts 3. Prevent acute transit to chronic pain 4. Positive learning of pain memory to create positive thought 5. Enhance self-determined pain modulation efficacy. COP composes 1. ASCENDING PATHWAY 2. LEARNING & MEMORY 3. THOUGHT 4. PAIN MODULATION PATHWAY Clinical Application: ASCENDING PATHWAY 1. Assessment on sensory and pain intensity 2. Identify any peripheral and central sensitization 3. Understand sensory and affective transmission of pain signal 4. Differentiate nociceptive, inflammatory and neuropathic pain LEARNING & MEMORY 1. Understand dual-process of learning 2. Effect of habituation and sensitization learning THOUGHT 1. Transform and create positive thought 2. Life style redesign PAIN MODULATION PATHWAY 1. Learn and practice state dependent method on excitatory and inhibitory ways to control reaction on pain.

Discussion

COP provides intervention strategies for OT practice: OBSTRUCT ASCENDING PATHWAY 1. Pain history, pain scale, sensory assessment, QOL questionnaire 2. Splintage, positioning, pressure garment and guided mobilization 3. Wheelchair, assistive devices, pressure relief cushion and mattress 4. Ergonomics study ENHANCE POSITIVE LEARNING PAIN MEMORY 1. Desensitization therapy 2. sensory re-education 3. pre-and-post operation assessment 4. visual feedback on assessment result 5. adequate follow-up 6. verbal and non-verbal prompt as extrinsic habituation and desensitization technique CREATE POSITIVE THOUGHT 1. Coaching 2. Solution focused 3. Life style redesign REINFORCE PAIN MODULATION PATHWAY 1. Enhance motivation by goal setting and pacing 2. Promote natural reinforcement as reward via group treatment 3. Practice new skills such as health qigong and work hardening with analgesic effect 4. Positive change the environment and method via job modification All current OT practices could easily fit in the new pain model by understanding which part is being intervened.

(4F7.3) Application of Sensory Integration Therapy to the Geriatric Population: An Experience Sharing on Reducing Unexplained Problematic Behaviors in People with Neurological Disorders

Tam Hiu Yan Janette ¹, Chan Yan Chi Samuel ²
Hospital Authority ¹, Haven of Hope Christian Service ²

Background

In nursing homes, elderly with “unexplained problematic behaviors”, e.g. yelling, meals refusal, fight-backs during transfers, lack of responses, are very often found to be most difficult to handle. These behaviors made personal care difficult and often upset the nursing home's human environment. Residents with these behaviors always have their quality of life undermined due to artificial restrictions applied to them, isolating them from routine living & group activities. As these “unexplained problematic behaviors” appeared to share similar sensory-based characteristic of those found in people with sensory integration dysfunction, also known as sensory processing disorder, it was hypothesized that S.I. therapy could

Methods

S.I. therapy was applied on 12 residents with “unexplained problematic behaviors”, aged above 75, with neurological disorders, e.g. dementia, post-CVA. Organic causes were ruled out. All these residents had joined rehabilitation / routine services for at least 3 months before entering the S.I. program. Sensory Profile and Barthel Index were conducted pre- & one-year after the program started.

Results

Despite two missing data, almost all residents showed similar results in sensory profile & slight increase in B.I. scores. Upon clinical observations & feedbacks from carers, increased participation in nursing home routine, reduction in unfavorable behaviors & increase in responses to the environment were noted.

Conclusion

Although the sensory preferences / profile of elderly may not change, it appears that S.I. therapy is effective in modifying elderly “unexplained problematic behaviors” as well as improving their awareness & interaction with the environment. Treating sensory integrative dysfunction / sensory processing disorder in the geriatric population may be the missing pre-requisite of re-engaging frail elderly into daily living. This research gap is yet to be further filled with more structural studies.

(4F9.2) An exploratory case study of medication (non) compliance of mental out-patients in Hong Kong

Hung Pui Yee ¹, Kwong Wai Man ²

¹ Hospital Authority, ² City University of Hong Kong

Background

Previous research indicated that poor medication compliance of mental out-patients would affect their mental health and quality of life in the community. Research to explore the reasons of their medication non-compliance has not been done in Hong Kong. In their contact with patients, if occupational therapists in mental health service settings are able to detect signs of medication non-compliance and provide their patients 'embedded counselling' to understand their difficulty in adhering to medication regime prescribed by doctors, it will help developing appropriate interventions to enhance medication compliance. This exploratory case study was aimed to understand the phenomenon of medication (non)compliance among mental out-patients in Hong Kong and, drawing on such understanding, discuss what occupational therapists may do to enhance medication compliance in the course of working with their clients.

Methodology

The study adopted a qualitative case study design. Two mental out-patients who were receiving psychiatric prescription were interviewed individually to construct a narrative account of how they (fail to) maintain medication compliance. The interviews were audio-recorded and presented in first person narrative stories to capture their daily experience in taking medicine as prescribed, what enabled or prevented them from following the medication regime and how they accounted for such. The stories then went through narrative analysis by defining core variables and then integrated those variables into a meaning description of medication (non)compliance phenomenon. An interview was conducted with a psychiatrist to examine issues pertaining to mental out-patients' medication (non)compliance was also revealed in this case study.

Results

The case study yielded four major themes pertaining to medication compliance in the local context: (a) environmental support; (b) personal theory of illness and treatment; (c) education on the role and effect of medication (d) symbolic meaning of prolonged dependency on medication to mental patients

Conclusion

The study concludes by offering discussion on what occupational therapist can do to enhance medication compliance in the context of working with their patients in local mental health settings.

(4F9.5) Functional Significance of Prospective Memory in Schizophrenia and Bipolar Disorder

Au Wing Cheong Raymond

Hospital Authority

Background

Prospective memory (PM), defined as the memory for undertaking activities in the future, is a relatively new construct. To date, only a few studies have reported impaired PM in schizophrenia. However, there is a dearth of studies on PM in bipolar disorder (BAD), and the functional implications of PM impairment have yet to be investigated in these patient groups. This study applied the Chinese version of the Cambridge Prospective Memory Test (CAMPROMPT-C), a standardized psychometric test, to compare PM performance and its associated factors in schizophrenia and BAD patients and normal controls. In addition, the study explored the functional significance of PM in these two cohorts of patients.

Methodology

The sample for comparison of PM performance and its associated factors comprised 44 clinically stable schizophrenia and BAD patients each and 44 normal controls. To determine the functional significance of PM in patients, the BAD group was extended to 76 to increase the statistical power of the study. All subjects' socio-demographic characteristics, PM, retrospective memory (RM), and Intelligence quotient (IQ) were measured, and the patients' clinical condition and level of community living skills (CLS) were also rated with standardized assessment instruments. Statistical analyses included analysis of variance (ANOVA), analysis of covariance (ANCOVA), correlational analyses, and multiple linear regression analyses.

Results

Both patient groups performed significantly worse than the normal controls on the CAMPROMPT-C. The schizophrenia patients performed significantly worse than the BAD patients in the event-based subscale of the CAMPROMPT-C. PM impairment was associated with IQ, RM, and education in schizophrenia and with depressive symptoms, RM, and age in BAD. CLS predicted PM performance in both patient groups after controlling for the potentially confounding effects of sex, age, education, RM, IQ, and psychiatric symptoms.

Conclusion

This study was the first to administer the CAMPROMPT-C, a standardized psychometric test, to assess PM in schizophrenia and BAD. Its results confirm the presence of PM impairment in both major psychoses. The functional impact of PM has important clinical implications for psychiatric practice.



(A103) Relationship of hand function with performance in carrying out peritoneal dialysis in patients with end stage renal failure

Lee Mi Suen Connie¹, Wong Bo Shan², Jessie Chu², Chan Tak Mao², Chu Man Lai¹, Lam Man Fai²

¹ OT Department, Queen Mary Hospital, ² University Department of Medicine, Queen Mary Hospital

Background

There is increasing proportion of people developing end stage renal disease (ESRD) and required peritoneal dialysis (PD). However, PD related peritonitis is commonly seen and become the major factor causing technique failure and mortality. It was known that touch contamination at time of exchange could result in peritonitis (Gokal & Mallick, 1999). Impaired hand function especially decreased strength (22%) and manual dexterity (22%) attributed to barriers of self-perform PD (Oliver & Quinn, 2009).

The objective of this study is to investigate the impairment of hand function of patients on PD and its relationship with the performance in administering PD exchange procedure.

Methodology

Patients recruited were undergone two usual screening tests (connection and capping) administered by a renal nurse before their PD exchange at home. Twelve hand function parameters (strength and fine motor) of both hands were measured. Assessment of PD exchange was conducted by the nurse and the numbers of errors made were recorded. Visual acuity and cognitive function of all patients were assessed by the use of Snellen chart and Abbreviated Mental Test (AMT), respectively.

