Evidence-Based Practice Conference
2016 Proceedings

Harnessing the Transformative Power of Occupation

Western School of Occupational Therapy
Welcome to the 2016 Evidence-Based Practice Conference

The School of Occupational Therapy extends a warm welcome to our participants and guests of the 2016 Evidence-Based Practice Conference.

We have hosted the Barbara Sexton Lectureship since 1999 during which time we have had a variety of distinguished speakers provide thought-provoking and action-oriented talks, which have inspired our students, faculty, staff and the Western community. We are delighted to present Dr. Bill Miller as the 2016 Barbara Sexton Lecturer, who will provide a talk titled, “Lessons Learned from a Life ‘Woven’ in Occupational Therapy”.

At the completion of the Barbara Sexton Lecture, the Evidence-Based Practice poster session will allow our second year MScOT students to share their exciting and innovative research projects. Their topics represent the diversity of the Occupational Therapy profession, with client populations across the lifespan.

A number of our students’ research projects have been submitted or accepted for presentation at important professional and research conferences including the: 2016 Canadian Association of Occupational Therapists (CAOT) conference (Banff, AB), Council of Occupational Therapists for the European Countries/European Network for Occupational Therapy in Higher Education Congress (Galway, Ireland), joint research conference of the Society for the Study of Occupation: USA (SS0:USA) and the Canadian Society of Occupational Scientists (CSOS; Portland, ME), and the 2015 London Health Sciences Centre’s Annual Evidence Based Symposium (London, ON). Moreover, our students have been successful in securing travel funding to offset the cost of attending these conferences (e.g., CAOT student presentation award, selected as one of the top 3 student submissions), and a number have submitted or plan to submit their work for peer reviewed publication. This displays the quality, diversity, and ingenuity of the work undertaken by our students and their respective project supervisors. We are very proud of their hard work and accomplishments. Congratulations!

On behalf of the School of Occupational Therapy, we thank you for sharing in our celebration of scholarship.

Dr. Jeffrey Holmes
Course Coordinator, OT 9695

Dr. Trish Tucker
Course Coordinator, OT 9695

Dr. Sherrilene Classen
Director,
School of Occupational Therapy

Western University Elborn College, Rm. 2555 1201 Western Road, London, ON, Canada N6G 1H1
t. 519.661.2175  f. 519.661.3894 www.westernu.ca
ACKNOWLEDGMENTS

We would like to express our appreciation for the expertise, enthusiasm, and time so generously dedicated by each of the project supervisors and co-supervisors. The quality and diversity of the student research projects would not have been achieved without this ongoing guidance and support.

These research projects are based on the foundational research knowledge these students ascertained throughout the curriculum. Therefore, we would be remiss to not acknowledge Dr. Debbie Laliberte Rudman who taught the Foundations of Research (OT 9541) course, Dr. Suzanne Huot who taught the Evidence-Informed Practice (OT 9595) course, and Marisa Surmacz, the subject librarian for occupational therapy, who assisted students with database searching. Finally, we would like to thank Dr. Liliana Alvarez who taught the Supervised Research in Occupation course during the 2014-2015 school year.

We would also like to extend our thanks to the following Year I MScOT students who volunteered their time to help ensure the research day ran smoothly and was a success: Athena Ko, Victor Wu, Hillary Hamilton, Stephanie Garrett, and Niloofar Ahanchin.

Finally, the School of Occupational Therapy would like to thank Nancy Nicholls and Jess Bechard whose support contributed to the publication of these proceedings and the success of the 2016 Evidence-Based Practice Conference.

With thanks,

Dr. Jeffrey Holmes & Dr. Trish Tucker
Co-Chairs and Course Coordinators
Evidence-Based Practice Conference
School of Occupational Therapy

Agenda – April 8, 2016

8:30-9:00  Registration & Coffee  Room 1534
9:00-9:20  Welcome & Award Presentations  Room 1330
9:20-10:20 Barbara Sexton Lecture  Room 1330
10:30-11:45 Poster Session  Room 1300
11:45-12:00 Closing Remarks  Room 1300
THE BARBARA SEXTON LECTURESHIP

The School of Occupational Therapy at Western University annually invites a distinguished visitor to give a public presentation for the Barbara Sexton Lectureship at the Evidence-Based Practice Conference. The Barbara Sexton Lectureship was established in 1999 to reward innovation and excellence in occupational therapy teaching and to foster professional enrichment.

Professor Sexton dedicated her career to the profession of Occupational Therapy and its advancement, both nationally and internationally. Following a successful career as a clinician, Professor Sexton joined the faculty at Western in 1973, just one year after the inception of the School. Thus, she was involved in the education of every graduate in Occupational Therapy from Western prior to her retirement in 1995. Barbara's specialty was mental health with an emphasis on interviewing and small groups. She worked hard to ensure that every graduate of this program was not only educated in the relevant theories of the discipline, but also in the clinical skills required in the day-to-day practice of the profession. During her tenure at Western, Professor Sexton served in many capacities and on many committees, both internal and external to the University. Most notably, she was the Assistant Dean in the Faculty of Applied Health Sciences from 1990 to 1994. She served as a member of the Review Board of the Canadian Journal of Occupational Therapy for nine years. She was actively involved with the World Federation of Occupational Therapists for 12 years, serving as an executive of the Federation for eight years. While functioning in this role, she served not only the World Federation, but also acted as an ambassador for Canadian Occupational Therapy. The University awarded her the status of Professor Emeritus in 1995. Professor Sexton had numerous publications in professional journals, made numerous presentations at scientific and professional meetings, and is the author of the widely used textbook, “Small Groups in Therapy Settings: Process and Leadership” which is in its fourth edition. Professor Sexton received the Life Member Award from the Ontario Society of Occupational Therapists and the Canadian Association of Occupational Therapists, and was an Honorary Fellow of the World Federation of Occupational Therapists. All of these honors recognize her major contribution to these Societies and to Occupational Therapists in general. Professor Sexton’s academic career was marked by dedication to the profession, to the University, and most notably to her students.
Dr. Bill Miller is the Associate Dean of Health Professions and a Professor in the Department of Occupational Science and Occupational Therapy at the University of British Columbia. He completed his undergraduate Occupational Therapy program at the University of British Columbia in 1989, followed by his M.Sc. and Ph.D. at the University of Western Ontario and his Post-doctoral Fellowship at the University of British Columbia.

Bill characterizes his research as the epidemiology, measurement, and examination of interventions to address mobility disability with the goal of improving and maintaining the occupations of older adults. Much of his work has focused on mobility oriented self-efficacy and the use of assistive technology including wheelchair use/training/design, gaming software and e-health (e.g., tablets).

