
OCCUPATIONAL SCIENCE & OCCUPATIONAL THERAPY GRADUATE RESEARCH DAY

Abstract Book

June 21, 2023



Occupational Science
& Occupational Therapy
UNIVERSITY OF TORONTO

Abstracts for Caregiving and Aging

Session 1: Rooms 5270 & 5160

The influence of Dharmic religious practices during palliative care: A scoping review

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Introduction. Religion can help individuals near the end-of-life (EoL) find comfort, create meaning, and bring closure. Given that palliative care providers inadequately address religious needs and the adherents of Dharmic religions (i.e., Hinduism, Buddhism, Sikhism, Jainism) in Canada is growing, there is a need to synthesize the current knowledge regarding meaningful Dharmic practices at the EoL and identify barriers and facilitators to this engagement.

Objectives. To synthesize the nature and breadth of existing literature on Dharmic religious practices during palliative care, and identify meaningful religious practices, and the barriers and facilitators to this engagement in the context of palliative care.

Methods. Five databases were searched during January-February 2023 for articles on palliative care experiences and Dharmic religious practices. Following screening and full-text review, numerical and content analysis were completed to identify patterns and categories.

Results. Of the 12 included studies, eight discussed Buddhism, with six published in Thailand where Buddhism is predominant. Meaningful religious practices were categorized into those that 1) respect and prepare the body by completing symbolic rituals, and 2) foster a calm and clear state of mind through arranging a peaceful physical and sensory environment. Institutional and relational barriers and facilitators impacting engagement in practices were also identified.

Conclusions. Findings provide greater insight into the meaningful practices for Dharmic adherents at the EoL and the role of others in supporting them, thereby promoting culturally sensitive palliative care to facilitate a peaceful death. There is also a demonstrated need for more research, inclusive policies, and religious sensitivity training.

Memory clinic recommendations for Mild Cognitive Impairment: Are they evidence based?

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Introduction. Non-pharmacological interventions are known to benefit cognitive health of older adults with mild cognitive impairment (MCI). However, the degree to which non-pharmacological recommendations provided by memory clinics are evidence-based is unclear.

Objectives. This study aimed to: (1) identify and categorize non-pharmacological interventions provided by geriatricians to MCI patients in an interdisciplinary memory clinic; and (2) examine the extent to which these recommendations align with evidence.

Methods. A qualitative content analysis design was used. Non-pharmacological recommendations for cognitive health were extracted from records of MCI patients (n= 107) obtained over a 12-month period, at a memory clinic. Researchers coded data into categories using a combined theory and data driven approach. Recommendations were coded independently by researchers and finalized through group discussion. The findings were then compared to evidence-based interventions from practice guidelines and systematic reviews published in the last three years.

Results. We found treatment recommendations for twelve categories. Most common categories were social activity (54%), physical exercise (48%), optimizing chronic health conditions (45%), dietary changes (42%), and cognitive simulation (39%). Of these categories, only physical exercise, cognitive simulation, and dietary changes are supported by recent practice guidelines or systematic reviews.

Conclusions. These findings help to direct interdisciplinary teams working in memory clinics in using evidence-based non-pharmacological treatment for MCI patients. Additionally, it highlights the potential role of occupational therapists to implement these evidence-based interventions. Lastly, it indicates the need for further research on other non-pharmacological recommendations commonly made by geriatricians.

Future care planning of adults with childhood-onset neurodevelopmental disabilities

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Introduction. Due to medical advances and improvements in living conditions in recent decades, the life expectancy of adults with neurodevelopmental disabilities (ND) has increased. Many adults with ND live with aging family caregivers who face their own age-related health concerns. Most caregivers have no plan established for the future care of their child, resulting in crisis management when caregivers pass away or become ill. Crisis-driven and reactive approaches can consequently make the initiation of future care planning (FCP) increasingly difficult to navigate proactively. This prompts the need for practical and holistic FCP solutions addressing family-centered care planning before a crisis occurs.

Objectives. The objective of this scoping review is to summarize the existing literature on the key components of FCP for adults with ND and their familial caregivers.

Methods. This review follows methods outlined in the Joanna Briggs Institute Reviewers Manual. Terms relating to ND and FCP were used in the search. MEDLINE, Embase, CINAHL, and PsycINFO databases were searched.