Pearson correlation and Spearman's rank correlation were used to study the relationship between the two screening tests and the hand function of patients. Multiple regression analysis was used to determine the association between hand functions and the number of errors made in the PD exchange, and it was adjusted for age, visual acuity and cognitive function.

Results

A total of 89 patients (41 females, mean age $60.56 \pm$ years) were recruited. Results showed non-dominant grip (39.44 ± 19.61 Kgff), non-dominant lateral pinch (15.28 ± 6.56 Kgff) and bilateral tripod pinch for right hand (13.92 ± 6.60 Kgff), for left hand (13.20 ± 5.35 Kgff) were significantly associated with the screening test involving connection ($r=0.22$ to 0.33 , $p < 0.05$); whereas fine motor control measured by the Purdue Pegboard (right hand: 11.63 ± 3.25 ; left hand: 11.03 ± 2.76 ; both hand: 8.95 ± 2.64 ; assembly: 22.51 ± 9.2) were significantly associated with the screening test involving capping ($r=0.22$ to 0.30 , $p < 0.05$). In multiple regression analysis, the poorer the hand function parameters, the more errors were made in the PD exchange steps. The adjusted R² ranged from 0.228 to 0.414 ($p < 0.05$) after corrected with age, visual acuity and cognitive function.

Conclusion

We have shown hand function assessment (strength and fine motor control) were significantly correlated with the screening tests undertaken by renal nurse. Patients with poorer hand function have more errors made in the PD exchange procedure, which may lead to touch contamination. In addition, hand function assessment helps to accurately assess patients' performance in the critical steps in PD exchange after corrected with age, visual acuity and cognitive function.

(A110) Local experience of developing Lifestyle Redesign program "Love Living" self-learning package for mental health service.

Ho Ching Man, Wong Kam Man, Jim Chung Ho, Leung Wai Ting, Ng Ka Yan

Occupational Therapy Department, Tai Po Hospital, Hong Kong SAR

Background

According to World Health Organization, Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. However, Hong Kong, like most developed cities in the world, people facing lots of stress from day-to-day. Together with imbalanced lifestyle, it is highly related to poor mental health which is often subjected to social isolation and poor quality of life. These disorders are the cause of staggering economic and social costs. In 2010, we proposed the "Love Living" Lifestyle Redesign project to promote mental health in general public and the project was supported and funded by the Hong Kong Government Labor and Welfare Bureau.

Experience Sharing

The design of the "Love Living" Lifestyle Self Learning Package aimed at (1) To promote mental wellness in community especially for those with mental illness and their relatives. (2) To enhance participants' skills and knowledge in restructuring unhealthy lifestyle. (3) To build up a barrier free environment for facilitating the community integration of people with mental illness. A series of self learning package materials were developed concerning the areas in Lifestyle Redesign, Positive Psychology, Stress Management and Community resources. Other than conducting regular trainings and talks to people with mental illness, we also collaborated with the Integrated Community Centre for Mental Wellness in Hong Kong and provided training sessions to social workers, nurses and occupational therapists in community to facilitate further development. From January 2011 to March 2011, 106 participants completed the self learning package and replied the satisfactory survey to our department. 72% of them were people from general public and 28% were people with mental illness. Overall speaking, 93% of the general public participants and 81% of people with mental illness satisfied with the self learning package. 86% of public participants believed that the package facilitated the public to understand more about mental health and life pattern and 81% of the participant with mental illness believed that it helped them in integrating into community.

Discussion

The study results showed that the "Love Living" Lifestyle Redesign self learning package was satisfactory in promoting mental health to general public, people with mental illness and their families. It was believed that Lifestyle Redesign approach would become the new trend of intervention on top of conventional Occupational Therapy service. Further development and collaboration with community partner was highly recommended.

(A147) Effectiveness of cognitive behavioural therapy and lifestyle redesign for treatment of insomnia

Sung Cindy Margaret Hsiao Fong
Kwai Chung Hospital

Background

Insomnia was a common sleep problem all over the world. In Hong Kong, maintaining sleep was the most common difficulty. There was around 18% of local middle aged women suffered from initiating, maintaining and nonrestorative sleep for at least 3 times weekly (Chung and Tang, 2005). Referrals for cognitive behavioural therapy are mostly received in out-patient unit, Kwai Chung Hospital. The patients are either treated in individual or group basis according to a protocol for insomnia by cognitive behavioural therapy and changes in lifestyle and daily habits.

Experience Sharing

The case vignette was a woman 36 years old suffered from depression and chronic insomnia for over 15 years. She had difficulty to initiate sleep from 60-120 minutes and maintaining sleep with 3-4 times awake each of 20 to 70 minutes. The predisposing factor was the birth of her elder daughter that led to fairly poor sleep. Her divorce in 2008 and the birth of an illegitimate son in 2009 with little financial support from ex-husband and boyfriend further precipitated her to very poor sleep with fatigue and worries throughout day and night. There were evidence of maladaptive coping to insomnia such as taking 2 naps daily, spending hours in bed but awake with feeling of helplessness. She was over catastrophizing of her son would fell on ground easily and her elder daughter would become an juvenile delinquent. Her sleep efficiency was 66.76% before treatment. Her subjective mood check was 2 out of 10 (The lower mark, the more depressed). In the first session, screening for suitability of treatment, history taking and pre-treatment motivational assessment were completed. The sleep diary was introduced and she filled in daily. assessments such as the Dysfunctional Beliefs and Attitudes about Sleep (DBAS), Beck Depression Rating Scale & Insomnia Severity were done. 2 goals were set to improve her mood and sleep efficiency by playing and walking with her son daily. Home work was to chart the sleep diary daily and to have structured activities at home and with her son. Behavioural therapy such as daily exercise & relaxation breathing started off in the third session onwards. Sleep stimulus control of no napping in day time & sleep restriction were used. Daytime activity scheduling, identification of resource such as her elder daughter and hope was instilled. Cognitive behavioural therapy was applied since the fourth session till the end of treatment. Techniques such as identification of dysfunctional sleep cognition, cognitive reappraisal & self disclosure were used. The validity of her faulty cognitions were challenged by socratic questioning. There was a total of 8 individual sessions each lasted for about 1 hour.

Discussion

Throughout the treatment, she was much relieved from worries and she felt calm after relaxation breathing. She get up in the morning to eat breakfast and do exercise which she seldom did before. There was no more napping for 2 months. Her sleep efficiency improved to 90.74% and her sleep latency shortened from a maximum of 120 to 30 minutes. she awoke for 2-3 times from 10-30 minutes insted of 3-4 times each of 20-70 minutes. Her mood also uplifted from 2 to 8 out of 10. Her sleep severity index improved from 19/27 (clinical insomnia with moderate severity) to 9/27 (marginal insomnia) and her feeling freshness had increased from 2/5 to 3/5. However, there was no change in her sleep soundness which was 2.5/5. The patient also spent much time to catastrophe her financial problem. Decatastrophic technique & redirecting her to focus on treatment of insomnia were important. She was easily awoken by the loud sound of closing door and conversation of her neighbours. The neighbours were fierce with tattoo over their bodies. She dared not complained them and that explained why there was no im provement in her soundness of sleep. The patient needed frequent encouragement and instillation of hope to cope with her insomnia. 1 or 2 boosting sessions after the course of treatment were necessary.

(A156) 多感官疗育于早疗机构执行之现况

洪伟志、林佩妤

背景

「多感官」"Snoezelen" 一词是由 "Sniff" 及 "Doze" 两个荷兰文组成, 意思分别为「呼吸」及「小睡」。初期的运用为银发族为主, 目的用以减少疼痛的感觉及不适感, 增加愉快的经验; 尔后, 开始运用于儿童方面。

方法

研究物件为本机构内, 幼儿班及时段班的服务物件, 个案筛选为有自伤或伤人、注意力不集中、学习动机弱的个案。疗育频率每星期一~二次, 每次时间为半小时。活动中主要使用的设备为: 泡泡管、声光肢体活动组、光纤、叶形吊椅四项。

结果

在为期一年的疗育后, 服务物件们能力改善的部分为:

- (1) 自伤及伤人频率的减少
- (2) 集中注意力的时间加长
- (3) 更愿意学习新的东西

结果

结果显示使用多感官疗育后, 有助于治疗关系的建立, 除了增加学习动机、改善自伤及自我刺激的行为外, 同时提升了个案的大动作发展、认知能力及口语表达意愿。



(A157) Home Discharge Readiness Scale(HDRS): An Effective Tool in Prediction of Discharge Destination and Discharge Planning after Stroke

Chau Yuen Ching, Leung Kwok Fai
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Background

Early but safe discharge of patients from ASU to their own homes is always a goal to meet for clinicians. When considering home discharge, besides medical and functional conditions, home environment, personal preference, family attitudes are usually considered. It is always a challenge to mingle all the psycho-social-environmental factors into a single piece of information for making clinical decision of home discharge or hospital transfer.