Bill has over 400 peer reviewed contributions including 140 journal papers and 12 book chapters. He is on the editorial boards of the Canadian Journal of Occupational Therapy, Spinal Cord Journal, the Spinal Cord Injury Research Evidence (SCIRE), and the Canadian Occupational Therapy Foundation Review Board. Bill and colleagues have developed 6 outcome tools designed for clinical practice and research some, like the Wheelchair Outcome Measure, have been translated into multiple languages. Bill is most proud that he can order a beer in 8 different languages!
Poster #s, Titles, & Authors

#1 Exploring the Impact of Language on Occupational Engagement for Immigrants in London, Ontario
   Yan Cao, Ji Won Kim, Milad Shajari, Tamara Zimonjic, & Dr. Suzanne Huot

#2 Ageism and the Older Worker: A Scoping Review
   Kelly Harris, Sarah Krygsman, Jessica Waschenko, & Dr. Debbie Laliberte Rudman

#3 Mindfulness in Allied Health Professions Education: A Scoping Review
   Andrew Bertrim, Saara Bhanji, Andreja Modor, Rachelle Shepley, & Dr. Elizabeth Anne Kinsella

#4 The Influence of Culture on the Occupation of Driving: A Scoping Review
   Sarah Kaleem, Paula Mackin, Gunjeet Sandhir, & Dr. Lilian Magalhães

#5 An Integrative Review of Psychosocial Early Interventions for Individuals with a Psychotic Disorder
   Taylor Brewster, Kelsey Duffy, Steve Park, & Professor Donna Dennis

#6 Physical Activity among Preschool-Aged Children with Cerebral Palsy
   Megan Embree, Natalie Ettinger, Tina Giancarlo, Kali Miller, & Dr. Trish Tucker

#7 Validity of the Brain Fx 360 for the Assessment of Standing Balance
   Soniya Ashiq Ali, Colin Bialik, Jason Fang, Thomas Lovell, & Dr. Jeffrey Holmes

#8 The Impact of Sleep Deprivation on the Productivity of Adults with Mood Disorders
   Christopher Derak, Lisa McAughey, Rashmi Mehrotra, Florence Roudbarani, & Melissa Knott

#9 Mental Capacity in Relation to Physician Assisted Suicide - An Occupational Perspective
   Steven Campbell, Erin Collier, Allison Rudland, Cameron Van Oort, & Sylvia Prazias

#10 First Do No Harm: Examining the Impact of Psychiatric Diagnosis on Social Identity
    Joslyn Belanger-Gabriel, Liza Schmidt, Christal Gordon, Sarah Cunningham & Dr. Marnie Wedlake

#11 Functional Outcomes of Clients at London Health Sciences Centre Undergoing Direct Anterior Approach to Total Hip Arthroplasty
    Emma Burzotta, Malcolm Ross, Su-Jin Chong, & Leann Merla

#12 Identifying Key Aspects of Occupational Therapy Initial Assessments in Acute Care
    Lubna Ahmed, Lauren Horwood, Janna Loyer, Michelle Ward, & Leann Merla

#13 Comparison of Pressure Relief Efficacy in Three Commonly Used Wheelchair Cushions: A Pilot Study
    Adam Ly, Ashleigh Laine, Darnell Hastings, Samuel Colborne, & Leann Merla

#14 Selecting Cognitive Assessments for use in an Acute Care Environment
   Claire Ashton, Larissa Brese, Ariana Gverzdys, & Leann Merla

#15 A Scoping Review of Preventive Occupational Therapy Interventions for Older Adults
   Rose Carey, Jake Jefferies, Erica Larkin, Karen Schellenberg, & Kelly McIntyre Muddle
Exploring the Impact of Language on Occupational Engagement for Immigrants in London, Ontario
Poster #1

Yan Cao, Ji Won Kim, Milad Shajari, Tamara Zimonjic, & Dr. Suzanne Huot

Background:
According to Statistics Canada (2007), immigrants face numerous difficulties in their first couple of years in Canada, such as finding employment and adapting linguistically and culturally. Approximately 26% of immigrants report that learning a new language is a difficulty, while 13% report the challenges of adapting to new cultures and values.

Purpose:
To explore how language influenced occupational engagement for immigrants in London, Ontario. Specifically, how differential fluency in the official languages of English and French acted as a barrier as well as an enabler to occupational engagement for immigrants.

Methods:
A secondary analysis study (Irwin & Winterton, 2011) using data generated as part of a primary study examining how immigrants’ occupations acted as a mediating force for their socioeconomic integration in London, Ontario and in Auckland, New Zealand. Analysis focused specifically on data generated in London.

Participants: 10 immigrants currently residing in London, Ontario (5 males, 5 females). Participants had emigrated from varying countries of origin, including Benin, Brazil, Burundi, Colombia, France, Iraq, Lebanon, Morocco, and Saudi Arabia.

Data collection: An initial session consisted of a narrative interview as well as the creation and description of an occupational map (Huot & Laliberte Rudman, 2015) that addressed their routines and occupations in the host community. Semi-structured follow-up interviews were conducted during a second session.

Data analysis: Line by line and thematic coding of the 20 verbatim transcripts (Long-Sutehall et al., 2011). We immersed ourselves in the data using an iterative process by revisiting previously coded data to ensure consistent interpretation of the text and also to ensure that relevant data were not overlooked when coding.

Findings:
Analysis of the data resulted in identification of “learning English as essential for occupational engagement” as the main theme. Four related sub-themes were developed through our analysis: 1) settlement (accessing services and resources), 2) economic integration, 3) social-cultural integration/isolation, and 4) family. Participants were found to have learned English for different reasons, such as for facilitating their settlement process, economic integration, social and cultural integration, as well as for improving the future and welfare of their families.

Conclusion and Implications:
This study depicts the important role that proficiency in English plays in shaping the integration of immigrants in London, Ontario. Most participants who lacked proficiency in English were found to face challenges with their settlement process, including the economic, social and cultural integration into Canadian society. Daily social interactions and engagement in occupation are mediated through the dominant community’s language, linking language and power and influencing possibilities for participation in daily occupations. Enabling meaningful occupational engagement among migrant populations thus requires attending to social power relations between linguistically dominant and marginalized groups.
Ageism and the Older Worker: A Scoping Review
Poster #2

Kelly Harris, Sarah Krygsman, Jessica Waschenko, & Dr. Debbie Laliberte Rudman

Background:
In response to aging populations, economic challenges, and other socio-political factors, many countries, including Canada, have implemented policy changes that focus on extending involvement in paid labour. However, previous research indicates that ageism has the potential to limit or disrupt meaningful employment opportunities for older workers. Occupational therapy practice aimed at supporting older workers should be informed by evidence regarding the effects of ageism. Older workers were defined in line with the Organisation for Economic Co-operation and Development’s (2006) influential Live Longer, Work Longer policy document as those aged 50 and older.

