
Abstracts from Hebrew

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The Courage to Treat

Key words: Courage, common sense, therapeutic dialogue, empathy, authenticity, evidence-based practice, clinical experience

This article is derived from a lecture I presented upon receiving the Prize for Excellence at the 19th Professional Convention of Occupational Therapists in Israel. The treatment of a sick person is an invasive act that is both professional and humane in nature. It is based on both acquired and proven knowledge, as well as accrued clinical experience. When intruding upon a patient's life during treatment in order to bring about beneficial results, we must rely on these two sources of knowledge. Knowledge based on clinical findings attains validity through an empiric process of research. However, knowledge based on clinical experience, by its very nature, cannot be validated empirically and depends on the therapist's intuition, analogies common sense and courage. Courage, among other things, refers to the ability recognize one's own limitations as a therapist during treatment, and to stand ready to change and expand them when necessary. This courage relates to the therapist's ability to accept his/her strengths and weaknesses, as well as those of his/her patient and at the same time, to recognize that empathy cannot be total. Furthermore, it is necessary to realize that a certain ambiguity is a necessary part of the treating process.

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**Activities with Plants for Children with
Developmental and Intellectual Disability and
Limited Mobility- A Case Study**

Key words: Developmental and intellectual disability, mobility limitations, occupational therapists, activities with plants, plants as play accessories

Occupational therapy is linked to treatment methods relating to nature, such as therapeutic gardening, which have been applied in a variety of therapeutic settings and with different populations. This kind of treatment modality was found to be successful in improving abilities, such as body strength, movement,

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memory, social skills, and emotional affect. The intervention program presented in this article was inspired by "nature as therapy" activities and principles of activity through play that lie at the foundation of the occupational therapy profession. It is composed of activities in which plants represent a playful game 'accessory' for children. The program was run over the course of one school year, for a class of children with developmental and intellectual disability and mobility. These children are usually not exposed to the world outside of their homes and classrooms, to experience nature and plant life. Thus through this program, groups of children led by an occupational therapist and the kindergarten staff, experienced multisensory participation and interpersonal interaction through the use of selected plants. At the end of the year the children's expressions regarding their preferences and desires were observed, both with respect to the sensory domain (touch, taste and smell of certain plants) and interpersonal interactions (reaching out a hand, request from a grown up, passing leaves between children). This was a pilot program developed as a first step in the development of a nature experience program for the entire center.

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P-5 Glove: Computer Game as a Tool for Measuring Upper Limb Reaching Movement

Key words: P5 glove remote control technology, kinematics of reaching movement, upper limb, mean reaching velocity, stroke

Introduction: The P5-glove, originally developed as part of a commercial computer game system, was examined as a tool to be used for the kinematic assessment of reaching movements of the upper limb. Upon validation, the glove could be used in the clinic to examine and measure hand function in space, as well as to establish the efficacy of rehabilitative intervention. Previously, the measurement of hand reaching velocity has only been possible through the use of simple devices, such as an accelerometer, or by methods which cannot supply immediate results, such the use of three-dimensional systems for movement analysis (i.e., 3-D cameras, etc.). The purpose of this study was to investigate the validity and reliability of the P5-glove for monitoring reaching movements.

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Methods: The validation process incorporated the use of the glove in a research population including 10 healthy participants (\pm 69 years). The study was performed in four stages, as follows: 1) examining the validity of the P5-glove measurements by converting the raw values from the glove assembly into metric units and comparing these to measurements made using a gold standard; 2) validating the data provided by the Matlab software, adapted specifically for this study; 3) measuring the reaching movements of both hands of the healthy participants on three linear axes; and 4) establishing the test-retest reliability of forward reaching measurements in healthy individuals. **Results:** The results indicated that the values of forward reaching velocity for both hands, as recorded using the P5 glove, are valid and reliable. The mean reaching velocity was determined to be 42.2 cm \ sec for the right hand and 41.7 cm \ sec for the left hand. **Conclusions:** The use of the glove is a realistic means for effectively measuring forward reaching movements in the clinic.

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