Results. The initial search generated over 9,000 articles once duplicates were removed. Extracted data will identify common elements of FCP interventions and strategies, FCP outcomes, perspectives of adults with ND and caregivers, and current recommendations within the healthcare context. Findings will provide a holistic approach to FCP processes and provide occupational therapists with evidence-based knowledge for quality outcomes with clients.

Conclusion: Key components of FCP for adults with ND will be summarized. Findings could inform future recommendations in clinical practice and increase goal-concordant care for adults with ND.

A systematic review of interventions that promote work participation in older adult workers, as viewed through an occupational therapy lens

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Introduction. As the proportion of older adults in the workforce expands, there is an increasing need for provision of evidence-based services that support work participation. Healthcare professionals, including occupational therapists, play a key role in providing interventions to promote work participation for older adult workers, and must be aware of the levels of evidence for current interventions.

Objectives. The purpose of this research is to update a prior systematic review of the effectiveness of interventions that aim to promote workplace participation for older adult workers (Steenstra et al., 2016). This research will expand on previous findings by evaluating evidence for emerging interventions in the nine years that have lapsed since the original search was conducted. Additionally, interventions will be ranked according to their alignment with ideals, principles, and models found in Canadian occupational therapy practice.

Methods. This systematic review follows the Institute for Work & Health's process for Occupational Health & Safety (OHS) prevention reviews to rank evidence for the effectiveness of interventions as strong, moderate, limited, or insufficient. Relevance of interventions to occupational therapy is ranked using a novel scale.

Results. The original review's search strategy was scrutinized and revised for five databases (Medline, Embase, PsycINFO, Cochrane, CINAHL). These findings can inform the development of evidence-based care plans by healthcare practitioners involved in supporting workplace participation for older adult workers.

Conclusions. This study will contribute to a growing understanding of evidence-based practices amongst healthcare professionals implementing interventions to promote work participation for older adult workers.

Barriers to Occupational Safety Related to Reporting of Incidents Amongst Homecare PSWs: A Prospective Cohort Study

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Introduction. In home care, many personal support workers (PSWs) experience workplace injury, violence and harassment (WIVH), yet these incidents are often unreported. Understanding of reasons behind underreporting among homecare PSWs remains limited.

Objective. To investigate the conflicting incentives and barriers to reporting incidents of WIVH for PSWs working in home and community care settings in Ontario.

Methods. This descriptive phenomenology study is a secondary analysis of data derived from a year-long prospective cohort study conducted from April 2016 to May 2017 titled “PSW Safety in the Community”. 867 participants were recruited from a single homecare organization offering publicly funded services in two administrative regions. 230 PSWs completed one or more surveys over the year-long study period. Survey responses spanning a 13-week period were analyzed using descriptive statistics and thematic analyses.

Results. Qualitative analyses led to the emergence of five overarching themes underlying non-reporting: the fear of repercussions for reporting; concerns that leadership would ignore, dismiss, or downplay workers concerns; the perception that incidents of WIVH are “just part of the job”; coping with adversity through resilience and pain defiance; and concerns that reporting would negatively affect PSW-client relationships.

Conclusion. While many participants reported experiencing workplace injury, violence, and harassment, participants conveyed that decisions to report or not are complex, and that there are many conflicting incentives and barriers that influence each decision.

Air transportation experiences of caregivers of children and youth with physical disabilities: A survey study

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Introduction. Air travel can be central to children's participation in meaningful leisure and productive occupations. However, numerous Canadian children and youth with disabilities and their caregivers encounter difficulties during air travel. Caregivers have voiced a lack of attention to air transportation accessibility. Despite significant ongoing accessibility issues in air travel, little has been done in research or practice to address these issues.

Objective. To explore the experiences of caregivers when navigating air transportation with their child(ren) or youth with a physical disability. **Methods.** An online 35-question survey was used to collect data from caregivers (n=57) of children with physical disabilities regarding their air travel experiences. Multiple choice and Likert-scale questions were analyzed using simple descriptive statistics, while open-ended questions were analyzed using qualitative content analysis.

