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

<table>
<thead>
<tr>
<th>Author</th>
<th>Study Objectives</th>
<th>Level/Design/Participants</th>
<th>Intervention and Outcome Measures</th>
<th>Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
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<td>Haslam &amp; Beaulieu (2007)</td>
<td>To compare evidence for functional and remedial interventions regarding self-care improvement for people with stroke to establish the best treatment approach</td>
<td>Level I Systematic review N = 11 articles Databases: AMED, CINAHL, MEDLINE, OTseeker, etc. (1993–2007)</td>
<td>Intervention: Functional: Treatment consisted of repetitive practice of a particular task, usually an ADL. Remedial: Treatment did not occur within the context of activity. Outcome Measures • BI • ADL observation • Wolf Motor Function Test • FIM™</td>
<td>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.</td>
<td>Only 11 studies were included. Articles included only a limited number of specific interventions.</td>
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<td>Legg, Drummond, &amp; Langhorne (2009)</td>
<td>To determine whether OT focused on personal ADLs improves outcomes after stroke</td>
<td>Level I Systematic review N = 9 RCTs from 64 studies found through a hand search of 20 OT-focused journals Databases: 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</td>
<td>Intervention: 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’ M age = 55 –87.5, with recruitment from hospitals, inpatient rehabilitation, and nursing homes. Outcome Measures • 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</td>
<td>OT focused on ADL performance was associated with greater independence on ADL scales than 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.</td>
<td>Review included only Level I research. Conclusions are applicable only to those receiving home-based, ADL-focused OT poststroke.</td>
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| Legg et al. (2007)             | To determine whether OT focused on ADLs improves ADL independence poststroke      | Level I                                                                                  | Interventions: All treatment group interventions were focused on ADLs and provided or supervised by an OT.  
Outcome Measures:  
- 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                                                                                  | Intervention: Home-based rehabilitation was provided by OTs (8 trials), physical therapists (2 trials), or an interdisciplinary team (4 trials).  
Outcome Measures:  
- 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. |
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. |
### Supplemental Table 1. Selected Evidence for the Effect of Occupation-Based Interventions to Improve Activities of Daily Living Performance After Stroke (cont.)

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<td>quality of life for older adults</td>
<td>N = 17 (stroke n = 11, falls prevention n = 5, rheumatoid arthritis n = 1)</td>
<td>(i.e., leisure and dressing), and rehabilitation</td>
<td>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.</td>
<td>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.</td>
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**Databases:** Medline, CINAHL, Cochrane, Best Evidence, Psychological Abstracts, PsycINFO, Social Science Citation Index, Sociological Abstracts, AGELINE (1980–2000)

**Search terms:** meaningful activity, stroke, quality of life, chronic illness

**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.

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