HDRS was developed by occupational therapists in QEH to integrate findings from psycho-social-environmental factors into a single index to assist decision making. A clinimetric approach was adopted to translate a three levels–6 factors clinical reasoning into a numerical index.

HDRS consisted of 3 conceptual factors: patient attitude and sense of competency; carer attitude and sense of competency; and home safety and environment. 6 elements are considered in this assessment which involved: patient attitude; patients' sense of competency; availability of carer; carer' attitude and competency; specific home safety ; and specific home environment that support individual living. A score of 1 – 5 is rated for each element and the level of readiness is generated according to the total score. Level 1 represents the least level for readiness to be discharged and level 6 represents the highest level of readiness for discharge.

Methodology

HDRS was conducted to 194 stroke patients in acute stroke unit (ASU) of QEH from Oct, 2010 to Jan, 2011. The immediate discharge destination from ASU was recorded. The sensitivity and specificity of HDRS in predicting immediate discharge destination

was calculated. The correlation between HDRS and Barthel Index (BI) and Mini-Mental State Examination (MMSE) was calculated by the Spearman's rho test.

Results

The sensitivity and specificity by using 5 as cut-off is 72% and 89% respectively.

The HDRS showed a good to excellent and fair relationship with BI ($r=0.756$) and MMSE ($r=0.439$) in predicting discharge destination respectively.

Conclusion

The HDRS is an effective assessment in predicting the discharge destination of stroke patients. 5 or above is an optimum cut-off for direct discharge. It also demonstrated satisfactory correlation with current assessments used in determining functional and cognitive performance. It is valuable to involve the HDRS in the early phase of discharge planning to facilitate the discharge process.

Detail Program by Day and Room

Day 1 - 24 February 2012

Section: 151	Rehabilitation in Mainland China 1 – Development & Education Moderator: Margaret Tay (Eng英 + Chin中)
Date / Time:	24 February 2012 (Friday) 11:00 - 12:30
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Training and Education of Rehabilitation Therapist in Mainland China: Yesterday, Today and Tomorrow 中国康复治疗专业教育的现状和发展前景(30 mins) – Prof. Zhuo DaHong (Guangdong) 2. 解读‘康复治疗师人才准入标准’对中国康复治疗人才发展的贡献 (30 mins) – 燕铁斌教授 (广东) 3. Current Situation and Prospect of Rehabilitation in China – Important Role of Occupational Therapy (30 mins) – Prof Li Jianjin (Beijing)
Section: 152	Rehabilitation in Mainland China 2 – Different Systems Moderator: Simon Wong (Eng英 + Chin中)
Date / Time:	24 February 2012 (Friday) 14:45 - 16:15
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. 2015年残疾人人人享有康复服务：中国残疾人联合会的角色 (30 mins) – 陈旭红 (广东) 2. Rehabilitation of Injured Workers in Mainland China: Present and Future中国工伤康复现状及发展 (30 mins, E) – Dr. Tang Dan (Guangdong) 3. Psychiatric Rehabilitation Development in Beijing, China, Now and Future (30 mins) – 向应强博士 (北京)
Section: 153	OT: East meets West Moderator: Simon Wong (Eng英)
Date / Time:	24 February 2012 (Friday) 16:45 - 18:15
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Development of a New System of Occupational Therapy in China Perspective based on Chinese Culture (基于中华文化背景的作业治疗：结构和感实施 (45 min, E) – Prof. Zhuo DaHong (Guangdong) 2. Current Development and Application of Health Qigong in Occupational Therapy in Hong Kong (20 min, E) – Maurice Wan (Hong Kong) 3. East Meets West – What it means to Occupational Therapy (20 min, E) – Bacon Ng (Hong Kong)
Section: 251	Children 1 – Neurocognitive Rehabilitation for Children Moderator: Dr. Dawson Fong & Yonnie Ng (Eng英)
Date / Time:	24 February 2012 (Friday) 11:00 - 12:30
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Neuro Rehabilitation in Children (30 mins, E) – Dr. Dawson Fong (Hong Kong) 2. Combined Effect of Botulinum toxin type A Injection and Intensive Occupational Therapy in treatment of spastic prontators in children with cerebral palsy Spastic Hands (30 mins, E) – Sanne Fong (Hong Kong) 3. Rehabilitation for head injures from acute to rehabilitation (30 mins, E) – Rosanna Wong (Hong Kong)
Section: 252	Children 2 – Habilitation for Neonates and Infants Moderator: Dr. CB Chow & Sanne Fong (Eng英)
Date / Time:	24 February 2012 (Friday) 14:45 - 16:15
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Return to Home from NICU (30 mins, E) – Dr. CC Shek 2. Occupational Therapy Service at NICU (20 mins, E) – Cecilia Leung, QEH 3. Multidimensional Occupational Therapy Intervention for Infants with Failure-to-thrive (20 mins, E) – Hellen Yang (Hong Kong) 4. Return to Home Programme for High Risk Infants on oxygen therapy (20 mins, E) – Sanne Fong (Hong Kong)
Section: 253	Children 3 – Occupational Therapy Management for Autistic Spectrum Disorder Moderator: Magdalene Poon & Yonnie Ng (Eng英)
Date / Time:	24 February 2012 (Friday) 16:45 - 18:15
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Promoting well-being and engagement in social life through Occupational Lifestyle Re-design Program : A pilot study for Adolescents with ASD (18min, E) – Bonnie Chong & Phoebe Cheung (Hong Kong) 2. Transition Program for students with ASD in Mainstream schools (18 min, E) – Chan Ka Ki (Hong Kong) 3. Social Skills Groups for Mainstream Children with Autism (18 min, E) - Cassandra Seah Huixia (Singapore) 4. Evidence-based practice in improving attention on preschoolers with Autistic Spectrum Disorder (18 min, E) – Cheng Ka Man (Hong Kong) 5. Parasympathetic responses associated with auditory stimulation in children with and without autistic spectrum disorders (18 min, E) – Cynthia Lai (Hong Kong)
Section: 351	Aging & Wellbeing 1 – Supported discharge & Home Based Rehabilitation Moderator: Dr. Bobby Ng (Eng英)
Date / Time:	24 February 2012 (Friday) 11:00 - 12:30
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Activity Limitation Profiles and Personal Care Participation Restriction Profiles of Older In-patients in an Acute Care Setting (20 mins, E) – Neo Cui Fang Josephine (Singapore) 2. The Expanded Roles of Occupational Therapist in Integrated Care and Discharge Support for Elderly Patients (ICDS) (20 mins, E) – Mandy Ip (Hong Kong) 3. Our Concerns after Going Home: Taiwanese Family's Perspectives on Care-giving (20 mins, E) – Mei-Ling Lin (Taiwan) 4. The Contributions of Occupational Therapists to the Enhanced Home and Community Care Services / Integrated Home Care Services Teams (20 mins, E) – Caleb Choi (Hong Kong)

Section: 352	Aging & Wellbeing 2 – Dementia care Moderator: Dr. Bobby Ng (Eng英)
Date / Time:	24 February 2012 (Friday) 14:45 - 16:15
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Detecting Mild Cognitive Impairment in the Community (20 mins, E) – Helen Sezto, United Christian Hospital 2. Engaging Dementia Clients in Activities using Montessori Principles in Care and Attention Home (20 mins, E) – Doreen HO Ching Chung Care & Attention Home For The Aged 3. Computer Based Cognitive Training Program for Dementia Clients: Is there Evidence? (20 mins, E) – Grace LEE (Hong Kong) 4. Computer-assisted errorless training programme for Chinese early Alzheimer's Dementia Persons in Hong Kong: a pilot study (20mins, E) – Grace LEE (Hong Kong)

Section: 353	Aging & Wellbeing 3 – Cardiopulmonary Health Moderator: Dr. Bobby Ng (Eng英)
Date / Time:	24 February 2012(Friday) 16:45 -18:15
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. The New Roles of Occupational Therapists in Detecting COPD in Primary Care Setting (18 min, E) – ML Fung (Hong Kong) 2. Self-Management Program for patients with COPD (18 min, E) – Aileen Chu (Hong Kong) 3. Evaluation of Therapeutic Effects of Health Qigong among Patients with Chronic Obstructive Pulmonary Disease (18 min, E) – Liuxiaodan (Shanghai) 4. Health Qigong: its application and evidence in Cardiac Rehabilitation (18 min, E) – Athina Poon (Hong Kong) 5. Occupational Therapy in Palliative Care: A Singapore Perspective (18 min, E) – Susan Shu Shan Teo (Singapore)