Purpose:
The purpose of this scoping review was to examine the available evidence on the effects of age-related stereotypes and age discrimination practices on employment experiences and opportunities for older workers.

Methods:
Arksey and O’Malley’s (2005) five-step scoping review framework was employed. Six databases, CINAHL, Embase, Proquest Nursing & Allied Health Source, PsycInfo, PubMed, and Sociological Abstracts, were rigorously searched. Sixty-three terms related to the concept categories of “older worker”, “ageism”, and “employment” were used and 831 articles were elicited from the search. The following pre-determined selection criteria were used during the abstract and full-text screening phases: written in English, available in full-text, peer-reviewed, published after 2006, and focused on ageism or an equivalent concept within the context of employment or unemployment for older adults aged 50 and over. Exclusion criteria included grey literature, studies published prior to 2006, and those focused on barriers other than ageism. Forty-two articles were found to fit the criteria and selected for review. Using a standard data extraction template, key points from each article were summarized. Following the completion of data extraction charts for each article, a descriptive numerical summary and thematic analysis were conducted using an iterative process.

Findings:
The majority of the 42 articles were conducted in the European context (N=18) and used quantitative methods (N=34). The results of the thematic analysis revealed four primary themes: (a) stereotypes and perceptions of older workers, (b) intended behaviour towards employment of older workers, (c) reported behaviours towards employment of older workers, and (d) older workers’ negotiation of ageism. Only a few studies have examined the implications of ageism for older workers’ work opportunities and lived experiences in actual work contexts.

Implications:
Results suggest a need for further research addressing the implications of employment and occupations for older adults within the contemporary labour market, across geographical regions, and within real life workplace contexts. Additionally, results indicate a need to promote age-friendly workplace climates through implementing policies and interventions to deal with both intentional and unintentional discrimination towards older workers. Study limitations included inconsistent definitions of older workers in the literature and inclusion of articles only in the English language. These limitations led to challenges in determining inclusion of articles and restricted generalization across cultural contexts. It is evident that ageism functions as a barrier to employment opportunities for older workers, as such occupational therapists and occupational scientists cannot neglect the influence government policies have on meaningful participation for older workers.
Mindfulness in Allied Health Professions Education: A Scoping Review
Poster #3
Andrew Bertrim, Saara Bhanji, Andreja Modor, Rachelle Shepley, & Dr. Elizabeth Anne Kinsella

Background:
High levels of stress and anxiety have been reported in student populations. Various approaches to mindfulness, and mindfulness interventions have been proposed as potential mediators of such stress. While research on the positive effects of mindfulness among medical students has been well-documented, investigations into the use of mindfulness with allied health professions students is in nascent stages and no systematic mapping of the emerging literature with this population has yet occurred. In this study allied health professions included occupational therapy, physical therapy, social work, nursing, psychology, counselling, speech language pathology and audiology.

Purpose:
The purpose of this scoping review was to identify, summarize and describe the current state of knowledge on mindfulness in allied health professions education (AHPE).

Methodology:
The methodology employed Arksey and O'Malley's (2005) 5 stage scoping review framework. This involved: identification of the research question; identification of relevant studies; study selection; data extraction; and data synthesis. Databases consulted included: Scopus, PubMed, ProQuest Nursing and Allied Health, PsychINFO and CINAHL. Key terms included: (meditation OR mindfulness OR contemplation) AND (allied health students OR occupational therapy students OR physical therapy students OR speech-language pathology students OR audiology students OR nursing students OR social work students OR psychology students). The search was limited to articles that were peer-reviewed, written in English and published between 2005 and 2015. Grey literature, articles focusing only on medical students, and articles not published in English were excluded. The initial search of databases generated 535 articles. 185 duplicates were removed yielding 350 articles. Titles and abstracts were screened according to inclusion/exclusion criteria yielding 65 articles. A manual search yielded three additional articles for a total of 68. Each article was independently rated by two reviewers on 0-6 point relevancy scale. Thirty-one articles were rated ≥ 5 and included in the data extraction and synthesis stage.

Findings:
The studies ranged from 11 quantitative, 12 qualitative, 4 mixed methods and 4 literature reviews. They were predominantly located in the United States (21), and in fields of social work (9) and nursing (8). Quantitative analysis depicted mindfulness interventions as contributing to: decreased stress, anxiety, and depression; increased quality of life/well-being, and empathy; improved physiological measures; and no effect on burn-out. Qualitative findings highlighted four overarching themes: 1) mindfulness within self-care, 2) mindfulness within professional practice placement, 3) mindfulness within the classroom, and 4) the cultivation of qualities of mindfulness (attention, self-awareness, compassion, non-judgment and acceptance).

Implications:
The study suggests that in the educational setting mindfulness may be useful in assisting students to manage academic stress, anxiety, and depression, and to cultivate a physical and mental state of calm. In professional practice placements, mindfulness may help students be more present and attentive to clients, connect with clients on a deeper level, and be more focused, attentive and empathetic. The findings suggest that mindfulness is in the early stage of conceptualization, therefore further conceptual work and research that implements consistent definitions and protocols is recommended. Further research in underrepresented AHPE disciplines, (speech language pathology and audiology) and in countries beyond the United States is recommended.
The Influence of Culture on the Occupation of Driving: A Scoping Review
Poster #4

Sarah Kaleem, Paula Mackin, Gunjeet Sandhir, & Dr. Lilian Magalhães

Background:
According to the Canadian Association of Occupational Therapists, driving is a meaningful occupation among individuals which allows them greater community participation while promoting independence, health, well-being and participation. The Canadian Model of Occupational Performance and Engagement emphasizes the impact of one’s cultural environment on occupational engagement. Despite recognition of the importance of driving and culture to occupation, the relationship between them is not well-studied in Occupational Therapy (OT) literature today. Exploring how culture impacts the occupation of driving will help OTs better approach driving rehabilitation within different cultural contexts.

Purpose:
The purpose of this scoping review is to outline the current state of peer-reviewed literature on how culture impacts the way people drive.

Methods:
Arskey and O’Malley’s (2005) Scoping Review Methodological Framework was used to identify gaps within the literature and map concepts about the relationship between culture and driving. The University of Western Ontario Library website was used to search the following databases: CINAHL, ProQuest Nursing and Allied Health Source, PsycInfo, PubMed, Scopus, SocINDEX, and Embase. Search terms used described driving (car, driving ability, driver, traffic safety, automobile driving, etc.) and culture (immigration, culture, acculturation, etc.). Articles included in this review were: peer-reviewed articles, in English, not addiction-related, had subjects 18 years or older, published during or after 2005, discussed a cultural component regarding driving, examined drivers in specific countries, and considered the way people drive. This criteria was applied to the 429 articles that were initially identified and 40 articles were selected for the review. Three researchers extracted relevant information from 40 of these articles into a spreadsheet and identified the key themes within the literature in an iterative manner.