Results. One key theme identified in the data concerned the physical design of airports and aircraft. Physical design barriers identified pertained to airport layout (e.g., security, accessibility routes, and lack of accessible washrooms), lack of space onboard aircraft (e.g., inaccessible lavatories, insufficient leg room and aisle width), and inadequate accommodation for assistive devices (e.g., being unable to use assistive devices onboard aircraft, and having them damaged or lost during transportation).

Conclusions. This work provides foundational knowledge about the air travel experiences of families living with childhood disability. Future research should consider the inaccessible physical design of airports and aircraft given that they often prevent children and youth with physical disabilities from accessing air travel to participate in their meaningful occupations.



Abstracts for Occupational Science/Therapy

Session 1: Room 5240

Session 2: Room 5240 & 5160

Demystifying decision-making about reporting medical fitness-to-drive for occupational therapists in Ontario

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Introduction. Occupational therapists (OTs) play a crucial role in assessing how cognitive and physical impairments impact a person's ability to safely drive. In July 2018, the Ontario Ministry of Transportation introduced new legislation, empowering OTs to report fitness-to-drive concerns through discretionary reports (DR). Additional resources are required to support OTs in the decision-making process.

Objectives. To explore OTs' perspectives on the Clinical Guide: Discretionary Reporting for Occupational Therapists in Ontario (CG-DROTO) which was designed to support the process of making discretionary reports about fitness-to-drive. **Methods.** A qualitative exploratory design was used to gather perceptions of Ontario OTs working in acute care and inpatient rehabilitation settings via virtual focus groups. The groups focused on examining the clinical utility of the decision-making guide.

Results. Participants across practice settings reported that OTs are primarily responsible for identifying fitness-to-drive concerns related to cognition. Factors such as the limited time in acute care versus inpatient rehabilitation, effect on therapeutic rapport, team support, and OTs' confidence influenced decisions to file DR. Participants found the CG-DROTO valuable, especially for less-experienced clinicians, and suggested adding scenarios to improve its utility.

Conclusion. The CG-DROTO holds significant potential as a useful tool for OTs dealing with DR. Ongoing data collection and analysis through focus groups in other practice areas, including outpatient rehabilitation, community, and family-health teams, will further strengthen the tool's utility. By incorporating the perspectives of OTs, this study will contribute to the development of an evidence-based and user-informed decision-making tool for OTs in Ontario when filing DR.

Understanding impacts of COVID-19 messaging on older adult occupational engagement

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Introduction. Early COVID-19 messaging framed older adults as a high-risk group for contracting the virus and highlighted ageist societal discourse that negatively targeted older adults. Such public messaging could increase individual experiences of internalized ageism (i.e., the negative thoughts one has towards older adults or the aging process). This experience may lead to social disengagement, social isolation, and reduced participation in meaningful occupations outside the home. However, current literature has only sparsely explored the impact of public messaging on the occupational engagement of older adults during Manitoba's strictest lockdown.

Objectives. To examine how COVID-19 messaging impacted the social and health behaviours of community dwelling older adults living in Manitoba, explored through changes in daily occupations during the pandemic.

Methods. A social constructionist framework was used to guide semi-structured interviews with 15 older adults aged 63-89 from the period of November 10, 2021 to December 31, 2021. De-identified transcripts were analyzed using inductive thematic analysis and meaningful themes were identified. Results. Three main themes were identified: 1) "I follow the rules", 2) "coping strategies used to deal with messaging", and 3) "agency in action". These themes highlight various social and health behaviours that participants engaged in that were influenced by the COVID-19 messaging they consumed.

Conclusions. This study demonstrated that public health messaging can have both positive and detrimental impacts to older adult wellbeing. The results of this study could be used to inform how future public health messaging is delivered to protect and ensure older adult wellbeing.

A Scoping Review on the Experiences of Ableism of Occupational Therapists and Trainees with Disabilities on the Job

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Introduction. Equity, diversity, and inclusion in the occupational therapy workforce, including for persons with disabilities, is an emerging topic of importance in occupational sciences and therapy.

Objectives. This scoping review aims to synthesize the literature related to the experiences of ableism for occupational therapists and trainees with disabilities on the job.

Methods. A scoping review was conducted across peer-reviewed published academic literature using the databases MEDLINE, PsychInfo, CINAHL, Scopus, EMBASE, Health Star, and Web of Science.