Section: 451	OT services in different countries 1 Moderator: Manfred Fung (Eng英)
Date / Time:	24 February 2012 (Friday) 11:00 - 12:30
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Occupational Therapy in Asia: Success and challenges (18 mins, E) – Dr. Kit Sinclair (Hong Kong) 2. Occupational Therapy in Japan (18 mins, E) – NobuHiro NARA (Japan) 3. Occupational Therapy in Macau (18 mins, E) – Roberto Lei (Macau) 4. Occupational Therapy in Philippines (18 mins, E) – Katerina Los Banos-Atlas (Philippines) 5. OT in Mainland China (18 mins, E) – Lin QuoHui (Guangdong)

Section: 452	OT services in different countries 2 Moderator: Manfred Fung (Eng英)
Date / Time:	24 February 2012 (Friday) 14:25 - 16:15
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Occupational Therapy in Canada (18 mins, E) – Prof. Sue Baptiste (Canada) 2. Occupational Therapy in Hong Kong (18 mins, E) – Stella Cheng, (Hong Kong) 3. Occupational Therapy in Taiwan (18 mins, E) – Shu-jeu Lu, (Taiwan) 4. Occupational Therapy in Malaysia (18 mins, E) – Dr. LOH Siew Yim (Malaysia) 5. Occupational Therapy in Singapore – Josephine Neo Cui Fang (Singapore)

Section: 453	OT Education Moderator: Manfred Fung (Eng英)
Date / Time:	24 February 2012 (Friday) 16:45 -18:15
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Cultivating Future OT under 334 Curriculum (30 min, E) – Dr. Andrew Siu (Hong Kong) 2. A National Educational Curriculum to Facilitate the Workforce Success of Internationally Educated Occupational Therapists (30 min, E) – Claudia von Zweck (Canada) 3. Development of Master in Occupational Therapy Program in Mainland China (30 min, E) – Dr. Kenneth Fong (Hong Kong)

Section: 551 部分	两岸三地手外科作业治疗 (OT in hand therapy in Chinese population) Moderator: 张瑞昆 (Chin中)
Date / Time: 日期/ 时间	24 February 2012 (Friday) 11:00 - 12:30 2012年2月24日 上午11时到12时30分
Venue: 地点	RRoom CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	<ol style="list-style-type: none"> 1. 香港伊利沙伯医院手外科康OT服务现况 (20 mins, P) – 马惠玲 (香港) 2. 高雄长庚医院手外科康OT服务现况 (20 mins, P) – 张瑞昆 (台湾) 3. 上海华山医院手外科康复服务现况 (20 mins, P) – 周俊明 (上海) 4. 东莞虎门医院手外科康OT服务现况(20 mins, P) – 蔡浩狄 (广东)

Section: 552 部分	建立乎合当地条件的手外科康复规范 Moderator: 梁国辉 (Chin中)
Date / Time: 日期/ 时间	24 February 2012 (Friday) 14:45 - 16:15 2012年2月24日 下午2时45分到4时15分
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	<ol style="list-style-type: none"> 1. 上肢骨折术后康复规范 (30 mins, P) – 李铭威 (台湾) 2. 屈肌腱修复术后康复规范 (30 mins, P) – 刘灿辉 (香港) 3. 断指再植术后康复规范 (30 mins, P) – 陈新明 (广东)

Section: 553 部分	手外科手功能练 Moderator: 梁国辉 (Chin中)
Date / Time: 日期/ 时间	24 February 2012 (Friday) 16:45 -18:15 2012年2月24日 下午4时45分到6时15分
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	<ol style="list-style-type: none"> 1. 手部灵活性训练方法 (30 mins, C) – 陈海雄 (香港) 2. 系统性手功能训练方式 (30 mins, C) – 李美璇 (香港) 3. 抗敏及感觉再学习方法 (30 mins, C) – 陈海雄 (香港)

Day 2 - 25 February 2012

Section: 154	New Advances in Occupational Therapy Moderator: Chetwyn Chan (Eng英)
Date / Time:	25 February 2012 (Saturday) 11:00 - 12:30
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Role Emerging Practice in Occupational Therapy (30 min, E) – Prof. Sue Baptiste, (Canada) 2. Recent Advances in Stroke Motor Rehabilitation: Taiwan Experiences (30 min, E) – Prof. LIN Keh-chung (Taiwan) 3. Cancer survivorship - Exploring research frontier for OT (30 min, E) – Dr. LOH Siew Yim (Malaysia)

Section: 155	New models of Practice in OT Moderator: Manfred Fung (Eng英)
Date / Time:	25 February 2012 (Saturday) 14:00 - 15:30
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Movement in New Models of OT Practice in Mental Health – Hong Kong Experience (30 min, E) – Dorothy Kwong (Hong Kong) 2. Motivational Interviewing and Work Rehabilitation for Young Persons with Drug Abuse (30 min, E) – Dr. Andrew Siu (Hong Kong) 3. New Model in Pediatric OT Service (30 min, E) – Minny Tang (Hong Kong)

Section: 156	New Opportunities for OTs Moderator: Simon Wong (Eng英)
Date / Time:	25 February 2012 (Saturday) 16:00 - 17:30
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Integrating concepts of OT and ICF to help marketing of OT (30 min, E) – Simon Wong (Hong Kong) 2. Experience in developing OT Soft as product (to be confirmed) (30 min, E) – Kent Chang (Taiwan) 3. Recent advances in use of assistive technology in neuro-rehabilitation: Challenge for occupational therapists (30 min, E) – Dr. Kenneth Fong, (Hong Kong)

Section: 254	Mental Health 1 – Rehabilitation, Recovery and Social Inclusion Moderator: Maurice Wan (Eng英)
Date / Time:	25 February 2012 (Saturday) 11:00 - 12:30
Venue:	Room ST523, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Promoting Recovery Model in psychiatric rehabilitation – Occupational Therapy Perspective (18 min, E) – Raymond Wong (Hong Kong) 2. A Multidisciplinary Relapse Prevention Program for the patients with Schizophrenia: Moving toward recovery through empowerment, overcoming own mental illness and instillation of hopes (18 min, E) – Helen SEZTO Ngai Wah (Hong Kong) 3. Promoting Recovery through Case Management (18 min, E) – Derek CHAN (Hong Kong) 4. The Emergence of the Clubhouse Model and its Potential in the Greater China (18 min, E) – Eva Yau (Hong Kong) 5. The Influence of Clubhouse-based Transitional Employment Programme for People with Mental Illness in Hong Kong (18 min, E) – Lee Pui Lai (Hong Kong)

Section: 255	Mental Health 2 – Management of Mood disorders Moderator: Maurice Wan (Eng英)
Date / Time:	25 February 2012 (Saturday) 14:00 - 15:30
Venue:	Room ST523, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Enhanced Role of OT in Focused Psychological Interventions for People with Mood Disorder (30 min, E) – Peter Tam (Hong Kong) 2. OT Management of Common Mental Disorders in Hospital Authority (30 min, E) – Josephine Lee (Hong Kong) 3. The Integrated Mental Health Program for common mental disorders in HKWC (30 min, E) – Keith Leung (Hong Kong)

Section: 256	Private OT practice Moderator: Manfred Fung (Eng英)
Date / Time:	25 February, 2012 (Saturday) 16:00 - 17:30
Venue:	Room ST523, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Professionalism vs Commercialism – Maintaining Integrity in Private Practice (30 min, E) – Mrs. Shelley Chow (Hong Kong) 2. Future challenges in Private OT Practice (30 min, E) – Mr. Peterson Chui (Hong Kong) 3. (Topic TBC) (30 min, E) – Mrs. Alice Tsang (Hong Kong)

Section: 354	Physical Health 1 – Sensori-motor Moderator: Teresa Leung (Eng英)
Date / Time:	25 February, 2012 (Saturday) 11:00 - 12:30
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. The application of cognitive neuroscience knowledge for unilateral neglect patients in occupational therapy – spatiomotor cueing (20 min, E) – Huang Ju-Chun (Taiwan) 2. The Effect of intelligent agent feedback rehabilitation training system applied to lower limbs motor impairments of stroke : a randomized controlled trial (20 min, E) – LIU Cuihua (Guangdong) 3. Application of task oriented functional electrical stimulation for the rehabilitation of upper limb function in patients with stroke (20 min, E) – Marko Chan (Hong Kong) 4. A Review on the use of external cues as a treatment strategy in Parkinson's disease (20 min, E) – Xin Wang (Hong Kong)

Section: 355	Physical Health 2 – Cognitive perceptual Moderator: Christina Yau (Eng英)
Date / Time:	25 February, 2012 (Saturday) 14:00 - 15:30
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. New Service Model: Occupational Therapy Secondary Prevention Program for Stroke (预防再中风治疗计划 - SPPS) (20 min, E) – Chan Chi Wing, Martin (Hong Kong) 2. Integrating Executive Functions into OT Practice (20 min, E) – Teresa Leung (Hong Kong) 3. Cognitive Function in daily Life – Theory, Assessment & Intervention (20 min, E) – Connie Lee (Hong Kong) 4. Visual Attention - The role of Event Related Potential (20 min, E) – Brian Au (Hong Kong)