Findings:
Major gaps exist in the literature regarding the influence of cultural variables on driving styles. Studies investigating this relationship are scarce and more research is required in this area. It is important to explore this relationship as people may drive differently outside of their countries particularly in the case of immigrants and tourists. Three main themes emerged from our study: safety attitudes and behaviour, driver perceptions, and macro aspects of driving. Positive road safety attitudes were associated with less risk-taking behaviour on the road. Additionally, it was found that driver’s risk/hazard perceptions were dependent on the driver’s country and varied due to cross-cultural differences. Some of the macro aspects that influence traffic accidents and driving behaviours include poor infrastructure, low adherence and enforcement of traffic regulations, religion, major holidays, and subscribing to certain worldviews.

Implications:
This review outlined the major cultural components that influence the way people drive as well as knowledge gaps that exist in the literature regarding this topic. This research can inform health professionals, researchers, educators and policy makers. It can be used to design better driver education programs, policy initiatives for law enforcement and traffic regulations, and research studies to further investigate the relationship between culture and driving. Future research should develop an operational definition of culture to better study the impact of cultural variables on driving styles, examine grey literature and studies in other languages to construct a more comprehensive view of this relationship.
An Integrative Review of Psychosocial Early Interventions for Individuals with a Psychotic Disorder
Poster #5

Taylor Brewster, Kelsey Duffy, Steve Park, & Professor Donna Dennis

Background: The impact of schizophrenia and mental illness on Canada’s health and non-healthcare expenditure has been very high in the past decade. The Ontario government responded by launching Open Minds, Healthy Minds, a comprehensive strategy to reconstruct the mental health system. While one of the strategy’s guiding goals is to identify mental health and addiction problems early and intervene, a knowledge gap exists not only on what interventions are being utilized, but also how they are being implemented in practical settings.

Purpose: The purpose of this integrative review was to explore the nature and range of psychosocial early interventions for individuals experiencing psychosis. Specifically the present review sought to address the following questions: What types of early psychosocial interventions are being used? What are the methodologies of implementation? And what are the implications for occupational therapists in providing early psychosocial intervention?

Methods: Six databases that related to occupational therapy, psychology, medicine and other allied health professions were searched. The databases used were: PubMed, CINAHL, PsycINFO, Cochrane Library, EMBASE, and ProQuest Nursing and Allied Health Source. Three main search terms included: 1) any subtype within Schizophrenia Spectrum or Other Psychotic Disorders as per DSM-5, 2) “Early intervention” 3) “Psychosocial”. A total of 28 quantitative studies published between 2010 and 2015 were identified. Each author was responsible for searching two databases and recording all results appropriately. The reference management software Mendeley was then used to eliminate duplicates of the same article. A title and abstract screening form and a full text screening form were developed and implemented once the initial searches were completed. A thematic synthesis approach was employed to analyze and synthesize the interventions into themes of intervention.

Findings: Three broad categories of currently utilized psychosocial early interventions were identified as psychoeducation, psychotherapy, and functional skills training. The interventions were provided in hospital, community, a university-based clinic, or by computers, either individual or group-based, or both. The service providers involved in interventions were social workers, physicians, psychologists, psychiatrists, nurses, vocational specialists, trained workers or occupational therapists. With various frequencies and lengths of interventions, positive treatment effects were evident shortly after interventions but diminished in the long-term, with a few exceptions. For three studies, the effects were still evident 3, 6, or 12 months post-interventions.

Implications: As occupational therapists play a key role in the implementation of early interventions, it is important for them to understand what is currently known about the various interventions. Therefore, this study stands occupational therapy practitioners in good stead to advocate for positions on these early intervention teams, as they have knowledge and expertise in targeting occupational functioning and can provide services across all three themes of interventions.
Physical Activity among Preschool-Aged Children with Cerebral Palsy
Poster #6

Megan Embree, Natalie Ettinger, Tina Giancarlo, Kali Miller, & Dr. Trish Tucker

Background:
The benefits of physical activity have been associated with improved measures of skeletal health, motor skill development, and cognitive and psychosocial development (Janssen & LeBlanc, 2010; Timmons et al., 2012) among young children, including those with chronic conditions and disabilities (Murphy & Carbone, 2008). It has also been identified that patterns of physical activity in healthy preschool children, aged 3 to 5 years, can persist into adulthood (Zwier, Van, Becher, Smits, Gorter, & Dallmeijer, 2010). Given the benefits associated with adequate levels of physical activity and the currently described inactive lifestyles among children with paediatric disabilities (Longmuir & Bar-Or, 2000), a study of the physical activity levels among preschool-aged children with cerebral palsy (CP) is warranted.

Purpose:
The aim of this study was to describe the current levels of physical activity among preschool-aged children (2.5 to 5 years) with CP.

Methods:
This study systematically reviewed the available literature about physical activity levels among preschoolers with CP. Five electronic databases were searched (CINAHL, PubMed, EMBASE, PsychInfo, and AMED) using the following search terms: “cerebral palsy”, “physical activity”, “physical fitness”, “exercise”, “motor activity”, “active play”, “preschool”, “child”, “child preschool”, “preschool children”, “preschool child”, “school nursery”, “nursery”, and “kindergarten”. Studies were included if they: (i) involved preschoolers (2.5 - 5 years) diagnosed with CP; (ii) examined physical activity levels among participants; (iii) were published in English; and (iv) were published between 1990 and 2015. Studies were excluded if they: (i) did not involve preschoolers (i.e., they only involved children older than 6 years of age); (ii) involved participants with a comorbidity; (iii) assessed an intervention without baseline measures; and (iv) used a qualitative research methodology. Search results identified 1,033 articles. However, after the title and abstract of each article was assessed by two independent reviewers, 10 primary studies were deemed appropriate for this systematic review. All studies that met full inclusion criteria were assessed for quality using The McMaster Critical Review. The data was separated according to the type of outcome measure (objective and subjective). Data from the studies using the same outcome measurement tool were synthesized.

Findings:
Ten studies involving 1,069 children with CP (GMFCS levels I-V) aged 2-12 years from five countries (United States, Canada, the Netherlands, Australia, and Taiwan) were reviewed. The primary findings of this study indicate children with CP are achieving low levels of physical activity. Gaps exist within the literature examining the levels of physical activity among preschool children with CP which warrants the need for continued research, and the need for a consistent and objective physical activity measurement tool is necessary.