Results. A total of three themes emerged from 11 articles spanning from 2006 to 2022: social experiences of ableism, environmental enablers and barriers in navigating ableism in OT education or workplace settings, and social advantages of disability regarding client care and peer education.

Conclusions. To meaningfully engage in meeting the 2021 competency of Culture, Equity, and Justice, the profession of occupational therapy must generate disability-led and relevant research, critically update curricula to reflect anti-ableist practice environments, and address tensions within and between themes in practice.

Capturing wheelchair users' occupational performance issues with the COPM

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Introduction. A community Occupational Therapist (OT) working in seating and mobility identified the need for strategies to help them administer the Canadian Occupational Performance Measure (COPM) to identify occupational performance issues (OPIs) with their clients. However, there is a paucity of literature exploring the OPIs of wheelchair users, and examining which questions are most helpful when using the COPM to obtain OPIs with this client population.

Objectives. The objectives of this study are to 1) explore OPIs identified by wheelchair users according to the COPM, and 2) identify types of questions that facilitate the process of eliciting OPIs from wheelchair users during COPM administration.

Methods. This study utilized an exploratory, descriptive design. Individuals who used wheelchairs (N=7) were recruited to participate in a semi-structured interview using the COPM. Descriptive statistics were used to summarize demographic information and characterize generated from the COPM. Content analysis was used to identify the types of questions used by the interviewer to elicit OPIs.

Results. Participants reported 15 different OPIs which were categorized as leisure (6), productivity (6), and self-care (3). The most frequently reported OPIs were exercise (57%, N=4), travel (43%, N=3) and cooking (43%, N=3). Two key themes described strategies that guided researchers' questions during COPM administration: (1) following the instruction manual for COPM administration, and (2) facilitating the conversation to maintain an occupational focus.

Conclusions. These findings inform some understanding of OPIs experienced by wheelchair users and provide insight into strategies that might facilitate OPI identification during COPM administration.

Exploring researchers' perceptions on inclusive guidelines for compensation of research participants

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Introduction. Currently, guidelines do not exist around what constitutes fair and equitable compensation and reimbursement for research participants with disabilities. These participants may be impeded from participating in research due to related costs, including transportation and supplementary assistance. The lack of guidance around disability inclusiveness further maintains these barriers. The community of practice known as Partnerships for Inclusive Research and Learning developed Disability-Inclusive Guidelines and sought researchers' perspectives about compensation and reimbursement practices, and feedback to ensure applicability and relevancy of the guidelines.

Objectives. The objectives were to gather 1) researchers' experiences and perspectives regarding research compensation; and 2) researchers' feedback on the guidelines.

Methods. Three focus groups and three interviews were conducted virtually with 12 participants. Researchers' experiences and perspectives were analyzed using Thematic Analysis. Feedback regarding guidelines was analyzed using Content Analysis and integrated into the guidelines.

Results. Initial analysis has identified several themes reflecting researchers' perspectives and experiences including "Common blind spots in compensation and reimbursement", "Obtaining support from the right people", and "Acknowledging the diverse disability experiences through Compensation and Reimbursement". Participants' feedback enhanced the guidelines by improving clarity, relevance, and accessibility.

Conclusions. The study confirmed the need for guidelines for equitable compensation and reimbursement for individuals with disabilities. The diversity of participants, attested to the applicability of guidelines across different settings and in real-world scenarios. The findings advance disability inclusivity in research by enhancing the integrity and fairness of the research process.

Canadian Occupational Therapy Practice for Adults with Intellectual and Developmental Disabilities

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Introduction. Occupational therapists (OTs) are well-positioned to support the participation, health and the well-being of adults with intellectual and developmental disabilities (IDD) across the lifespan. Yet, both OT clinicians and students have reported that they feel unprepared and lack practice knowledge and resources for working with this population.

Objectives. The study objective was to identify current practices and barriers to care of Canadian OTs working with adults with IDD.

Methods. Canadian OTs were actively recruited via email and professional networks during an eight-week period from February to April 2023. All registered OTs with experience working with adults with IDD were invited to participate in an online survey describing their practice profiles and barriers to care for working with this population. Descriptive statistics were used to summarize closed-ended quantitative responses. A thematic content analysis approach was used to analyze open text responses.