Section: 356	Physical Health 3 – Occupational Health Moderator: Patrick So (Eng英)
Date / Time:	25 February 2012 (Saturday) 16:00 - 17:30
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Participatory Ergonomics (30 min, E) – Andy Cheng (Hong Kong) 2. Occupational Medicine Service in the Hong Kong West Cluster (30 min, E) – Joyce Wong (Hong Kong) 3. Review of a Workplace Ergonomics Consultation Service for Hospital Workers (30 min, E) – Patrick SO (Hong Kong)

Section: 4F4	Free Paper Session 1 Moderator: Hellen Yang (Eng英)
Date / Time:	25 February 2012 (Saturday) 11:00 - 12:30
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Handwriting assessment for secondary school students in Hong Kong (12 min, E) – Rosita Yip (Hong Kong) 2. Measuring the Participation of Youth in Taiwan (12 min, E) – Hsin-Yen Wang (Taiwan) 3. Two years review for the effectiveness of the "Occupational Life Development and Training Program for Adolescents with special needs" (12 min, E) – Chau Kei Yung (Hong Kong) 4. Preliminary Findings of Local Application of IMR in Promoting Recovery-oriented Psychiatric OT Service (12 min, E) – Kan Lap Chi, Eric (Hong Kong)

Section: 4F5	Free Paper Session 2 Moderator: Kania Wan (Eng英)
Date / Time:	25 February 2012 (Saturday) 14:00 - 15:30
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Predict discharge functional status from the first day of admission under geriatric fracture hip pathway by prediction equation (12 min, E) – Chan Man Tai Edward (Hong Kong) 2. Clinical audit on rehabilitation outcome in management of total hip and total knee replacement (12 min, E) – Jackson Wong (Hong Kong) 3. Functional Outcomes after simultaneous hip and upper limb fracture in Older Women (12 min, E) – Poon Mei Yee (Hong Kong) 4. New model of pain management from occupational therapy perspective – Circle of Pain (COP) (12 min, E) – Chan Man Tai Edward (Hong Kong) 5. Modulating Pain Perception among Patients with Chronic Low Back Pain: A Shift Attention Paradigm (12 min, E) – Chan Chi Chung Sam (Hong Kong)

Section: 4F6	Free Paper Session 3 Moderator: 闫彦宁 (Chin中)
Date / Time:	25 February 2012 (Saturday) 16:00 - 17:30
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. 屈指肌腱松解术前术后的康复治疗 (12 min, P) – 王帅帅 (山东) 2. 手伸指肌腱修复术后康复方案临床疗效对比观察 (12 min, P) – 罗伦 (四川) 3. 镜像治疗辅助运动想像训练对偏瘫患者上肢功能的影响 (12 min, P) – Hou Hong (南京) 4. 步态诱发功能性电刺激对脑卒中足下垂患者的疗效观察 (12 min, P) – 刘翠华 (广东) 5. 健身气功·易筋经“卧虎式”治疗下腰痛患者的临床研究 (12 min, P) – 李翔 (福建) 6. 职能治疗师入校执行学生小团体辅导方案之模式与成效 (12 min, C) – 张宇群 (台湾)

Section: 554 部分	偏瘫康复 1 Moderator: 李奎成 (Chin中)
Date / Time: 日期/ 时间	25 February 2012 (Saturday) 11:00 - 12:30 2012年2月25日 上午11时到 下午12时30分
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	<ol style="list-style-type: none"> 1. 急性脑卒中早期康复 (30 min, C) – 黄东锋 (广州) 2. 镜像治疗 (30 min, C) – 李奎成 (广州) 3. 心智影像(mental imagery)在中风偏瘫职能治疗中的运用 (30 min, C) – 黄璨珣 (台湾)

Section: 555 部分	偏瘫康复 Moderator: 黄锦文 (Chin中)
Date / Time: 日期/ 时间	25 February 2012 (Saturday) 14:00 - 15:30 2012年2月25日 下午2时到3时30分
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	<ol style="list-style-type: none"> 1. 上肢痉挛的处理 (45 min, C) – 龚祖林教授 (广州) 2. Constraint induced therapy (45 min, C) – 吴纹绮 (台湾)

Section: 556 部分	Stroke Rehab 3 阶段性偏瘫上肢功能及自理训练 Moderator: Patrick Chan (Chin中)
Date / Time: 日期/ 时间	25 February 2012 (Saturday) 16:00 - 17:30 2012年2月25日 下午4时到5时30分
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	<ol style="list-style-type: none"> 1. 香港版阶段性偏瘫上肢功能评估方法 (FLHUE) (30 min, C) – 康宁(香港) 2. 第一级至第三级：上肢及手功能恢复、与生活自理训练(12 min, C) – 吴欣丽,陈刚,吴子 (香港) 3. 第四级至第七级：上肢及手功能恢复、与生活自理训练(12 min, C) – 吴欣丽,陈刚,吴子 (香港)

Day 3 - 26 February 2012

Section: 1W7	Practical Workshop 1 – Handwriting Assessment Moderator: Magdalene Poon (Eng英)
Date / Time:	26 February 2012 (Sunday) 08:30 - 10:00
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	Handwriting difficulties of children with learning difficulties (60 min, E) – Prof Cecilia Li (Hong Kong)

Section: 1W8	Practical Workshop 1 – Handwriting Assessment Moderator: Magdalene Poon (Eng英)
Date / Time:	26 February 2012 (Sunday) 10:30 - 12:00
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	1. An overview of challenges encountered by students with physical disability in public examination (45 min, E) – Marcus Ng (Hong Kong) 2. Assessment for Students with Learning Difficulties – Copying Speed Test for Hong Kong (45 min, E) – Agnes Ng & Magdalene Poon

Section: 1S9	OT's role after Natural Disaster Moderator: Simon Wong (Eng英)
Date / Time:	26 February 2012 (Sunday) 13:15 - 14:45
Venue:	Chiang Chen Studio Theatre, The Hong Kong Polytechnic University
Topics:	1. WFOT's guideline on Disaster Management (30 mins, E) – Dr. Kit Sinclair (Hong Kong) 2. OT's Role after Natural Disaster: The Japanese Experience (30 mins, E) – Nobuhiro NARA (Japan) 3. OT's contributions after the earthquake in Sichuan (30 mins, E) – LIN GuoHui (Guangdong))

Section: 2S7	Upper limb & Technology 1 – Robotics & Human machine interface Moderator: Dora Chan & Dr. Kenneth Fong (Eng英)
Date / Time:	26 February 2012 (Sunday) 08:30 - 10:00
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	1. Use of robotics training for improving upper limb function (20 min, E) – Marko Chan (Hong Kong) 2. Advances in upper Limb Management for people with neurological conditions (20 min, E) – Rebecca Wong (Hong Kong) 3. Efficacy of Hand Rehabilitation and Research Centre – a multiple treatment modalities triaged for different upper limb function in stroke (20 min, E) – Dora Chan (Hong Kong) 4. The Effectiveness of Wii on Promoting Upper Extremity Recovery in In-patient Stroke: A preliminary study (20 min, E) – WEI Xi-jun (Guangdong)

Section: 2S8	Upper limb & Technology 2 – UL Management Moderator: Anna Wu & Allison Wong (Eng英)
Date / Time:	26 February 2012 (Sunday) 10:30 - 12:00
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	1. Complex Regional Pain Syndrome I in Upper Extremity: Challenges to Therapist (20 min, E) – Allison Wong (Hong Kong) 2. Upper limb assessment and treatment for people with burns (20 min, E) – Prof. Cecilia Li (Hong Kong) 3. Effect of Task-oriented Training integrated Mirror Therapy on Upper Extremity Motor Function in Sub-acute Stroke Patients (20 min, E) – Zou Zhi(Guangtong) 4. Comparative analysis about the Efficacy and the safety of tizanidine and baclofen uniting guiding intensified occupational therapy on upper limb $\mu\sigma\tau\omicron\rho\delta\psi\alpha\phi\upsilon\nu\chi\tau\omicron\nu$ in patients after stroke (20 min, E) – Xieying (Beijing)

Section: 2S9	Upper limb & Technology 3 – Virtual Reality Moderator: Cathy Chow (Eng英)
Date / Time:	26 February 2012 (Sunday) 13:15 - 14:45
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	1. Application of Neuro-IFRAH techniques in stroke out-patient training groups (20 mins, E) – CHOW Kit-ying Kathy (Hong Kong) 2. Using of virtual reality training in cognitive rehabilitation for people with brain injury (20 mins, E) – Marko Chan (Hong Kong) 3. Home base rehabilitation for stroke patients (20 mins, E) – Dora Chan (Hong Kong) 4. Application of Playmotion in stroke rehabilitation (20 mins, E) – Po Yuen Ting (Hong Kong)

