The impact of participation-based interventions on body functions T-D-SP04 among youth with physical disabilities

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INTRODUCTION

- Personalized 'top-down' participation-based interventions are considered recommended practice (Law & Darrah, 2014; Novak et al., 2013; 2019).
- It is unclear, however, whether enhancing participation can simultaneously improve both body functions and activity performance — key outcomes of rehabilitation programs.

STUDY'S OBJECTIVE

To examine the effectiveness of youth engagement in a self-chosen 8-week community-based activity (e.g., swimming, playing piano) on 3 relevant body functions:

METHODS

- A 20-week individual-based interrupted time series design with multiple baselines across youth was employed.
- Seven youth (4 males) with physical disabilities aged 15-25 (median=18) participated in an 8-week self-chosen activity.
- Number of functional issues ranged from 1 to 8 (median 3); the most common being difficulties moving around (5/7) followed by using hands to do activities and managing emotions (4/7).

Intervention and Procedure



Computer Graphic Designer: Paule Samson, 2019

- Using the PREP approach (Anaby et al., 2018):
- Solution-based strategies for removing environmental barriers were used to engage the youth in the chosen community activity.
- Each activity was analyzed using the "Activity Analysis" approach.
- Relevant body functions were identified and matched with appropriate assessments and were measured repeatedly.

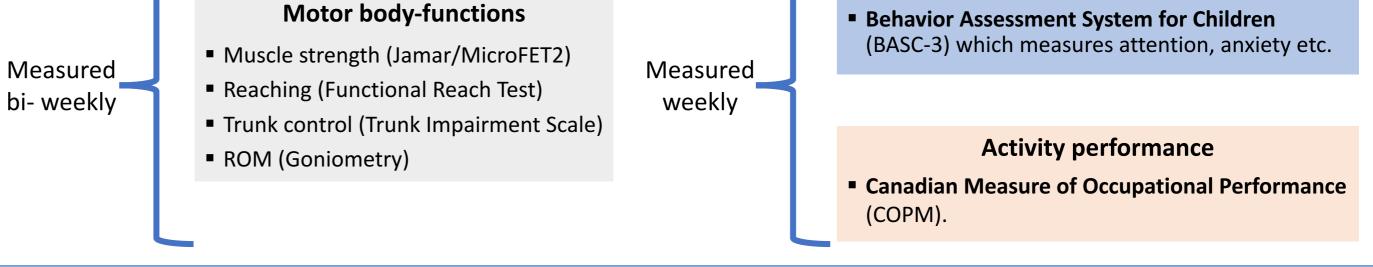
Assessment Kit

Cognitive and affective body-functions

Behavior Assessment System for Children

- Motor
- Cognitive
- Affective

as well as on the performance of the selected activity.



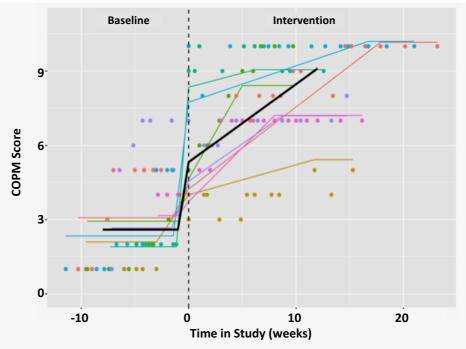
Linear and mixed-effects models were used.

RESULTS

- Significant improvements in at least one aspect of affect (5/7 youth), cognition (3/3 youth), motor (6/6 youth) and performance (7/7 youth) were observed.
- The intervention has a moderate to large effect on attention (0.57) and hyperactivity (1.45) with a smaller effect on anxiety (0.21) and inadequacy (0.21). A notable effect size for activity performance (4.61) was observed.
- Average change across motor outcomes was substantial, (3.7 SDs from baseline), yet nonsignificant.

Table 1. Specific body functions that improved significantly following the intervention in each youth