Results. Twenty-four OTs participated in the study, 96% identified as female and 50% were in their first five years of practice. A majority of participants (88%) worked in a community setting. Perceived barriers of care included: client-level factors (i.e., client cognition, mood, physical abilities) and environmental factors (i.e., caregiver supports, system level funding and resources, social stigma).

Conclusion. This study was a critical first step in understanding the current practice profiles of OTs working with adults with IDD in Canada. Further research and development of resources and training to support OTs working with population are needed, along with continued advocacy for system level supports.

Exploring occupational therapy competencies in obesity care: A literature review

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Introduction. Obesity is a known risk-factor for many non-communicable diseases (NCDs), impacting the health of 7.3 million Canadians living with obesity. Occupational therapists (OTs) commonly encounter clients living with obesity; however, patients with obesity reported patient ambivalence, stigmatization, feeling powerless, avoiding treatment, and reduced psycho-emotional functioning during their care experience. Obesity care must shift from stigmatization of noncompliance and laziness towards education and evidence-based solutions as with other serious NCDs. Given occupational therapy education is guided by the Competencies for Occupational Therapists in Canada (COTC), this discrepancy suggests a gap between the COTC and care needs of patients living with obesity.

Objectives. The aim was to better understand this gap and evaluate whether COTC aids practitioners in interactions and treatments with clients living with obesity by evaluating how they align with the Obesity Medicine Education Collaborative (OMEC) competencies.

Methods. A literature review was conducted in 4 databases and 3 occupational therapy journals. Articles examining OT practice in people living with obesity and/or participation of obese individuals from an OT lens were included. Articles were coded and mapped to COTC and OMEC competencies, then cross-referenced to determine commonalities and discrepancies within OT obesity care.

Results. Sixteen studies were included. Many supported the majority of COTC and OMEC competencies. However, several gaps were identified within each profession's competency domains.

Conclusions. The findings of this review suggest OTs are equipped within their competencies to provide appropriate bariatric care aligning with OMEC competencies. However, Canadian MScOT curriculums should provide further education regarding quality care for patients living with obesity.

Identifying success indicators of discharge to community care and self-management within young adults with chronic pain: a qualitative descriptive study

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Introduction. Chronic pain can significantly affect several aspects of life for young adults (YA), including physical, emotional, social, cognitive, and role function. Although current literature has explored some healthcare transitions – such as the shift from pediatric to adult chronic pain care – little is known about the transition from adult chronic pain care to self-management within the community. Further, there is a need to evaluate discharge as a process and to further understand the experiences of YAs, as they embark on their discharge experiences from adult chronic pain care to self-management.

Objectives. The purpose of this study is to explore how YA with chronic pain define a successful discharge from specialized chronic pain services to self-management in the community and understand the contextual factors that support discharge success.

Methods. This qualitative study utilized secondary analysis of semi-structured interviews. An inductive content analysis approach was used to identify common themes related to definitions of a successful discharge and conditions that support discharge.

Results. Participants identified that a successful discharge includes the consideration of 1) perceived readiness for change and their impact on readiness for discharge 2) need for ongoing and relevant resource and support following discharge 3) a collaborative discharge process.

Conclusion. This study provides a closer look into the experiences of YA with chronic pain who are transitioning from specialized chronic pain services to self-management. The findings from this study can enable more successful discharge experiences for YA with chronic pain, healthcare professionals, and policymakers who are responsible for system-level decisions about healthcare transitions.

Co-creating a concussion education toolkit for Special Olympics Canada coaches to educate athletes

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Introduction. Athletes with intellectual disabilities are not appropriately represented within concussion education, care, or research. Special Olympic Canada (SOC) coaches are well-positioned to educate SOC athletes on concussions, yet no standardized mechanism of delivery exists.

Objectives. The objective of this study was to advise the development of a user-informed, standardized concussion education implementation toolkit (Concussion Practice Toolkit) for SOC coaches/volunteers to deliver concussion education annually to SOC athletes.

Methods. An exploratory-descriptive qualitative design was utilized. Semi-structured interviews were conducted with SOC coaches (n=9) from five provinces in Canada with coaching experience across fourteen sports.

