Phy27
Preliminary Result on the Effectiveness of ADL Efficacy Training for Fractured Hip Patients
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Background: The ADL efficacy training aims to improve the level of confidence in performing daily activities, which is especially important during the rehabilitation phase for fractured hip cases so as to facilitate a safe and more confident discharge. This study aimed at investigating the effectiveness of the ADL efficacy training in fractured hip patients. Methods: The ADL efficacy training in this study included daily repetitive training on specific ADL tasks according to the level of ADL impairment. This was conducted once the patient demonstrated confidence in performing the tasks. The study group included 30 patients who received ADL training during Jan to May 2009. Patients of the same criteria without receiving ADL efficacy training during Aug to Nov 2009 were regarded as the control group. The outcome measures included a modified ADL efficacy assessment (EffAx), modified Barthel Index (BI), length of stay, discharge destination, and related demographic data. Results: Thirty-six patients received ADL efficacy training and 20 control subjects were recruited in the Kowloon West Cluster orthopaedic rehabilitation centre. The results showed that the percentage of returning home was significantly improved in the experimental group (83%, p=0.012). The average EffAx score increased by 3.8 in the experimental group, and this was significantly higher than that in the control group which increased by 2.35 (p=.023). Conclusion: The preliminary results of this study showed that ADL efficacy training, higher percentage of patients was discharged to home with better EffAx score. Further studies are recommended to investigate the outcome and effectiveness of efficacy training in a large group of patients.

Phy29
Falls Among Community-dwelling People With Chronic Stroke in Hong Kong: A Preliminary Study
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Background: People with chronic stroke living in the community may be affected by the residual stroke impairments which may increase the risks of falls. This study is to investigate the prevalence and reasons of falls as well as their relationships with other functional parameters retrospectively in people with chronic stroke in the community. Methods: A total of 80 subjects with chronic stroke of moderate to mild disabilities who are active outdoor walkers were recruited from the self-help groups and elderly service centres by convenient sampling. Assessments included a cross-sectional interview by the occupational therapist to obtain information about the details of falls over preceding one year, and neurological and balance assessments to measure the physical performance. Results: It was found for the prevalence that 41 (51.3%) subjects out of 80 had fallen in the preceding one year. Nineteen (23.8%) out of 80 subjects had fallen more than once. Fifteen (18.8%) subjects were suffering from injuries and eight of them needed medication after the falls. Significant differences were found in receiving rehabilitation services, with spouse support, use of walking aids and self-perceived fear of fall (FoF) between fallers and non-fallers. Subjects who had spouse (OR=0.21) and maid (OR=0.09) support were less likely to suffer from fall. Subjects who were using rehabilitation services (OR=10.18), walking aids (OR=6.44), had increase ankle muscle tone (OR=3.10) and subjectively reported FoF (OR=4.19) would be more likely to suffer from falls. Conclusion: Adequate social and rehabilitative support may reduce falls risks in people with chronic stroke.

Phy30
Do Our Patients With Home Oxygen Therapy (HOT) Prescribed in Hospital Still Need Therapy at 3-Month Discharge? A Follow-up Report
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Introduction: Long-term oxygen therapy (LTOT) might not be prescribed properly adhering to classical guidelines at tight hospital setting, which requires patients with chronic hypoxemia. Currently clients with potential indications for LTOT would be prescribed short-term oxygen therapy (STOT). Patients were followed up at 3-month post discharge (3-M FU) aim to ascertain their needs for LTOT. Methods: A cohort, which included all patients receiving home oxygen therapy (HOT) at discharge in the Respiratory Medical Department of Kowloon Hospital from 3/2008–11/2009. According OTCOC guideline, therapy was classified either LTOT, STOT or “palliative” plus continuous, ambulatory, nocturnal-use description; 3-M FU would be arranged. Results: One hundred and ninety-six patients were prescribed HOT. Forty-five patients were excluded. Ninety-one (60.3%) of them did not fit criteria for LTOT, and STOT were initiated. Totally 151 cases (mean age, 76.82; male to female, 2.87) were recruited. Among remaining 60 (39.7%) for LTOT, 24 cases were qualified continuous use (mean PaO2, 7.28 kPa). One hundred and nine patients returned 3-M FU and 42 clients defaulted FU. Fifty-five patients from STOT were upgraded to LTOT. For those on STOT, 6 were upgraded to continuous-use, 15 were downgraded from continuous-use to exertional-use and/or nocturnal-use. Ten patients were suggested to wean off oxygen therapy. Conclusion: Changing needs for oxygen therapy and regime were identified most patients at 3-M FU. It may not be feasible to conclude HOT regime during hospital stay, 3-M FU is indicated. New guideline with distinctive terminologies in labeling HOT regimes proves to be workable in service implementation.

Phy31
Hand Functioning and ADL Performance of Patients With Carpal Tunnel Syndrome (CTS) After Camitz Transfer
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Introduction: Thumb opposition is an essential action in our daily task which involves in almost every occasion in handling and picking object. People who have suffered from severe carpal tunnel syndrome (CTS) are prone to have poor thumb opposition due to atrophy of thenar muscle. These absences of function impact so much on the daily function of CTS patient. The purpose of this retrospective study is to evaluate the hand function and ADL performance of CTS patients who had undergone Camitz transfer – brings the abduction of thumb away from fingers by transferring palmaris longus to tendon of abductor pollicis brevis. Methods: Twenty patients were included in this study. Patients need to follow the standardized immobilization protocol after the operation. Later, mobilization was started in department which aims to improve palmar abduction and perform functional opposition. In the final stage, gradual strengthening and scar management also emphasized. Results and Conclusion: Tendon transfer has greatest application in severe CTS patient with thenar muscle atrophy. The patients are satisfied with decrease in numbness, maintain the power strength, improvement in opposition and ADL functioning. They no longer need to perform thumb-in-palm action when they pick up object. The appearance of surgical site was generally good after the provision of scar management programme.