Implications:
The information gained from this research demonstrates that education and advocacy are required at micro, meso, and macro levels to enhance the levels of physical activity among this population. Despite these findings, it is important to highlight several limitations of this study including the exclusion of unpublished studies and studies published in non-English languages. Additionally, due to the low number of studies included, inconsistency of methodological approaches, and lack of meta-analysis, the findings of this review were broad and difficult to generalize. Given that physical activity can reduce secondary conditions, improve health, and enhance quality of life, future research should be targeted at developing physical activity guidelines for preschool-aged children with CP to direct interventions that promote physical activity throughout the lifespan.
Validity of the Brain Fx 360 for the Assessment of Standing Balance
Poster #7

Soniya Ashiq Ali, Colin Bialik, Jason Fang, Thomas Lovell, & Dr. Jeffrey Holmes

Background:
Individuals experiencing traumatic brain injuries, particularly concussions, commonly report difficulties with balance that negatively impact their occupational engagement (Stulemeijer et al., 2006). Given the rising prevalence of concussions in sports (Canadian Medical Association, 2011), ongoing clinical assessment of balance is essential to prevent premature return to play and subsequent re-injury. The BrainFx 360 tablet has emerged as a new technology that could potentially be used to objectively assess standing balance in a clinical setting. This could replace current clinical measures which are subjective and lack sensitivity.

Purpose:
The purpose of this study was to evaluate the validity and reliability of the BrainFx 360 tablet as a measurement tool for the quantitative assessment of balance.

Methods:
Forty healthy young adults between the ages of 18 and 30, 10 male and 30 female, were recruited from the student body at Western University. Participants completed two blocks of testing while holding the BrainFx 360 tablet, as they stood in seven stances of increasing complexity atop a biomechanical force plate on firm and foam (Airex Balance Pad 8100) surfaces. The balance tasks included: 1) eyes open, feet together; 2) eyes closed, feet together; 3) eyes open, feet in tandem position; 4) eyes closed, feet in tandem position; 5) eyes open, left leg flexion; 6) eyes open, right leg flexion; and 7) eyes closed, non-dominant leg flexion. The stances selected were comprised of the tasks that are outlined in the Balance Error Scoring System (BESS) and BrainFx 360 assessment protocols. Participants completed two 30-second trials of each task for a total of 28 trials. Using the statistical software package SPSS V.22, a two-way, random-effects intraclass correlation coefficient (ICC) model, with an alpha value of 0.05, was used to assess concurrent validity and test-re-test reliability. Validity and reliability point estimates of the ICCs were interpreted as follows: excellent (0.75–1); moderate (0.4–0.74); or poor (0–0.39).

Findings:
Concurrent validity was shown to be moderate to excellent across balance tasks (ICC = 0.43–0.87). With one exception, double limb eyes open on a firm surface (0.21), similar results were also noted for the test-re-test reliability analyses (ICC = 0.51–0.91). In contrast, concurrent validity between the BrainFx 360 tablet and the BESS was found to be poor across all balance tasks (ICCs = -0.01-0.02).

Implications:
Given that the BrainFx360 tablet is portable, widely available, and relatively inexpensive, it provides clinicians with a reliable and valid method for objectively measuring the standing balance. This tool will allow clinicians, such as occupational therapists, to obtain an objective outcome measure following a concussion, which can be used to inform subsequent treatment and inform return to play decisions. Despite these promising findings, it is important to note that the tablet’s low data collection frequency and its placement relative to the client’s body may hinder the magnitude of the postural sway values obtained. This is likely to be more prominent in individuals with balance impairments. Future research focusing on individuals experiencing mild traumatic brain injuries should be conducted in order to further justify utilizing the BrainFx 360 as a mainstream clinical assessment tool.
The Impact of Sleep Deprivation on the Productivity of Adults with Mood Disorders
Poster #8

Chris Derak, Lisa McAughey, Rashmi Mehrotra, Florence Roudbarani, & Melissa Knott

Background:
Sleep issues are commonly reported by individuals experiencing mood disorders. It is widely acknowledged that decreased sleep can contribute to a number of physical, cognitive, and emotional issues, but little is known about how occupation is affected.

Purpose:
The aim of this study was to identify what is currently known about the impact of sleep deprivation on the experience and performance of productivity related occupations in adults diagnosed with mood disorders.

Methods:
A scoping review of published academic articles was conducted based on Arksey and O’Malley’s (2005) Scoping Review Methodological Framework to identify all of the available literature regarding this topic. The following databases were searched: PsycINFO, PubMed, Medline, CINAHL, EMBASE, the Cochrane Library, and Dissertations and Theses Global. Within these databases, the search terms sleep deprivation, productivity, mood disorder, and related synonyms were used. The journals Sleep, Journal of Sleep Research, Canadian Journal of Occupational Therapy, and American Journal of Occupational Therapy were hand searched since the year 2005. Articles were included if they were published in English, if subjects were adults (18+), if the majority of subjects (>50%) were diagnosed with a mood disorder, and if the main focus was on the impact of sleep deprivation on the experience or performance of productivity related occupations. Articles were excluded if they did not meet these criteria, or if they focused on excessive daytime sleepiness or sleep disorders such as sleep apnea or restless leg syndrome. Data extraction and analysis from selected articles allowed for the identification of themes.

Findings:
A total of eight articles met all criteria and were selected for review. Each article was independently reviewed by two researchers and four main themes were identified: (1) increased health care utilization and associated costs; (2) increased functional impairment; (3) increased work impairment; and (4) decreased health-related quality of life. The following gaps in the literature were identified: a lack of research concerning productive occupations other than paid employment (e.g., academic performance); no qualitative studies were found, providing no opportunity for the voices of individuals to be incorporated; and diversity of study location was limited to developed nations.

Implications:
It appears that sleep loss negatively affects the productivity related occupations of individuals with mood disorders in many capacities. Occupational therapists may use this knowledge to better understand the context of clients with sleep deprivation and mood disorders in order to provide effective treatments and the opportunity to engage in meaningful productivity related occupations. Limitations of this review include: only papers published in peer reviewed journals were considered, and for efficiency single reviewers completed title and abstract screening. It is therefore possible that other relevant articles exist. Future research should focus on the lived experience of adults diagnosed with mood disorder to assist occupational therapists in better assessing, identifying, and supporting this population.
Mental Capacity in Relation to Physician Assisted Suicide  
An Occupational Perspective  
Poster #9

Steven Campbell, Erin Collier, Allison Rudland, Cameron Van Oort, & Sylvia Prazias

Background:  
In 2015, the Supreme Court of Canada decriminalized physician assisted suicide (PAS) for consenting, terminally ill, competent adults. However, there is no uniform definition of mental capacity, an eligibility criterion, within Canadian legislature. Canadian occupational therapists (OTs) champion provision of meaning through occupation and supporting clients to die with dignity, and have the knowledge to determine mental capacity, but currently lack a position statement addressing PAS.

