

## Occupational Performance Therapy Results Table

Author, Year, Country, Design, PEDro score, Rating	Sample Size	Intervention	Outcomes and significance: (+) significant (-) not significant
<p>Kruijssen-Terpstra et al., 2016</p> <p>Netherlands</p> <p>RCT</p> <p>7/10</p> <p>High quality</p>	<p><b>N</b> = 68 children with CP</p> <p><b>Age at enrollment:</b> 1 year 11 months - 4 years</p> <p><b>CP diagnosis:</b> 100%</p> <p><b>CP Type:</b> (number of participants not indicated)</p> <ul style="list-style-type: none"> <li>• Bilateral spastic involvement</li> <li>• Unilateral spastic involvement</li> <li>• Other (dyskinetic, ataxic, mixed)</li> </ul> <p><b>GMFCS (Gross Motor Function Classification System):</b></p> <p>Level I: 34/68 (50%) Level II: 13/68 (19%) Level III: 10/68 (15%) Level IV: 11/68 (16%)</p> <p><b>MACS (Manual Ability Classification System):</b></p> <p>Level I: 16/68 (23.5%) Level II: 32/68 (47%) Level III: 16/68 (23.5%)</p>	<p>Child-focused intervention (n=21)</p> <p>vs.</p> <p>Context-focused intervention (n=20)</p> <p>vs.</p> <p>Regular care (n=27)</p> <p><b><u>Intervention details:</u></b></p> <ul style="list-style-type: none"> <li>• 6 month duration for all interventions</li> <li>• On average 1 session/week</li> <li>• All sessions were completed at rehabilitation center</li> </ul> <p><i>Child -focused intervention:</i></p> <ul style="list-style-type: none"> <li>• Started with setting goals &amp; determining treatment plan</li> <li>• First therapist performed thorough problem analysis of strengths and weaknesses of the child and/or their environment</li> <li>• Therapists used body function and structure level (of ICF-CY) as starting point</li> <li>• Therapists received 1 day training course which included goal setting procedures and intervention approach</li> </ul> <p><i>Context-focused intervention:</i></p> <ul style="list-style-type: none"> <li>• Started with setting goals &amp; determining treatment plan</li> <li>• First therapist performed thorough problem analysis of strengths and weaknesses of the</li> </ul>	<p><b>At post-treatment (6 months):</b></p> <p><i>Self care:</i> (-) Pediatric Evaluation of Disability Inventory (PEDI)- Functional Skills Scale (FSS) – Self-care (-) PEDI-Caregiver Assistance Scale (CAS) – Self-care</p> <p><i>Mobility:</i> (-) PEDI-FSS – Mobility (-) PEDI- CAS – Mobility</p> <p><i>Gross motor function:</i> (-) Gross Motor Function Measure (GMFM)-66</p> <p><i>Participation in daily life activities:</i> (-) Assessment of Preschool Children's Participation (APCP): Play (-) APCP: Skill development (-) APCP: Active physical recreation (-) APCP: Social activities</p> <p><i>Parental distress:</i> (-) The Nijmeegse Ouderlijke Stress Index</p> <p><i>Family empowerment:</i> (-) Family Empowerment Scale (FES)</p> <p><i>Family participation:</i> (-) Family Participation : Daily activities (-) Family Participation : Personal activities (-) Family Participation : Sibling activities</p> <p><i>Quality of life:</i> (-) The Question of Quality of Life</p>

