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Patients with disabilities of the arm, shoulder or hand – and problems in occupational performance

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Objectives
- To identify the patients problems in occupational performance before and after OT intervention
- To examine relationship between change in occupational performance ability and demographic factors: age, gender, civil status, and work
- To enhance the activity based perspective in the orthopaedic OT service at Copenhagen University Hospital, Gentofte, Denmark in cooperation with dep. for Occupation Therapy at Metropolitan University College, Copenhagen, Denmark

Conclusion
- Patients with lesions in the wrist or forearm improved their occupational performance ability significantly, compared to patients with finger fractures (p < 0.02) and arthroplastics (p < 0.05).
- Patients living alone may improve the occupational performance ability more than people living together with someone (p < 0.07).
- No significant association between QuickDASH diff. and gender (r = 0.029), educational level (p < 0.8) and working status (p < 0.5).
- Research is needed in how people with orthopaedic arm, shoulder or hand lesions manage daily life, when working and when living alone.
- Also, further research is needed to improve occupational therapy intervention to people with orthopaedic arm, shoulder or hand lesions.

Design and method
- A time series “before and after” study
- Participants were asked to fill in a data sheet questionnaire regarding demographics before OT intervention.
- Participants were asked to fill in a Quick DASH Questionnaire before and after OT intervention.

Material
- At Copenhagen University Hospital, Gentofte 82 outpatients in occupational therapy because of orthopaedic hand-, wrist- or forearm-lesion were included from August 2011 until April 2012.
- Thirty six were excluded due to lack of data or non completed study procedure.

Participant characteristics – type of lesion

<table>
<thead>
<tr>
<th>Number</th>
<th>Total</th>
<th>Finger fracture (n=10)</th>
<th>Tendon rupture (n=5)</th>
<th>Wrist and forearm (n=20)</th>
<th>Arthroplastics (n=5)</th>
<th>Miscella- nes (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F/M</td>
<td>63 (29/34)</td>
<td>10 (4/6)</td>
<td>5 (2/3)</td>
<td>20 (16/4)</td>
<td>5 (4/1)</td>
<td>6 (5/1)</td>
</tr>
<tr>
<td>Age</td>
<td>Mean (F/M)</td>
<td>53.7 (58.7/45.9)</td>
<td>43.3 (44.3/42.8)</td>
<td>47.6 (147.6)</td>
<td>59.6 (62.4/49.3)</td>
<td>62.6 (64.8/54.0)</td>
</tr>
<tr>
<td>DASH diff (mean value)</td>
<td>Total (F/M)</td>
<td>20.4 (22.5/16.7)</td>
<td>13.3 (16.8/11.0)</td>
<td>28.2 (28.3/40.9)</td>
<td>30.8 (28.3/40.9)</td>
<td>18.2 (18.2/11.1)</td>
</tr>
</tbody>
</table>

The Quick DASH questionnaire
- The Quick Disabilities of the Arm, Shoulder and Hand questionnaire is a self reporting questionnaire, validated for use in patients with impaired arm, shoulder or hand.
- Eleven questions regarding occupational performance are to be evaluated using a 5-point nominal scale.
- The questionnaire addresses
  - Opening a jar
  - Heavy Household
  - Carrying a shopping bag
  - Washing your back
  - Cutting your food
  - Recreational activities
  - Social activities
  - Work/regular activities
  - Pain
  - Tingling
  - Sleep
- The assigned values for all questions are summed and transformed to a score out of 100.
- The “DASH diff” is the difference between before- and after-score.

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