Purpose:  
The primary purpose of this scoping review was to explore the current definition and understanding of mental capacity with regard to PAS. The secondary purpose was to discuss the potential role for occupational therapy within this domain.

Methods:  
This scoping review followed Arksey and O’Malley’s (2005) methodological framework. Seven databases were searched for peer-reviewed literature using several synonymous “mental capacity” and “PAS” search terms. Databases included: CINAHL, Cochrane Library, EMBASE, Proquest, PsycINFO, PubMed, and SCOPUS. A purposive search of legislation from jurisdictions where PAS is legal was completed through government website and Google searches. Inclusion criteria applied to each article returned included: a PAS focus, a focus on mental capacity, adults 18 and older, peer-reviewed, grey literature limited to legislation and legislative guidelines, published in English, and available in full text. Articles were excluded if they included children, were not in English, were not available in full text, or if they were rated a two or lower on a four point relevancy scale devised by the researchers. The 44 documents remaining after abstract and full text relevancy screening were retained for data extraction, and coding via inductive content analysis (Elo & Kyngas, 2007). A thematic analysis was then performed similarly to that described by Braun and Clarke (2006).

Findings:  
The 44 final documents included: 36 peer-reviewed articles, seven legislative articles, and one legislative guideline. The majority were from the United States of America (n=27, 61.7%), with others based in Canada, Europe, and Australia/New Zealand. The majority of the articles were from psychology and law disciplines. Four themes that inform the current understanding, definition, and assessment of mental capacity in relation to PAS were generated from 15 codes: gaps in understanding capacity, mental health focussed, capacity requires comprehensive assessment, and client-centred practice.

Implications:  
This scoping review can inform Canadian policy makers who need to determine what regulations and legislation should surround the newly legalized PAS in Canada, as well as health care practitioners. The emergent themes of this paper have illustrated the current understanding of mental capacity in regards to PAS. With this understanding, OTs are in a position to use their expertise in holistic capacity assessment. However, due to the lack of consensus definition and understanding of mental capacity, future research is required in this area. A limitation of this review is that grey literature was limited, possibly resulting in missed ideas.
First Do No Harm: Examining the Impact of Psychiatric Diagnosis on Social Identity
Poster #10
Joslyn Belanger-Gabriel, Liza Schmidt, Christal Gordon, Sarah Cunningham, & Dr. Marnie Wedlake

Background:
A psychiatric diagnosis can change an individual’s understanding of self in relation to others. Social identity navigates how we engage with our social environment and can have strong implications for rehabilitation practices and overall well-being.

Purpose:
The purpose of this scoping review was to explore the impact of a psychiatric diagnosis on social identity. This study aimed to gain a rich understanding of how individuals experience the label of a mental illness and how it may change one’s understanding of self in relation to others.

Methods:
A scoping review was undertaken using the framework by Arksey and O’Malley to map relevant qualitative literature examining the impact of a psychiatric diagnosis on social identity. Seven electronic databases were searched including Pubmed, CINAHL, Proquest, Embase, PsycInfo, Scopus, and Google Scholar. Search terms included psychiatric diagnosis, mental illness label, labeling theory and social identity. Fifteen articles were identified as relevant. Articles included focused on the impact of a psychiatric diagnosis on social identity, included participants of any age and were primary research articles. Articles were excluded if they were published before 1995, the focus was on the impact of symptoms rather than diagnosis, they were not peer reviewed, or they were not in English. Two researchers reviewed each article and disagreements were resolved by a third researcher. Data extracted and initial themes were developed by researchers identifying codes based on recurring ideas.

Findings:
Four primary themes along with subthemes emerged through thematic analysis: stigma, membership transitions (membership exclusion and membership inclusion), secrecy (something to hide and minimizing diagnoses) and explanation/validation (facilitator). An overarching narrative of confusion was identified and embedded within all themes. Findings demonstrated that individuals labeled with a psychiatric diagnosis often experienced a stigmatizing environment in which one's full identity and reality were overlooked. The stigma evoked by a psychiatric label led participants to experience marginalization from their social groups and often resulted in membership transitions to more inclusive settings. Further, perceived stigma led participants to sometimes feel the necessity to hide their diagnosis. However, for some participants the diagnosis helped to resolve confusion while providing participants with a name for what they were experiencing.

Implications:
Extraction of themes from this literature review revealed that participants’ social identities were impacted in many ways when they received a psychiatric diagnosis. Individuals often had a mixture of positive and negative reactions to receiving a diagnosis, and they differed in whether these reactions were predominantly negative or positive. These findings can be used to guide health care practitioners in helping their clients to maximize social participation and function by modifying their social identities. Additionally, the findings suggest that health care practitioners should aim to view their clients more holistically, consider the social consequences of psychiatric labels, and look beyond the diagnosis in order to maximize recovery. Future research could explore the impact of a psychiatric diagnosis on other types of identity, and further studies should be conducted that focus on the impact of psychiatric labels on social functioning rather than focusing on the impact of observable psychiatric symptoms. This review illustrates how the dialogue surrounding psychiatric diagnosis needs to address the overarching narrative of confusion and how this is impacting the public as well as mental health consumers.
**Functional Outcomes of Clients at London Health Sciences Centre Undergoing Direct Anterior Approach to Total Hip Arthroplasty**

*Poster #11*

*Emma Burzotta, Malcolm Ross, Su-Jin Chong, & Leann Merla*

**Background:**
Traditional approaches to total hip arthroplasty are the posterior and posterolateral approaches that involve the cutting of muscles surrounding the hip from their insertion. These approaches require hip precautions to prevent hip dislocation after surgery. London Health Sciences Centre (LHSC) has recently introduced the less invasive Direct Anterior Approach to Total Hip Arthroplasty (DA THA) which is a muscle sparing technique that involves moving muscles aside without cutting them. As a result, hip precautions are not necessary and clients are discharged day one or zero after surgery. Early discharge provides little opportunity for occupational therapists to determine how clients actually function post-surgery. Since the Direct Anterior approach is relatively new to LHSC and opportunities for postoperative involvement with occupational therapists are limited, there is a lack of information regarding the postoperative experience. This makes it difficult for Occupational Therapists (OT) to provide evidence-informed intervention and education to these clients.

**Purpose:**
The purpose of this study was to understand the postoperative needs and experiences of clients at LHSC who have undergone a DA THA.