Section: 3S7	Primary Health 1 – Occupational lifestyle redesign Moderator: Danny Poon (Eng英)
Date / Time:	26 February 2012 (Sunday) 08:30 - 10:00
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	1. Mental Wellness Clinic in Primary Health Setting– Where Wellness Coaching works well (20 min, E) – Danny Poon, (Hong Kong) 2. Miracle occupational experiences in occupational lifestyle redesign process (20 min, E) – Leung Kwok Fai (Hong Kong) 3. Lifestyle redesign in Chronic disease management (20 min, E) – Eddie Leung (Hong Kong) 4. OLSR for the at risk group with mood and anxiety problems (20 min, E) – Mary Chu (Hong Kong)

Section: 3S8	Primary Health 2 – Wellness management Moderator: Dr. Kenneth Fong (Eng)
Date / Time:	26 February 2012 (Sunday) 10:30 - 12:00
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	1. Use of public media for wellness management (20 min, E) – Prof. Samson Tse (Hong Kong) 2. Well-being and health in community elderly dwellers in Hong Kong: An occupational perspective (20 min, E) – Dr. Kenneth Fong (Hong Kong) 3. The role of OT in Health Program for community elderly living in the housing estates of Hong Kong Housing Society (20 min, E) – Kenneth Au Yeung (Hong Kong) 4. A Character Strength Perspective of Mental Wellness – Prevention and Intervention (20 mins, E) – Dr. Anthony Tong (Hong Kong)

Section: 359	Working as OT in Mainland China: Sharing by overseas therapists Moderator: Sheila Purves (Eng英)
Date / Time:	26 February 2012 (Sunday) 13:15 - 14:45
Venue:	Room GH206, Core G-H, Podium Level, Hong Kong Polytechnic University
Topics:	Working as OT in Mainland China: Sharing by overseas therapists Sheila Purves; Anna Jien; Jane Hill, Wong Lai Yung, Mengan Cao, Ortal Shamay Lahat

Section: 4F7	Free Paper Session 4 Moderator: (Eng英)
Date / Time:	26 February 2012 (Sunday) 08:30 - 10:00
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Workflow Improvement in Cognitive Rehabilitation Service for Elderly Patients with suspected Dementia (12 min, E) – Sally Liu Chuk Fun (Hong Kong) 2. Effectiveness of a Reality Orientation Program to enhance the cognitive and orientation function of geriatric in-patients (12 min, E) – Josephine Ang (Hong Kong) 3. Application of Sensory Integration Therapy to the Geriatric Population: An Experience Sharing on Reducing Unexplained Problematic Behaviors in People with Neurological Disorders (12 min, E) – Tam Hiu Yan, Janette (Hong Kong) 4. Reliability and validity of the self-administered Shortness of Breath Questionnaire (C-SOBQ) (12 min, E) – Cheung Brian Yu Hin (Hong Kong)

Section: 4F8	Free Paper Session 5 Moderator: (Eng英)
Date / Time:	Room ST522, Core S, Hong Kong Polytechnic University
Venue:	Room AG710, Core A, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Oncology rehabilitation: Bowen therapy approach to post radiotherapy patients (12 min, E) – Yip Chi Kong (Hong Kong) 2. To study effectiveness of repetitive training as Occupational Therapy outcome in upper limb weakness with stroke population- systematic review. Objective: To determine the effectiveness of repetitive task oriented training intervention in upper limb weakness (12 min, E) – PRIYA VITTHAL GAWHALE (India) 3. Constraint-Induced Movement Therapy under Conductive Education System (12 min, E) – Chan Chuk Hang, Bianca (Hong Kong) 4. The possible mechanisms of pressure therapy on the management of post-burn hypertrophic scars (12 min, E) – Feng Beibei (Hong Kong) 5. Current practices in prevocational skills training among selected institutions in Metro Manila, Philippines (12 min, E) – Ivan Neil B. Gomez (Philippines) 6. Return-To-Work for injured hospital staff - Keys to Success (12 min, E) – Po Tak Fai, Eric (Hong Kong)

Section: 4F9	Free Paper Session 6 Moderator: (Eng英)
Date / Time:	26 February 2012 (Sunday) 13:15 - 14:45
Venue:	Room ST522, Core S, Hong Kong Polytechnic University
Topics:	<ol style="list-style-type: none"> 1. Relationship of Cognition and Learning Potential in improving rehabilitation potential of clients with Severe Mental Illness (SMI) (12 min, E) – Serena Ng (Hong Kong) 2. An exploratory case study of medication (non)compliance of mental out-patients in Hong Kong (12 min, E) – Hung Pui Yee (Hong Kong) 3. Resilience in early psychosis: The role of daily activities and the environment (12 min, E) – Shalini Lal (Canada) 4. Client satisfaction with community psychiatric rehabilitation in Taiwan (12 min, E) – Kuan Yu Lai (Taiwan) 5. Functional Significance of Prospective Memory in Schizophrenia and Bipolar Disorder (12 min, E) – Au Wing Cheong (Hong Kong)

Section: 557 部分	内地作业治疗师的发展 Moderator: 闫彦宁 (Chin中)
Date / Time: 日期/ 时间	26 February 2012 (Sunday) 08:30-10:00 2012年2月26日 上午8时30分到10时
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	内地作业治疗师的发展 (中国康复医学会专业委员会OT学组主持) 主持: 闫彦宁、林国徽、李奎成等

Section: 5W8 部分	Practical Workshop 2 – Basic Splinting Moderator: Simon Wong (Chin中)
Date / Time: 日期/ 时间	26 February 2012 (Sunday) 08:30 - 10:00 2012年2月26日 上午10时30分到中午12时
Venue: 地点	Room CD 512, Core C-D, The Hong Kong Polytechnic University 香港第工大学 C-D 座 CD 512号课室
Topics: 题目	上肢支具的设计及应用 (90 min, E) – Simon Wong (Hong Kong)

Section: 5W9 部分	Practical Workshop 2 – Basic Splinting Moderator: Mike Kwan (Chin中)
Date / Time: 日期/ 时间	26 February 2012 (Sunday) 13:15 - 14:45 2012年2月26日 下午1时15分到2时45分
Venue: 地点	Room GH012, Core G-H, The Hong Kong Polytechnic University 香港第工大学 G-H 座 GH012 号课室
Topics: 题目	上肢支具制作示范 (90 min, C) – Mike Kwan (Hong Kong)

