iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club: Hampstead Rehabilitation Centre
JC Facilitator: Dani Gyss
JC Discipline: Occupational therapy

Clinical Scenario

What is the efficacy for OT led ADL retraining (e.g. personal care, PADL, equipment prescription) in increasing function and preventing re-admissions to hospital?

Review Question/PICO/PECO

P: Rehabilitation patients
I: occupational therapy (OT)-led ADL retraining sessions
C: no ADL retraining with OT
O: Function, occupational performance, independence, LOS, Carer burden, QOL and re-admission to hospital

Article/Paper


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Article Methodology:
Randomised controlled trial

Journal Club Meeting on:
16 November 2011
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<th>Ques No.</th>
<th>Yes</th>
<th>Can’t Tell</th>
<th>No</th>
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| 1       | ✓   |            |    | **Did the study ask a clearly-focused question?**  
The objective of this study was to determine whether occupational therapy is of value for patients with hip fracture.  
**Population:** hip fracture patients aged 65 and older; had independent residences and did not use walking or technical aids  
**Intervention:** Group A: early individualized, post operative occupational training program; Group B: control (conventional care)  
**Outcomes:** ADL and IADL; fear of pain and pain when performing ADL and IADL |
| 2       | ✓   |            |    | **Was this a randomised controlled trial (RCT) and was it appropriately so?**  
This study was a randomised controlled trial which was a suitable study design for determining the effectiveness of occupational therapy training program. RCTs are considered gold standard in providing evidence of effectiveness.  
Is it worth continuing? YES |
| 3       | ✓   |            |    | **Were participants appropriately allocated to intervention and control groups?**  
Allocation of participants into groups was undertaken using sealed opaque envelopes drawn by a person not involved in the study. While this is ideal, it’s not clear in the paper whether baseline characteristics are similar between groups. Demographic and medical data were shown in Table 1; however no baseline measurements for the most important outcomes were reported. |
| 4       | ✓   |            |    | **Were participants, staff and study personnel ‘blind’ to participants’ study group?**  
Blinding was not reported in the article. |
| 5       | ✓   |            |    | **Were all of the participants who entered the trial accounted for at its conclusion?**  
The drop outs, and reasons for withdrawal were described in Figure 1. |
| 6       | ✓   |            |    | **Were the participants in all groups followed up and data collected in the same way?**  
Yes, all participants had data collected 2-4 days after surgery, at discharge and after 2 months, using the same outcome instruments. |
|   |  | **Did the study have enough participants to minimise the play of chance?**
   |   | The authors did a power calculation so that 44 participants per group were required to achieve a statistical power of 80%. After the study, 46 are completers in the intervention group, and only 39 participants remained in the control group. |
|---|---|---|
| 8 |   | **How are the results presented and what is the main result?**
   |   | The results were presented using graphs and, means and p-values.
   |   | **Bottom line result:**
   |   | Individualised OT training program can hasten the ability of hip fracture patients to perform ADL upon discharge thus reducing the need for postoperative care at home. |
| 9 |   | **How precise are these results?**
   |   | Precision of results can be determined based on confidence intervals, which were not reported in this study. |
| 10 |   | **Were all important outcomes considered so the results can be applied?**
   |   | The study did not achieve statistical power. It lacked information regarding standard care therapies and lacked baseline data for homogeneity.
   |   | If we were to apply same staff ratios here at HRC or RAH staff resources would need to be increased.
   |   | Additionally, because the population appears to have been high functioning to begin which is different functionally to what we see here at HRC in a rehab setting. |