Results. Findings were analyzed through deductive content analysis. Three themes were identified (1) Need for concussion education toolkit in SOC; (2) Implementation methods and information sharing; and (3) Considerations to implementation. These themes were interrelated into eight sub-themes: (1) Lack of athlete knowledge; (2) Coach confidence; (3) Coach attitude; (4) Coach to Athlete Delivery; (5) Accessibility of Learning for Athletes; (6) Sports-Based Considerations; (7) Achieving Athlete Engagement; and (8) Ease of Use for Coaches.

Conclusions. The study uncovered a clear need for the Concussion Practice Toolkit to improve stakeholders' knowledge and confidence toward athlete concussions. Two key factors should be considered with creating the toolkit: (1) the communication and accessibility of content; and (2) content should be divided by concussion risk of sport. The engagement of both the athletes and the coaches should be considered through the length of delivery, learning style and level best suited for athletes, coach use with no additional burden, and various modes of delivery.

Effectiveness of occupational therapy mental health interventions in a return-to-work context: A systematic review and meta-analysis protocol

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Introduction. Mental health-related absences and leaves from work are becoming increasingly prevalent. Occupational therapists (OTs) are well-positioned to help clients return-to-work (RTW) from work leaves caused by mental health concerns. It is often difficult for OTs to determine which treatment options are most effective for their clients in this context, due to the ambiguity of the current available literature. This indicates a need for a systematic review and meta-analysis of the available research on interventions in this practice context.

Objectives. This protocol details a meta-analysis and systematic review with the objective to examine the effectiveness of interventions used in occupational therapy practice in supporting clients' RTW from a leave of absence caused by mental health.

Methods. This protocol details the steps to be taken to perform a systematic review and meta-analysis of all available empirical evidence on the relationship between occupational therapy mental health interventions and their effectiveness in the RTW context. A systematic search will be conducted across a range of databases for quantitative studies focusing on effectiveness of relevant interventions.

Results. The results of this systematic review and meta-analysis can be used to inform best practice guidelines in the mental health and RTW context for occupational therapy practice.

Conclusions. This review's results will provide a greater understanding of the current knowledge base surrounding OT practice in a mental health and RTW context as well as guide future research on the topic.

Exploring tabletop role-playing games as meaningful occupation: A qualitative exploratory study

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Introduction. Tabletop roleplaying games (TRPGs) are becoming an increasingly popular occupation. However, TRPGs are relatively unknown to occupational therapists in the literature. TRPGs' characteristics resemble elements of many types of therapies. TRPGs' uniqueness, increased popularity, and adoption by healthcare practitioners provide the impetus to understand TRPGs as a meaningful occupation.

Objectives. This study sought to understand the overall experience, benefits, and consequences of playing TRPGs as a meaningful occupation. The new evidence will inform when the profession should implement a TRPG intervention either as a means (a therapeutic tool) or as an end (everyday participation and enjoyment). Our research is further interested in investigating the relationship of TRPGs to other occupations.

Methods. Interviews were conducted with n=16 participants (1 discarded) who had played TRPGs in the past. Semi-structured interview questions were based around TRPG gameplay and people's perceptions of the game. The interviews were transcribed, and a thematic analysis was completed on the data.

Results. The participants' interviews identified four themes and several subthemes which include: (1) Social Participation (subthemes: 'social wellbeing' and 'collaboration and teamwork'); (2) Occupational Participation (subthemes: 'personal experiences', 'emotions', and 'transferable skills'); (3) Creativity; and (4) Societal Perceptions.

Conclusions. This research highlights many aspects of the game that people enjoy and skills developed during gameplay that translate outside of the game. It suggests possible therapeutic uses of TRPGs on a person's wellbeing such as the use of structured escapism and social connection.

Abstracts for Quality of Life

Session 1: Room 5230

Peer Support and Type 1 Diabetes: Incorporating Experiential Knowledge into Service Design with Adolescents and Their Caregivers

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Introduction: Diabetes self-management and achieving a high quality of life remain a challenge for adolescents with type 1 diabetes (T1D). This integrated knowledge translation (iKT) project is intended to engage adolescents with T1D (ages 14-18 years) and their caregivers (known as ACs), diabetes clinicians, community partners, and researchers in co-designing equitable, accessible, and culturally inclusive peer support interventions for adolescents with T1D.

