

**Supplemental Table 1. Selected Evidence for the Effect of Occupation-Based Interventions to Improve Activities of Daily Living Performance After Stroke**

Author	Study Objectives	Level/Design/Participants	Intervention and Outcome Measures		Results	Study Limitations
			Intervention	Outcome Measures		
Haslam & Beaulieu (2007)	To compare evidence for functional and remedial interventions regarding self-care improvement for people with stroke to establish the best treatment approach	Level I Systematic review <i>N</i> = 11 articles  <i>Databases:</i> AMED, CINAHL, MEDLINE, OTseeker, etc. (1993–2007)  <i>Search terms:</i> cerebrovascular accident, rehabilitation, occupational therapy, treatment outcome, ADLs	<i>Intervention</i> Functional: Treatment consisted of repetitive practice of a particular task, usually an ADL.  Remedial: Treatment did not occur within the context of activity.  <i>Outcome Measures</i> • BI • ADL observation • Wolf Motor Function Test • FIM™	Strong evidence for functional intervention in strategy training and apraxia and weak evidence for half-field eye patching, occupational adaptation, and the Full-time Integrated Training program. Only weak evidence for remedial interventions for sensorimotor stimulation, trunk rotation, and scanning training. Results were inconclusive because of multiple limitations and biases in studies.	Only 11 studies were included. Articles included only a limited number of specific interventions.	
Legg, Drummond, & Langhorne (2009)	To determine whether OT focused on personal ADLs improves outcomes after stroke	Level I Systematic review  <i>N</i> = 9 RCTs from 64 studies found through a hand search of 20 OT-focused journals  <i>Databases:</i> Cochrane Stroke Group Trials Register, Cochrane Central Register of Controlled Trials, Medline (1966–2006), EMBASE (1980–2006), and 8 other databases with varying search dates  <i>Search terms:</i> Not specified  <i>Inclusion criteria:</i> RCTs comparing home-delivered, ADL-focused interventions delivered or supervised by an OT with no care or usual care	<i>Intervention</i> All treatment group interventions were home based, focused on practice or improvement of ADLs, and provided or supervised by an OT. Follow-up ranged from 3 to 12 mo. Participants' <i>M</i> age = 55–87.5, with recruitment from hospitals, inpatient rehabilitation, and nursing homes.  <i>Outcome Measures</i> • ADL independence at follow-up, including BI, FIM, and RMI self-care section • Death or a poor outcome, including deterioration in ADL performance, ADL dependence at follow-up, or requiring institutional care at follow-up • Extended ADL independence: NEADL	OT focused on ADL performance was associated with greater independence on ADL scales than were usual care or no care in 8 trials. Odds of death or a poor outcome were significantly lower for those receiving ADL-focused OT in 7 trials.  Participants receiving ADL-focused OT were more independent in extended ADLs in 6 trials.	Review included only Level I research.  Conclusions are applicable only to those receiving home-based, ADL-focused OT poststroke.	

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**Supplemental Table 1. Selected Evidence for the Effect of Occupation-Based Interventions to Improve Activities of Daily Living Performance After Stroke (cont.)**

Author	Study Objectives	Level/Design/Participants	Intervention and Outcome Measures		Results	Study Limitations
			Interventions	Outcome Measures		
Legg et al. (2007)	To determine whether OT focused on ADLs improves ADL independence poststroke	Level I Systematic review N = 9 RCTs  <i>Databases:</i> Cochrane Stroke Group Trials Register, Cochrane Central Register of Controlled Trials, Medline (1966–2006), EMBASE (1980–2006), and 8 other databases with varying search dates  <i>Search terms:</i> Not specified	<i>Interventions</i> All treatment group interventions were focused on ADLs and provided or supervised by an OT.  <i>Outcome Measures</i> • ADL independence at follow-up: including the BI, FIM, and RMI self-care section • Death or a poor outcome, including deterioration in ADL performance, ADL dependence at follow-up, or requiring institutional care at follow-up • Extended ADL independence: NEADL	OT focused on ADL performance was associated with greater independence on ADL scales than was usual care or no care in 8 trials. Odds of death or a poor outcome were significantly lower for those receiving ADL-focused OT in 7 trials.  Participants receiving ADL-focused OT were more independent in extended ADLs in 6 trials.	Review included only Level I research.  Conclusions are applicable only to those receiving home-based, ADL-focused OT poststroke.	
Legg & Langhorne (2004)	To determine whether outpatient rehabilitation services affect stroke recovery of patients who have returned home	Level I Systematic review N = 14 RCTs comparing home-based rehabilitation with usual care or no routine care in participants <1 yr poststroke  <i>Databases:</i> Cochrane Controlled Trials Register, Medline, CINAHL, PsycLIT, EMBASE, and additional databases with varying search dates	<i>Intervention</i> Home-based rehabilitation was provided by OTs (8 trials), or an interdisciplinary team (4 trials).  <i>Outcome Measures</i> • Deterioration: Death, deterioration in ADL performance, ADL dependence at follow-up, or requiring institutional care at follow-up • ADL independence-level performance at follow-up: BI	In 6 trials, therapy-based rehabilitation reduced participants' odds of deterioration. In 12 trials, ADL independence improved among surviving participants in the intervention groups, but this improvement (equated to roughly 1 point on the BI) may not be clinically significant.	Review included only Level I research.  Heterogeneity of trials suggests that the types of interventions may differ in their effects.	
Wilkins, Jung, Wishart, Edwards, & Norton (2003)	To determine the effectiveness of education and functional training programs in improving occupational performance and	Level I Systematic review	<i>Intervention</i> Stroke-specific interventions subdivided into 3 categories: general skills, specific skills	Support was found for effectiveness of OT education and functional training programs. Client-centered, community-based OT reduced hospital readmission and improved short-term ADL performance.	Studies were included only if part of sample was ≥65 yr old.  Studies were limited to community-based or outpatient programs.	

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Author	Study Objectives	Level/Design/Participants	Intervention and Outcome Measures	Results	Study Limitations
	quality of life for older adults	<i>N</i> = 17 (stroke <i>n</i> = 11, falls prevention <i>n</i> = 5, rheumatoid arthritis <i>n</i> = 1)  <i>Databases:</i> Medline, CINAHL, Cochrane, Best Evidence, Psychological Abstracts, PsycINFO, Social Science Citation Index, Sociological Abstracts, AGELINE (1980–2000)  <i>Search terms:</i> meaningful activity, stroke, quality of life, chronic illness	(i.e., leisure and dressing), and rehabilitation  <i>Outcome Measures</i> Participation in ADLs, self-care, or both; productivity and leisure; environmental conditions	Short community-based interventions focused on specific issues were more effective than those covering a broad range of performance issues. Effectiveness of leisure interventions was inconclusive.	Limitations of articles included the following: not specific about standard OT intervention, lack of follow-up, possible cointervention and contamination.  Specific outcome measures were not reported.

*Note.* ADLs = activities of daily living; BI = Barthel Index; NEADL = Nottingham Extended ADL Index; OT = occupational therapy or occupational therapist; RCT = randomized controlled trial; RMI = Rivermead Mobility Index. This table is a product of AOTA's Evidence-Based Practice Project and the *American Journal of Occupational Therapy*. Copyright © 2015 by the American Occupational Therapy Association. It may be freely reproduced for personal use in clinical or educational settings as long as the source is cited. All other uses require written permission from the American Occupational Therapy Association. To apply, visit [www.copyright.com](http://www.copyright.com).

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