General Information

Campus Map 校園地圖

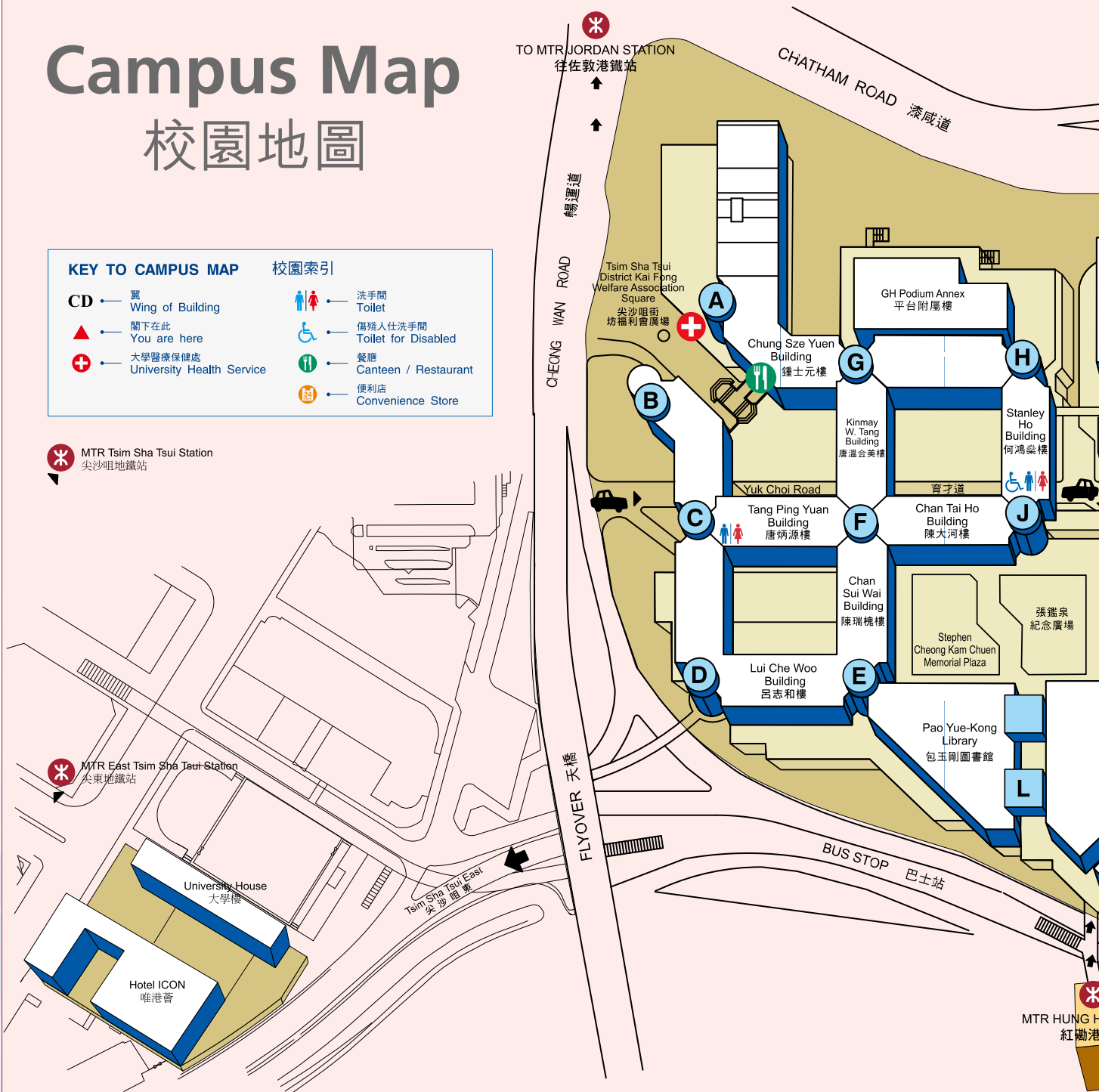
KEY TO CAMPUS MAP

- | | |
|--------------------------------------|--------------------------------|
| CD ← 翼
Wing of Building | 洗手間
Toilet |
| 閣下在此
You are here | 傷殘人士洗手間
Toilet for Disabled |
| 大學醫療保健處
University Health Service | 餐廳
Canteen / Restaurant |
| | 便利店
Convenience Store |

