Abstract

Most assessments for evaluating functional independence or the assistance the patient requires in activities of daily living for patients with stroke in acute care in private settings are completed by the rehabilitation team including nurses. Although the reliability and validity of these assessments have been extensively researched, their responsivity to specific occupational therapy outcomes may be affected by the reporting by all members of the rehabilitation team. Assessments related to activity participation are required to demonstrate the unique contribution of the profession of occupational therapy for a patient with stroke. One such measure is the Activity Participation Outcome Measure (APOM), developed in South Africa based on the Vona du Toit Model of Creative Ability (VdTMoCA).

The aim of this study was therefore to determine the responsiveness of the APOM for measurement of change in activity participation of clients with stroke compared to other routinely used assessments. Data on three assessments, the APOM, the South African Database for Functional Medicine (SADFM) BETA© Scale and the Functional Assessment Measure (FAM) was collected on 25 participants with stroke on admission and discharge to a private neurological inpatient rehabilitation setting.

Results indicate the correlations between scores on the assessments were high indicating good convergence and therefore confirmed the measurements of similar constructs by the APOM with the BETA© and the FAM®. The change in scores had standardized response means which indicated moderately significant change on all three measures. The BETA© and the FAM® being more responsive than the APOM although the differences were not significant. The APOM was slightly less sensitive to change in clients with stroke since the instrument considers a border view of the ability to perform daily tasks based on concepts central to occupational therapy such as performance of roles in daily life, level of interest and motivation to perform tasks rather than the level of independence based on a few specified activities and limited cognitive abilities.

The potential use of the APOM and the assessment of activity participation for clients with stroke in an inpatient rehabilitation setting was confirmed by the convergence of the scores with the functional independence assessed by the BETA© and FAM®.