Objective: The project consists of 4 phases. The present paper concerns the second phase which sought to understand AC's perspectives about T1D self-management, needs, and gaps in current services and supports using the arts-based methods of digital storytelling (DST) and empathy mapping.

Methods: Community-based participatory research (CBPR) and iKT approaches were used to address the lack of diverse representation of experiential knowledge and allow for the opportunity to engage with ACs, and service providers to develop co-designed peer support interventions.

Results: Eleven participants created DST videos about their barriers, struggles, and achievements related to T1D self-management. Two empathy maps were created to illustrate their experiences, needs, and perspectives on what they envision for peer-support interventions.

Conclusion: The outcomes of this phase will inform a knowledge translation event in which all stakeholders will generate ideas and prioritize what should be included in peer support interventions. The project's end goal is to have co-created peer-support interventions for ACs that align closely with community needs and values. These project outcomes will allow future research on peer support in this population and progress to implement culturally sensitive, targeted, and effective interventions.

Understanding how People with Chronic Stroke Perceive their Social Connections following an Adaptive Dance Program: A Qualitative Research Study

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Introduction. Stroke forms a background for social isolation, social withdrawal and/or altered relationships. Reduced social relations is linked to loneliness in people with stroke. Dance is a novel intervention that may reduce isolation by facilitating social connections, which can target any associated loneliness. People with stroke who participated in an adaptive dance program are best positioned to share their perceptions of stroke as a psychological transition and to emphasize the role of social connections in stroke rehabilitation.

Objectives. The objective of this study is to understand how people with chronic stroke experienced social connections during their participation in an adaptive dance program.

Methods. This qualitative research study uses an interpretive descriptive approach to analyze an existing database of interviews to identify key themes and sub-themes.

Results. Transcripts from 18 one-on-one interviews with people who completed a 10-week adapted dance program for people with chronic stroke were read and coded by both investigators. A common code book was developed through discussion. Ongoing analysis will develop categories and themes.

Conclusions. This qualitative study will lend an understanding for how social connections form among people with stroke. Such understanding can inform clinical practice and implementation of adaptive dance programs to address loneliness and social isolation after stroke.

Exploring Occupation-based Interventions for Adults Undergoing Chronic Hemodialysis Therapy: A Scoping Review

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Introduction. Undergoing chronic hemodialysis (HD) treatment can interfere with how one participates in valued life activities. Patients undergoing HD recently identified “life participation” as a health outcome of high priority, yet the degree to which interventions are used to promote life participation in this population remains unclear.

Objective. To describe and synthesize existing literature on interventions used to promote life participation for HD patients.

Methods. A scoping review was conducted according to the Joanna Briggs Institute guideline. Six electronic databases were searched using search terms that reflected the target population (hemodialysis recipients) and target measure (life participation). Title/abstract screening, full-text review, and data extraction were completed independently by three reviewers after inter-rater reliability ($\kappa > .92$) was achieved on a subset of articles. Extracted data was analyzed to identify patterns using counts, percentages, and narrative synthesis.

Results. The database search yielded 139 articles that met the eligibility criteria; half were RCTs and 80% were published after 2010. Interventions promoting life participation in the HD population have predominantly employed personal-physical approaches, such as exercise and medication. Interventions have rarely used measures of life participation or quality of life, related to cognition, affect, or environmental factors, as a primary focus of research. The most common outcome measures included the SF-36, followed by the KDQOL.

Conclusions. There are gaps in existing research pertaining to how interventions, other than personal-physical interventions, may enable life participation among the HD population; future research should explore how alternative interventions may enable life participation among the HD population.

Looking through the lens: A scoping review on using photo-methods in research with individuals with intellectual disabilities

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Introduction. Individuals with intellectual disabilities often experience barriers to participating in research due to their range of communication and cognitive abilities. Traditional research methods typically require types of verbal and written communication which are not always accessible for people with disabilities. Photography can be an inclusive research method that allows for capturing the perspectives of this population.

Objectives. This scoping review aimed to determine what is known about how photo methods, in particular those where participants are behind the camera, are used in research for individuals with intellectual disabilities. It also seeks to identify and describe key gaps in the literature.

Methods. This study followed previously established, widely used scoping review methods for selecting and analyzing data. A librarian-supported search of six scientific databases identified 15,584 studies. Twenty four studies met our inclusion and exclusion criteria and were included in the analysis.