**Methods:**
A quality improvement framework was used to guide inquiry in a clinical setting. This approach was chosen to efficiently gather data in an area where there is a lack of evidence-based research. A semi-structured telephone interview was administered to 19 clients; 2-3 weeks post discharge, who received a DA THA at LHSC. Clients were asked questions regarding functional abilities and difficulties experienced post discharge, assistive equipment utilized and return to meaningful occupations. Results were reviewed by the Clinical Resource Specialist to identify common responses related to managing activities of daily living and participation in occupations. A secondary analysis of clinical notes was completed to identify themes and formulate recommendations for appropriate preoperative education before a DA THA surgery.

**Findings:**
Three themes emerged: use of assistive devices, energy conservation and self-limiting behaviour. All respondents utilized a gait aid after surgery and the most frequently used assistive devices were a long handled reacher and raised toilet seat. Several respondents reported an increase in activity two and a half to three weeks post operatively, but reported decreased endurance. Sixteen out of 19 respondents reported feeling uncertainty about how quickly to increase activity level or weight bearing status after surgery. Sixteen out of 19 participants identified initially not feeling confident to weight bear on operated leg for fear of re-injury.

**Implications:**
The themes identified from this study must be explored with clients during presurgical education in order to optimize function after discharge. Insight into client experiences facilitates clinical knowledge translation for occupational therapists at LHSC contribute to improving best practice for new approaches such as the DA THA. The limitations of this study were the lack of standardized outcome measures that allows for comparisons across participants. Also, the sample was collected from LHSC solely, which decreases the generalizability of the findings. Findings were interpreted through secondary analysis, potentially reducing the depth of subsequent recommendations. Future research should focus on standardized outcome measures and a more structured interview of both clients and caregivers that includes questions regarding activities such as grocery shopping and finances, as well as a mental component.
Identifying Key Aspects of Occupational Therapy Initial Assessments in Acute Care
Poster #12

Lubna Ahmed, Lauren Horwood, Janna Loyer, Michelle Ward, & Leann Merla

Background:
Multiple demands in the acute care hospital setting lead to constraints for occupational therapists working within this practice context. The challenges faced by therapists working in this setting combined with the push to reduce healthcare costs necessitate an effective and efficient initial assessment process. Currently, no suitable uniform protocol exists for acute care initial assessments within the Canadian context. Upon a review of relevant literature, several realities characterize the acute care hospital context. These may be broadly grouped according to contextual pressures, types of assessments and inter-professional communication requirements, and a paucity of initial assessment tools and related research.

Purpose:
The purpose of this work was to identify key aspects of acute care initial assessments commonly used by occupational therapists. A supplementary goal of this study was to streamline the acute care initial assessment process through the creation of a context-specific process schematic.

Methods:
A critical ideological paradigm was adopted to collect data for this qualitative study in order to explore the institutional barriers affecting acute care initial assessments. A critical perspective is beneficial to comprehend how institutional pressures affect the acute care practice context. Furthermore, this perspective supports practice recommendations to alleviate practice constraints. Data was collected through a team meeting that was conducted in affiliation with a Clinical Resource Specialist, who is also a registered Occupational Therapist working in London, Ontario at London Health Sciences Centre (LHSC). Thirteen acute care occupational therapists from diverse areas of practice participated in the team meeting, where they answered a series of questions pertaining to prioritization, pertinent information, barriers, assessments and suitability for discharge. An iterative thematic analysis of responses was completed.

Findings:
Therapists working in acute care focused on prioritizing patients, observing functional performance, and navigating barriers during initial assessments. Therapists noted that barriers to practice are common in the acute care setting. Specific barriers identified by therapists included limited time, caseload volumes, acuity of illness, discharge pressures, and chart accessibility. During discussion with team members, assessing function was identified as what occupational therapists do best and that this is a niche the profession is proud of. There was also emphasis on using clinical intuition versus clinical judgment, with intuition requiring less time and associated with more experience in the acute care setting.

Implications:
A schematic was developed to streamline the process of an initial assessment based on key factors. By clarifying what is important in an initial assessment, this process schematic will support clinical decision-making and ensure efficient practice by acute care occupational therapists. Such a foundational tool can further support novice clinicians by facilitating independence in effective decision-making. Some limitations to this study include that despite drawing upon some of the components of qualitative methodology, formal focus groups would have supplemented our data with greater richness. A larger follow-up study is recommended to inquire about typical initial assessment procedures used at various comparator hospitals across Ontario related to clinical years of experience.
Comparison of Pressure Relief Efficacy in Three Commonly Used Wheelchair Cushions: A Pilot Study
Poster #13

Adam Ly, Ashleigh Laine, Darnell Hastings, Samuel Colborne, & Leann Merla

Background: Pressure ulcers are a significant concern in hospital settings due to their prevalence, high costs, as well as the associated health risks, pain and negative impact on quality of life. Occupational therapists play a role in reducing the risk of pressure ulcers through the implementation of pressure relief programs involving pressure relieving cushions as an essential component.

Purpose:
The purpose of this pilot study was to provide preliminary research findings comparing the pressure relief properties of three commonly used wheelchair cushions using a repeated measures within-subject design. The primary objectives were to use pressure mapping to (a) investigate if each of the three cushions provides pressure relief when used in sitting, and (b) compare the pressure relieving properties between the three cushions. The secondary objective of this study was to provide a proof of concept for further research into the efficacy of pressure relief cushions and to inform occupational therapy practice on wheelchair cushion selection and use. This will help in providing optimal pressure relief for individuals with skin integrity concerns, and guide decisions for hospital spending on wheelchair cushions.

Methods:
A repeated measures, within-subject design was used to compare the pressure relieving properties of three commonly used wheelchair cushions: the ROHO® Quadro Select High Profile, Geo-Matrix Gold, and Geo-Matrix Bronze. Pressure readings of peak and average pressure were obtained using the BodiTrak BT1510 pressure mapping system. Convenience sampling was used to select four healthy occupational therapy students from Western University as participants in the study. The trial conditions consisted of each cushion being placed on an Invacare Solara 3G wheelchair base, and one trial condition with no cushion on the wheelchair. Each participant sat for three minutes in each trial and a single point measure was taken at the end of the three minutes. Data was analyzed by means of descriptive statistics, taking into account average and peak pressure readings at the end of each trial, as well as description of visual colour distribution pressure maps produced by the BodiTrak system.

Findings:
In this preliminary data, the Geo-Matrix Bronze produced the lowest average pressure readings for 3 out of 4 participants, however the pressure mapping system's maximum of 200mmHg was reached in all but one of the trials. Therefore, peak pressure was not a viable outcome measure and average pressures may have also been affected. When considering the number of sensors registering the maximum reading of 200mmHg, the results suggested that the ROHO® cushion provided the most effective pressure relief compared to the Geo-Matrix Gold, Geo-Matrix Bronze, and no-cushion trials, as it had the fewest number of sensors reaching 200mmHg for all participants. Visual analysis of the distribution of high, medium, and low pressure areas on the maps produced by the BodiTrak system, also suggested that the ROHO® more effectively distributed pressure and produced fewer high pressure areas compared to the other cushions.

