
Abstracts from Hebrew

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Position Paper on the Role of Occupational Therapy in the Field of Driving Rehabilitation: Assessment, Rehabilitation, Adaptations and Alternatives for Mobility in the Community

Community mobility and driving are vital in order to maintain personal and social accessibility. Independent mobility, including the ability to drive, enables a person to access public facilities and sustain an autonomous lifestyle with respect to the financial and social aspects of daily living. Driving enables a person to pursue potential employment, engage in leisure and social activities, fulfill one's family role and complete errands. Over the life span, people generally must make accommodations and adjust their driving habits to ensure safe driving, such as adapting their sitting posture, organization of the visual spatial field and acquiring strategies to improve attention and concentration. Changes in health such as vision loss, cognitive decline, physical changes, mental health disabilities, learning disabilities and aging affect community mobility as well as driving. Enabling and promoting safe driving for individuals with any type of disability is the responsibility of any civilized society. Moreover, undetected and/or untreated disabilities that can adversely affect driving performance pose a risk both for the driver and those around him/her. Thus, the occupational therapy profession worldwide has targeted driving and driving rehabilitation as part of their domain and practice. As part of the comprehensive process of enabling individuals to achieve full community living, occupational therapists provide driving and community mobility assessments and intervention for their clients. This position paper includes a description of the multiple aspects of driving rehabilitation: the professional training required of occupational therapists who wish to specialize in this area, the theoretical models commonly utilized in this field, client populations who may benefit from these programs and driving fitness legislation in Israel as well as other countries. In addition, this paper details the components of driver rehabilitation intervention; the identification potential problems, the processes of referral, evaluation and determination of driving fitness, as well as the types intervention services offered— whether it be direct treatment of client factors, prevention and/or providing alternative means for community mobility.

This position paper was written by: **Dr. Pnina Weiss, Sophi Glass, Ayala Nota, Shoshana Goldberg Mayer, Dr. Racheli Kizony, Varda Rubin, Adina Sarid, Noa Gotfried, Ifat Sabag, Professor Navah Ratzon, and Dr. Maayan Katz.**

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Cognitive-Functional Evaluation in Post-stroke Rehabilitation: Integrating a Virtual Supermarket

Key Words: stroke, executive function, IADL, virtual supermarket, ecological assessment, ecological validity

Post-cerebrovascular accident (CVA) patients often display difficulties in executive functions (EF) that may impair their ability to perform daily activities. Thus, occupational therapists in post-stroke rehabilitation units employ a variety of types of assessments to evaluate functional cognitive performance, including interviews, observations, questionnaires and performance-based assessments. But the evaluation process should include an ecologically valid assessment to more accurately determine the status of patients' daily functional abilities. Evidence from previous studies have shown the Virtual Action Planning Supermarket (VAP-S) to be a valid and efficient tool for evaluating executive functions (EF) in a number of populations, including post-stroke patients living at home. However, it has not yet been examined with patients currently undergoing post-stroke rehabilitation. **Study objectives:** To describe the executive functioning of a post-stroke population undergoing rehabilitation, and to examine the relationship between their performance on the VAP-S and on the cognitive assessments typically employed. **Method:** The study included 35 post-stroke participants, 29 men and 6 women (average age 65.54, \pm 11.29 years). All participants underwent CT examinations and scored 21 and above on the Mini Mental State Examination (MMSE). The rehabilitation cognitive-functional assessment battery and VAP-S evaluation were administered to all participants. **Results:** Significant correlations ($r=.36-.66$) were obtained between VAP-S outcome measures and the findings of other cognitive-performance assessments ($p<.05$). **Conclusion:** The VAP-S is an efficient and valid tool for evaluating EF in post-stroke rehabilitation that can be used as an alternative for some of the commonly-used assessments of cognitive-performance in rehabilitation units. In fact, the VAP-S may enhance the evaluation process – providing reliable results within a shorter time-frame.

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Occupational Therapy Intervention in a Unit for Patients Requiring Prolonged Mechanical Ventilation: Emphasis on a Family-Centered Approach

Key Words: prolonged mechanical ventilation, occupational therapy, participation, family-centered approach, well-being

In recent years, given the increase of average life expectancy together with the advance of medical technology, there has been a significant increase in the rate of patients receiving prolonged mechanical ventilation. The unit for prolonged ventilation admits patients for whom initial attempts at weaning were unsuccessful. The unit represents a framework that enables repeated attempts to wean patients from ventilation while simultaneously providing nursing care. The work of the occupational therapy staff in such a unit is based primarily on the principles of the client and family-centered approaches, which refers to the active participation of the client and his/her family in the treatment process. Patients connected to ventilators are limited in their ability to participate in their environment. Family members, representing the people closest and most important to these patients, are often found around the patient to provide support, which is important both for the patient's well-being and for his/her rehabilitation process. This paper describes the service provided by the occupational therapy team in a prolonged mechanical ventilation unit. A case-study is presented to illustrate the importance of the family's contribution to the intervention process. Moreover, it describes how family members can be empowered to enable meaningful active participation both for themselves and for the patient.

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Cushions for the Prevention of Pressure Sores – Should They be Adapted to Suit the User’s Daily Life Activities?

Key Words: pressure relieving cushions, pressure mapping, activities of daily living

Background: This paper describes a preliminary study in which the effectiveness of two types of pressure-reducing cushions was examined under different daily living conditions, using a pressure mapping system. **Participants:** Two healthy students, ages 27 and 28 years, with average body composition. **Materials:** Pressure relieving cushions: Roho (Quadro select) and Tempur. The Xsensor pressure mapping system. **Procedure:** The pressure measurements for each cushion were recorded for 20 minutes per participant under the following three conditions: static symmetrical seating (computer chores), active intermittent asymmetrical activity (playing Wii), and active symmetrical activity (wheelchair driving). **Results:** The mean maximal pressure (MMP) for the Roho was significantly higher ($P<0.000$) than the MMP measured for the Tempur while using the computer. However, while driving the wheelchair, the MMP for the Tempur was significantly higher ($P<0.000$) than the MMP measured for the Roho. No differences ($P<0.13$) were found between the two cushions when playing Wii. **Conclusions:** Due to the preliminary nature of this study, caution should be used in generalizing these results to individuals with disabilities. The results suggest that when spending the day in front of the computer screen, a slowly adapting pressure relieving cushion such as Tempur is preferable. In contrast, a more quickly adapted pressure relieving cushion, such as Roho, is preferable for individuals with a more active life style. The findings emphasize the importance of adapting the type of pressure-relieving cushion used to reflect the client’s lifestyle, such that individuals with different levels of activity would benefit from the use of different types of pressure-relieving cushions.

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