校園索引

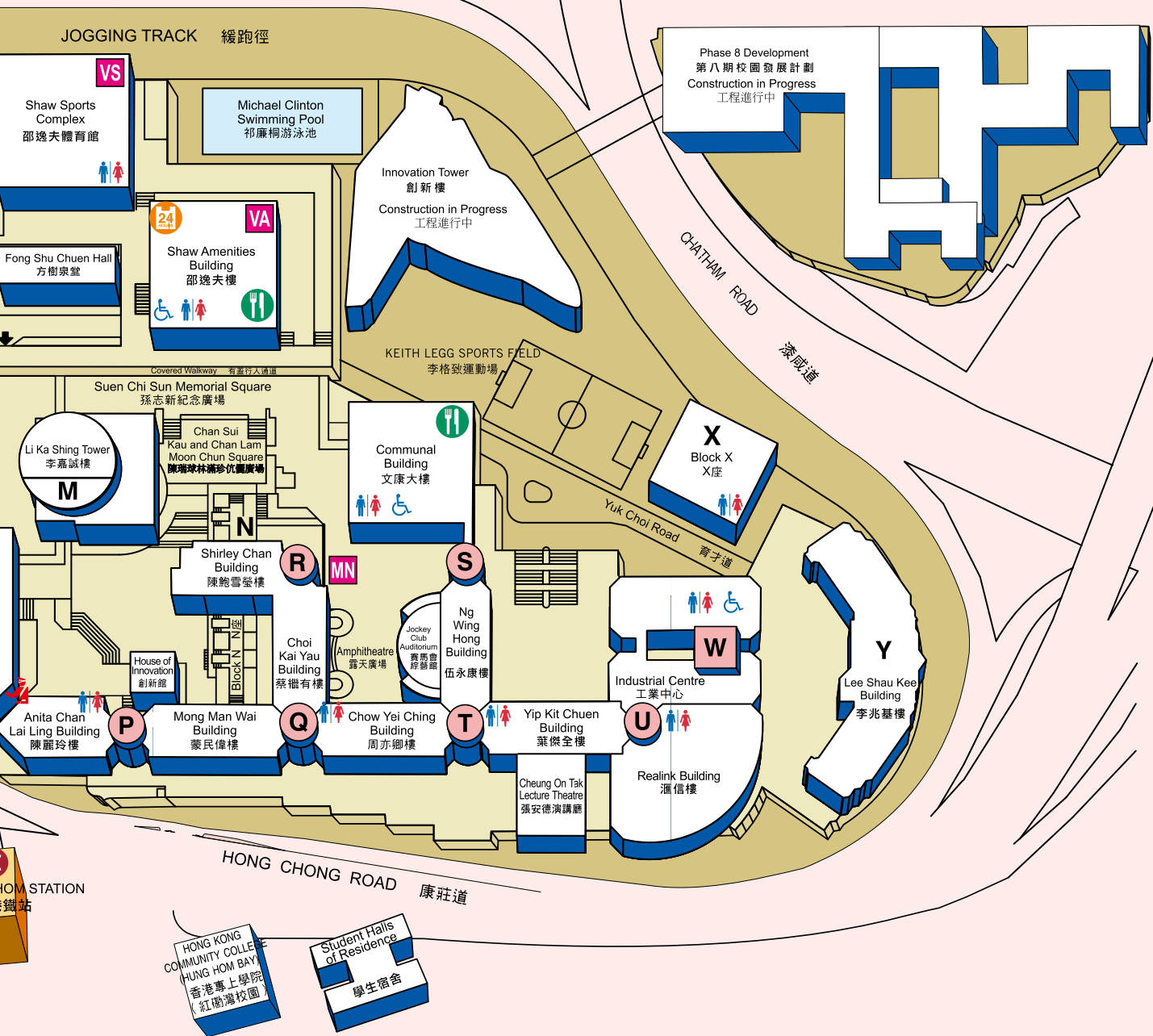
MTR Tsim Sha Tsui Station
尖沙咀地鐵站

MTR East Tsim Sha Tsui Station
尖沙東地鐵站

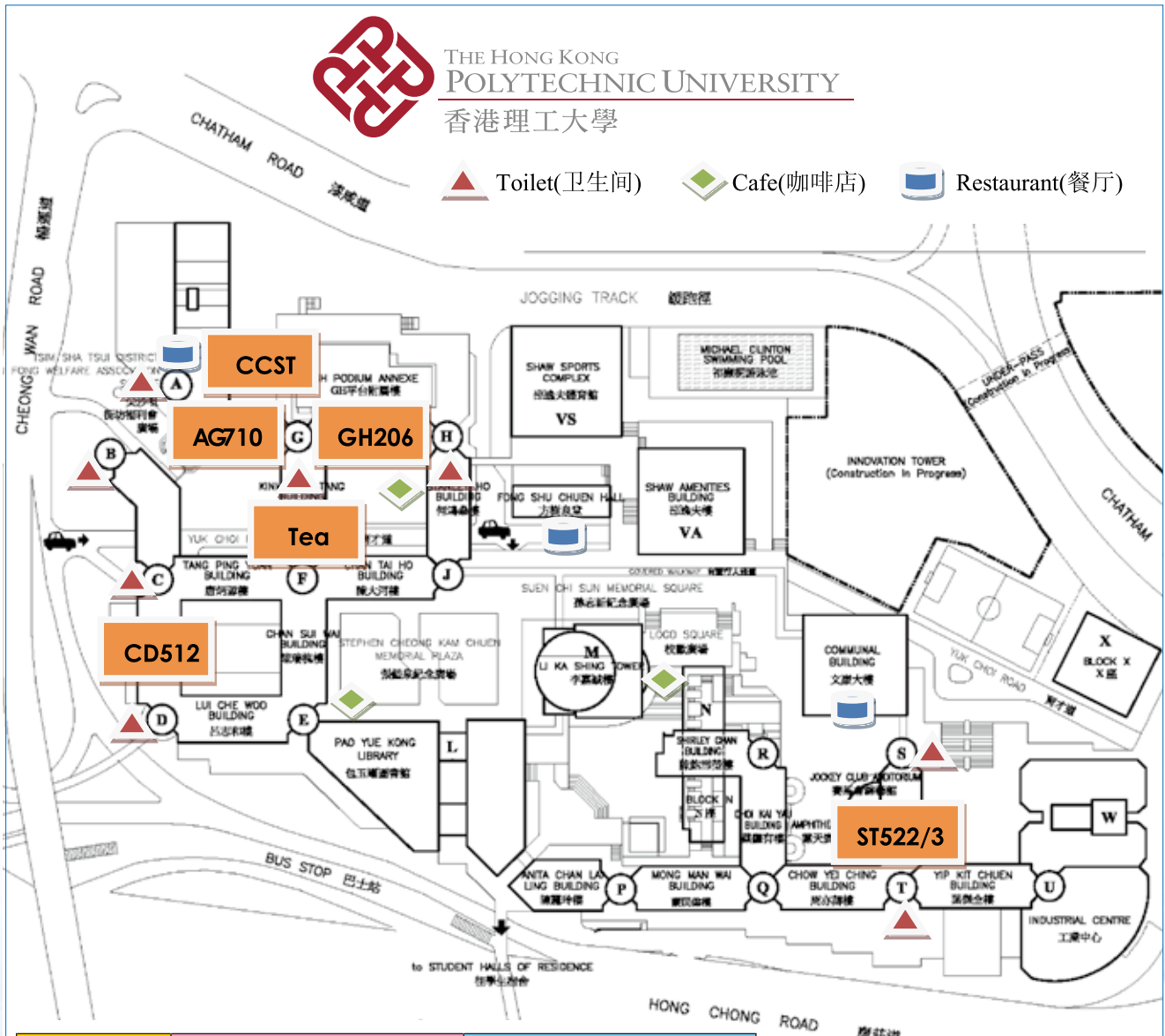




→ Ho Man Tin
何文田



Venue Floor Plans



Venue(场地)	Location(位置)	Toilet(卫生间)
CCST (蒋震剧院)	near G/F, A core (近 A 栋地面层)	In CCST (于蒋震剧院内)
AG710(室)	7/F, between A&G core (A 及 G 栋间 7 层)	7/F (up 1/2 stairs), G core (G 栋 7 层往上半层)
CD512(室)	5/F, between C&D core (C 及 D 栋间 5 层)	4 & 5/F, C or D core (C 或 D 栋 4 层及 5 层)
GH206(室)	Podium, between G&H core (G 及 H 栋间平台)	Podium (down 1/2 stairs), G core or Podium, H core (G 栋平台往下半层或 H 栋平台)
ST522(室) ST523(室)	5/F, between S&T core (S 及 T 栋间 5 层)	5/F, core S or 6/F, core T (S 栋 5 层或 T 栋 6 层)
Tea (茶会)	Podium, between F&G core (F 及 G 栋间平台)	Podium, B, C or H core (B/C/H 栋平台)
Restaurant(餐厅)		
CCST (蒋震剧院)	Western (西餐)	
Fong Shu Chuen Hall (方树泉堂)	G/F, student and staff canteen (地面层, 职员及学生饭堂)	
Communal Building (文康大楼)	3/F, student canteen (3 层, 学生饭堂) 4/F, Chinese light meal (4 层, 中式简餐) 4/F, Chinese restaurant (4 层, 粤式茶楼) 5/F, Staff Club (5 层, 职员会所)	



Campus Map
校園地圖





Finding Help (一般查询)

Conference Help Desk (秘书处服务台)

Secretariat counter stationed in the foyer of Chiang Chen Studio Theatre
秘书处服务台设在蒋震剧院入口

Contact telephone no: 852-94078946 (English or Cantonese)
联络电话: 852-94078946 (普通话)

Hospital Visit Arrangement (医院参观的安排)

Booking is based on first come first served; traveling expenses is HK\$100.00 per person
预定的次序: 先到先得交通费每位港币\$100.00

Counter for Booking of Hospital Visit will operate on the following schedule:
安排参观医院的服务台在以下的时间运作:

24/2/2012 1:30 pm - 5:30 pm

25/2/2012 8:15 am - 12:45pm

Money Exchange (外汇找换)

Money exchange can be done in any bank or registered money exchange shops, the nearest are located in Hung Hom MTR station or Tsim Sha Tsui Area.

香港外汇找换店是香港合法注册外币人民币汇兑商是很安全，最近的是在红磡地铁站或尖沙咀

Useful Telephone in Hong Kong (香港常用电话查询)

Emergency (紧急援助热线): 999

KMB bus route (公共汽车热线): 852-27454466

MTR customer hotline (地铁顾客服务热线): 852-28818888

Hong Kong International Airport Hotline (香港国际机场热线): 852-21818888

Hong Kong Observatory weather report hotline (香港天文台天气报告热线): 1878200

General Enquiry no.: 1081 广东话一般查询: 1083

Dining Information

Lunch Arrangement

The conference does not provide lunch. Conference participants can take lunch at their own expense at various canteens and restaurants in the HKPU campus. Please refer to the below list of restaurants and canteens.

Coffee Lounge (Shaw Amenities Building, G/F)
Student Canteen 1 (Shaw Amenities Building, G/F)
Student Canteen 2 (Communal Building, 3/F)
Student Restaurant (Communal Building, 4/F)
Lawn Café (Block N, G/F & 1/F)
Theatre Lounge (Block A, G/F)
Habitú Cafe (Block G, Podium)
Lib Cafe (Pao yue-kong Library, Podium) - for takeaway only

Some canteens do not open on Sunday. You may ask conference secretariat or helpers for advice.

午餐安排

大会不提供午餐。会议代表可自费到大学各餐厅或饭堂进餐。餐厅及饭堂地点详列如下：

咖啡茶座	邵逸夫楼地下
学生饭堂1	邵逸夫楼地下
学生饭堂2	文康大楼三楼
学生餐厅	文康大楼四楼
草坪茶座	N座地下及一楼
剧院茶座	A座地下
Habitú咖啡	G座平台
Lib 咖啡	包玉刚图书馆平台（只供外卖）

部份餐厅星期日不开放，如有需要，阁下可向会务组查询。

Lunch Arrangement for guests and speakers

Conference guests and speakers of the day are invited to take lunch at xxxx. Xxx is located at yyyy.

大会嘉宾及讲者午餐安排

大会嘉宾及讲者，请到xxx yyy就餐。大会工作人员会带引阁下到餐厅。

Scholarship and Acknowledgement

Scholarship for Asia Countries

HKOTA Scholarship is given to Mr Ivan Neil Gomez (Philippines).

Scholarship for mainland delegates

HKIOT is offering scholarships to encourage Mainland China therapists who are submit papers and attend the Conference. List of scholarship recipients for 2012 are:

此名单仅按奖学金获得者姓氏笔划排序：

王帅帅	山东省立医院	陈少贞	中山大学附属第一医院
龙泽金	四川省成都市第二人民医院	侯红	南京医科大学第一附属医院
向桃	四川省成都市第二人民医院	侯来永	卫生部 中日友好医院
李攀	四川省成都市第二人民医院	郝文笔	上海长海医院
危昔均	中山大学 孙逸仙纪念医院	徐海鹰	上海阳光康复中心
刘翠华	中国广东佛山市第一人民医院	栾玉民	昆明医学院附属第一医院
刘秀玲	北京市朝阳区管庄第二社区卫生服务中心	黄佳	福建中医药大学
张亚楠	山东省立医院	梁小玲	东莞市虎门医院
张涛	四川省成都市第二人民医院	葛政卿	上海市第一人民医院
张娟妹	东莞市虎门医院	董安琴	广东省工伤康复中心
何雯	上海静安老年医院	董晖	四川省成都市第二人民医院
何爱群	广东省工伤康复中心	蔡素芳	福建中医药大学附属第二人民医院屏山分院
邹智	中山大学 孙逸仙纪念医院	薛春花	东莞市虎门医院
陆佳妮	上海阳光康复中心	薛晶晶	中山大学 孙逸仙纪念医院
杨映月	四川省成都市第二人民医院	戴玲	南京医科大学第一附属医院
陈新明	东莞市虎门医院		

We would like to thank for the following companies for donating scholarships to mainland China therapists.

Deltason Medical Limited

Klarity Medical & Equipment (GZ) Company Limited 广州科莱瑞迪医疗器材有限公司

Acknowledgement

We would like to acknowledge the following companies for sponsoring the HKOTA exhibition fair.

Celki Medical Company

Deltason Medical Limited

Forever Health Medical Instrument Limited

Health Link Holdings Limited

Pro-Med Technology Limited

We would also like to acknowledge the following hospitals for arranging hospital visits for the conference delegates.

Kowloon Hospital, Hospital Authority

Princess Margaret Hospital, Hospital Authority



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傳真:2320 4066

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No 27 On Ning Road, Yuen Long
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電話:2442 7766
傳真:2442 2345

總公司

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九龍新蒲崗六合街23號萬昌中心29樓2906室

電話:2770 9922
傳真:2770 9090

Contact Us 大会通讯

Conference website 会议网站 : <http://www.hkiot.org/2012otc/>

Email for registration 注册报名电邮 : 2012otcregistration@hkiot.org

Email for abstract submission 论文投稿电邮 : 2012otcabstract@hkiot.org

Email for general enquiry 查询电邮 : 2012otc@hkiot.org

Mainland China 深圳秘书处

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