Implications:
This study's results suggested that the ROHO® had the most effective pressure distribution properties compared to the Geo-Matrix Bronze, Geo-Matrix Gold, and no-cushion trials. Occupational therapists play a key role in pressure ulcer prevention and treatment interventions. Clinicians must choose from a variety of pressure relieving cushions on the market to provide client-centered and evidence-based care. Results from this investigation provide preliminary results and can be used to advise future research. Lessons learned from this study should be used to inform more rigorous and accurate research. The limited collection range caused by a peak pressure of 200 mmHg was a limitation of this study, along with the relatively small sample size use. These limitations should be considered in future research on the matter, in order to allow for inferential statistics and increase the ecological validity of results.
Selecting Cognitive Assessments for use in an Acute Care Environment
Poster #14
Claire Ashton, Larissa Brese, Ariana Gverzdys, & Leann Merla

Background:
Occupational Therapists employed in acute care settings are routinely required to assess their patients’ cognition to predict their functional abilities. Many cognitive assessments are available for use, however there is currently no consensus in the literature as to which assessment best meets a clinician’s needs.

Purpose:
The purpose of this study was to identify therapist priorities regarding cognitive assessments and to create a tool indicating the pros and cons of cognitive assessments used in acute care.

Methods:
The data collection was a two-step process. Step 1: A literature review was completed to form an initial appreciation of the types of cognitive assessments used in practice. PubMed and CINAHL databases were searched, using the keywords ‘cognitive,’ ‘assessment,’ and ‘acute.’ Articles suggested by practicing occupational therapists were also included. Articles were reviewed independently by each of the researchers to gather information on psychometric properties and potential pros and cons of the assessments. The researchers shared summaries of the information with one another, noting any gaps for further review. Step 2: The data regarding the identified cognitive assessments was used to inform the creation of a seven question survey (including both close-ended and open-ended questions). Email requests were sent to 21 practicing occupational therapists working in two sites of one acute care hospital (LHSC), in London, Canada, directing them to a web-based survey found on survey monkey. Participation was on a voluntary basis; 17 responses were received, resulting in an 81% response rate. The results of the survey were reviewed by all three researchers to further the understanding gained from the literature review, identify any remaining gaps, and to determine if further review of the literature was necessary.

Findings:
The results of the survey indicated that the MoCA and MMSE were the most frequently used cognitive assessments; 94.12% of participants stated they used the MOCA and 76.47% stated they use the MMSE. This finding may be due to the assessments containing several features that were found to be ‘liked’ by participants. These include: 1) quick to administer, 2) ease of administration, 3) no special equipment required and 4) valid and reliable. 80% of respondents identified a lack of a “functional focus” in currently available assessments as a concern. Factors associated with this lack of functional focus were found to be: an unsuitable environment, excessive time needed, and expensive cost. An assessment reference tool, the Cognitive Assessment Inventory Tool, was created by evaluating the identified assessments against the criteria identified as important in the survey: administration time, functional focus, cost, environment needed. Information gathered from the literature review, psychometric properties, and the pros and cons of the assessments were also included.

Implications:
The small population sampled limits the generalizability of the results. Future research using a broader population sample may allow the results to be generalized more widely. However, the Cognitive Assessment Inventory Tool created in this study can help support clinicians in making cognitive assessment choices for each of their clients. Factors such as the environment, time, cost and a functional focus, as well as the assessment’s reliability and validity are all important criteria to consider when purchasing or creating cognitive assessments that are clinically useful in the future.
A Scoping Review of Preventive Occupational Therapy Interventions for Older Adults
Poster #15
Rose Carey, Jake Jefferies, Erica Larkin, Karen Schellenberg, & Kelly McIntryre-Muddle

Background:
Globally, the number of older adults is increasing faster than ever before. Many studies have examined biomedical interventions to preventive health-care for older adults, however, holistic, comprehensive occupational therapy (OT) interventions are under-researched.

Purpose:
To perform a scoping review of available comprehensive, preventive OT interventions for community-dwelling older adults.

Methods:
A scoping review following the framework laid out by Arksey & O’Malley (2005) and Levac, Quhoun &O’Brien (2010) was performed which found 361 relevant articles throughout ten databases (EMBASE, CINAHL, PubMed, SCOPUS, SOCindex, PsycInfo, AMed, ProQuest, Cochrane Library). The following search terms were used; community-dwelling, occupational therapy, intervention, and preventive and then expanded our search using the appropriate related synonyms. Articles were excluded if they investigated reactive interventions, participants were under age 60, participants were not community-dwelling, were not comprehensive OT interventions, interventions were related to driving, and studies not in English. Title screens were conducted on each of the 361 articles found and 181 articles were removed because the titles were not relevant to the research question. Of the 147 articles that were abstract screened, 62 articles were full-text screened. 10 articles were found to meet all inclusion criteria which were: population 60 and over, must include an intervention, must be community-dwelling, must include occupational therapy, must be published in English, must include comprehensive interventions, and may include global studies. Data was extracted based on the variables of interest: barriers, cost-effectiveness, facilitators and health benefits. With the data extracted, an inductive thematic analysis was conducted.

Findings:
Based on the four variables of interest thirteen themes emerged. Under health benefits, quality of life, activities of daily living, social function, mood/mental health, long term positive effects, and decreased morbidity emerged as themes. Under barriers, decline in health status, language, and lack of engagement emerged as themes. Under facilitators the themes of social support, peer education, self-directedness, and client-centred emerged. Cost-effectiveness emerged to be a theme in itself, due to the studies not expanding on this topic. The findings suggests that a successful model of preventive occupational therapy intervention should consist of a multi-visit group education aspect with other seniors, combined with an individualized Occupational Therapy session or component. Gaps in our knowledge base pertained to lack of research in the Canadian context, lack of diversity, male participants included in the studies, and a lack of comprehensive preventive occupational therapy interventions

Implications:
This scoping review has provided a comprehensive overview of the current literature on comprehensive proactive/preventive occupational therapy interventions in community-dwelling older adults. Our scoping review has identified key components of best practice occupational therapy preventive programs for older adults throughout this study. Future research should focus on comprehensive preventive OT interventions within the Canadian context, the cost-effectiveness of these interventions, and include more males in the research to reflect the current trends in healthcare. The limitations of this study are that the subjects across all studies were predominantly women and there was a lack of ethnic diversity which does not translate to current Canadian society. Furthermore, the scoping review did not identify any Canadian research literature and lacked implications regarding cognitive functioning of subjects.