ID	Activity	Body Function Outcomes			Performance
		Motor	Affective	Cognitive	Outcome
1	Programming	NA	• Anxiety 🖌	 Attention ✓ Hyperactivity ✓ 	<i>s s</i>
2	Drawing	• Strength (R/L Wrist Ext) 🗸	—	NA	√ √
3	Guitar	 Strength (R Lateral Pinch) ✓ Trunk Control ✓ Strength (R Elbow Flex) ✓ ROM (R Wrist UI) ✓ 	• Anxiety 🗸	• Attention 🗸	<i>s s</i>
4	Swimming	 Strength (R/L Elbow Flex/Ext, R Shoulder Abd) ✓ ROM (R/L Shoulder Abd) ✓ Reach (L/R sitting/standing) ✓ Trunk Control (coordination, dynamic sitting) ✓ 		• Hyperactivity 🗸	J J
5	Swimming	 Forward Reach ✓ PROM (R/L Hip Flex, L Hip Abd) ✓ ROM (R Hip Flex) ✓ 	• Self-Esteem 🗸	NA	<i>J J</i>
6	Walking	• Strength (R/L quad, R/L ham, R/L calf) 🗸	 Anxiety ✓ Sense of Inadequacy ✓ 	NA	<i>s s</i>
7	Piano	• Strength (R/L Grip, R/L Thumb Abd, R Wrist Ext) 🗸	 Self-Esteem ✓ Inadequacy ✓ 	NA	<i>」 」</i>



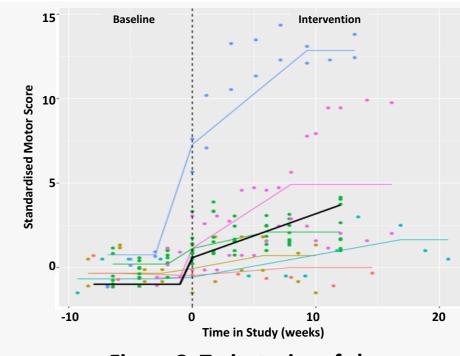
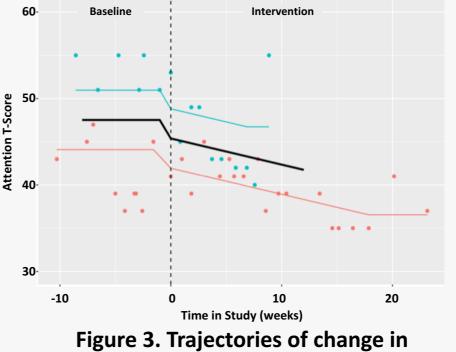
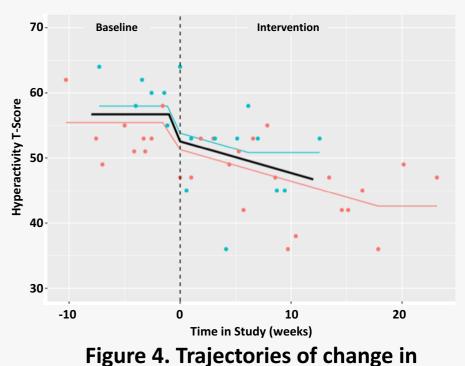


Figure 1. Trajectories of change in Activity performance (COPM scores)







LEGEND:

✓ Statistical significant improvement; ✓ ✓ Statistical and clinical significant improvement; — Stable; ROM = Range of Motion; PROM = Passive Range of Motion; Strength = Muscle Strength; NA=Not Applicable

Attention problems (BASC-3 scores)

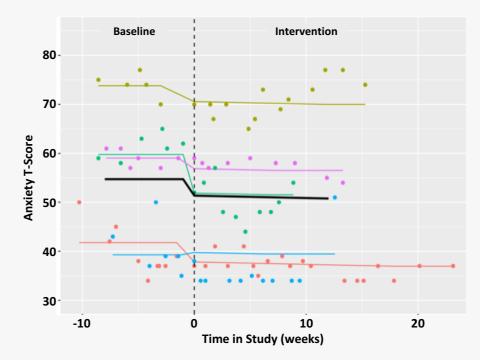


Figure 5. Trajectories of change in levels of Anxiety (BASC-3 scores)

levels of Hyperactivity (BASC-3 scores)

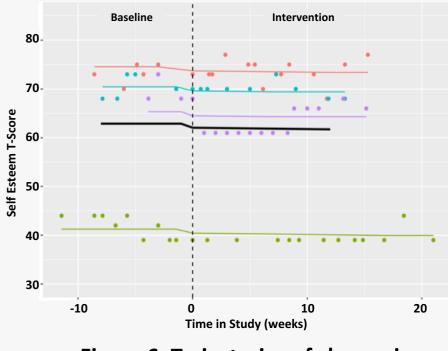


Figure 6. Trajectories of change in Self-esteem (BASC-3 scores)

CONCLUSIONS

- Participation-based interventions can impact bodyfunction level outcomes.
- Findings emphasize the merit of personalized and meaningful **'real-life'** youth-engaging therapies.
- The environment is key to children's participation and can serve as an effective target of **intervention**.

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