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	Level IV: 4/68 (6%)	<p>child and/or their environment</p> <ul style="list-style-type: none"> <li>• Therapist used environmental factors level (of the ICF-CY) as starting point. Aiming to improve child's activity and participation</li> <li>• Therapists received 1 day training course which included goal setting procedures and intervention approach</li> <li>• 1 session was held at home to complete COPM &amp; video observation of goals</li> </ul> <p><i>Regular care:</i></p> <ul style="list-style-type: none"> <li>• Children continued to receive the care they did prior to the study.</li> <li>• Therapists were not trained for the study</li> </ul>	
<p>Law et al., 2011</p> <p>Canada</p> <p>RCT</p> <p>8/10</p> <p>High quality</p>	<p><b>N</b> = 128 children with Cerebral Palsy</p> <p><b>Age at enrollment:</b> 12mo to 5y 11mo; mean age 3y 6mo (SD- 1y 5mo)</p> <p><b>CP diagnosis:</b> 100%</p> <p><b>CP Type:</b> N/A</p> <p><b>GMFCS:</b></p> <p>Level I: 37/128 (29%) Level II: 23/128 (18%)</p>	<p>Child Focused (n=71)</p> <p>vs.</p> <p>Context Focused (n=57)</p> <p><b><u>Intervention details:</u></b></p> <p>Total intervention time 6 months, returning to regular intervention approach between 6 and 9 months.</p> <p>18-24 sessions total per participant</p> <p>Specific strategies to practice at home were given to parents that correspond to each treatment</p>	<p><b>At post-treatment (6 months):</b></p> <p><i>Self care:</i></p> <p>(-) PEDI-FSS –Self-care (-) PEDI- CAS – Self-care</p> <p><i>Mobility:</i></p> <p>(-) PEDI-FSS – Mobility (-) PEDI- CAS – Mobility</p> <p><i>Gross motor function:</i></p> <p>(-) GMFM-66</p> <p><i>Range of motion:</i></p> <p>(-) Hip abduction: left/right (-) Hip extension: left/right (-) Popliteal angle: left/right (-) Ankle dorsiflexion: left/right</p>

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	Level III: 21/128 (16%) Level IV: 21/128 (16%) Level V: 26/128 (21%)	<p>approach.</p> <p><i>Child-Focused Approach:</i></p> <ul style="list-style-type: none"> <li>• Impairments underlying a functional limitation were identified (e.g. tone, posture, range of motion)</li> <li>• Treatments targeted functional impairment (motor, cognitive, sensory etc.)</li> <li>• A combination of therapeutic strategies (evidence-based) and practice of functional activities were used to work on reducing impairments</li> </ul> <p><i>Context-Focused Approach:</i></p> <ul style="list-style-type: none"> <li>• Primary therapist model: either an occupational therapist or physiotherapist conducted intervention while the other provided consultation</li> <li>• The Canadian Occupational Performance Measure was used to identified motor-based tasks that the child was initiating or interested in doing but having difficulty executing</li> <li>• Treatment was focused on changing constraints within the task and/or environment</li> <li>• When possible children practiced these tasks during sessions (in natural environments)</li> <li>• Compensatory strategies encouraged</li> <li>• Remediation of children's impairments not the focus of intervention</li> </ul>	<p><i>Participation in everyday activities:</i></p> <p>(-) APCP: Play            (-) APCP: Skill development            (-) APCP: Active physical recreation            (-) APCP: Social activities</p> <p><i>Parent empowerment:</i></p> <p>(-) FES: Family            (-) FES: Services            (-) FES: Community</p> <p><b>At follow-up (At 9 months):</b></p> <p><i>Self care:</i></p> <p>(-) PEDI-FSS –Self-care            (-) PEDI- CAS – Self-care</p> <p><i>Mobility:</i></p> <p>(-) PEDI-FSS – Mobility            (+) PEDI- CAS – Mobility</p> <p><i>Gross motor function:</i></p> <p>(-) GMFM-66</p> <p><i>Range of motion:</i></p> <p>(-) Hip abduction: left/right            (-) Hip extension: left/right            (-) Popliteal angle: left/right            (-) Ankle dorsiflexion: left/right</p> <p><i>Participation in everyday activities:</i></p> <p>(-) APCP: Play            (-) APCP: Skill development            (-) APCP: Active physical recreation</p>

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			(-) APCP: Social activities  <i>Parent empowerment:</i> (-) FES: Family (-) FES: Services (-) FES: Community