Results. A content analysis identified four overarching themes related to how photo methods have been used in research with participants with intellectual disabilities. They included: participant characteristics, study characteristics, photography method characteristics, and challenges with implementation.

Conclusion. Photography can be an effective method for allowing this population to have their perspectives heard. The findings highlight that individuals with intellectual disabilities can be better supported as participants in future research through photography methods that allow them to be behind the camera. Understanding what is known about this type of method can help future researchers to develop projects that are ethically sound and inclusive of all participants involved.



Abstracts for Pediatrics

Sessions 1: Room 5280
Session 2: Rooms 5280 & 5260

Screen time engagement: Effect on Movement ABC-2 performance components

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Introduction. The Movement ABC-2 (MABC-2) is a gold standard assessment used to measure a child's motor competency. Recent use of the MABC-2 found typically developing children to be performing below average, calling into question the influence of physical activity (PA) on motor development in children. Additionally, motor skill development can be affected by a shift in occupational repertoires including increased engagement in passive activities, such as screen time (ST).

Objectives. The objective of this study is to investigate the relationship between children's ST use and PA with their motor skill development.

Methods. This is a case study of four typically developing children ages 6-10. Children's ST and PA were measured using the Children's Assessment of Participation Enjoyment (CAPE) and Godin-Shepard Leisure-Time Physical Activity Questionnaire (Godin). In-person assessments of motor skills were conducted using the MABC-2. The relationship between children's occupational repertoires and motor skill development was analyzed in case reports.

Results. All participants were found to be active on the Godin. Two participants that had higher PA scores on the Godin ranked in the 25th percentile on the MABC-2, while the other two participants with lower PA scores ranked 15th. The CAPE was found to inadequately measure ST due to outdated ST activities and corresponding images.

Conclusions. This study provides an overview of potential gaps in the CAPE and MABC-2's abilities to provide accurate scores based on changing occupational repertoires. More appropriate measures are necessary to accurately capture a child's ST engagement.

Occupation-based interventions for children and adolescents experiencing mental health challenges: A scoping review

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Introduction. Although, many occupational therapists work in mental health practice, few work with children and adolescents living with mental illness. Indeed, literature reviews of pediatric mental health occupational therapy practice focus almost exclusively on neurodivergent children and adolescents.

Objective. This study aims to describe the interventions and outcomes related to occupation and occupational therapy for children and adolescents 18 and under, diagnosed with a mental illness, as reported in the peer-reviewed literature.

Methods. A scoping review was conducted using Arksey and O'Malley's framework. Four databases were searched (Scopus, Medline, PsycINFO, CINAHL) using terms in three categories: population; mental illness diagnosis; and occupational therapy/occupation-based. The search yielded 5599 articles (after duplicates removed); two individual articles met the inclusion criteria. Sixteen relevant reviews were identified from which 475 articles were screened. Three additional articles were selected for analysis. Data were extracted (mental illness, intervention description and level, outcome description and level) and analyzed using descriptive statistics and categorization.

Results. The five selected articles presented three primary mental illness diagnoses (eating disorders, anxiety disorder, and substance use). Four occupations were used as interventions (yoga, swimming, climbing, occupation-based groups). One study evaluated occupational outcomes (daily occupations/roles), while four evaluated component outcomes.

Conclusion. Few studies describe occupation-based or occupational therapy led interventions for children and adolescents with mental illness. Of the reviews that exist, the overwhelming majority focus on neurodivergent children and adolescents. This dearth may indicate that few occupational therapists work with children with mental illness to support their performance and participation outcomes.

Youth helping youth: Examining relationships between student demographics and the provision of social support post-concussion

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Introduction. There is a high concussion incidence among Canadian youth. Concussion symptoms can limit youth's occupational participation in school, social activities, and family roles, which can lead to feelings of social isolation. Providing social support to a peer who has sustained a concussion may improve recovery outcomes and well-being. However, little is known about factors that influence the provision of social support by peers post-concussion.

Objectives. This study sought to understand relationships between the provision of social support from peers post-concussion and 1) individual-level demographic factors, and; 2) school-level demographic factors.

Methods. Students from four Canadian high schools were invited to complete an online survey. Data were analyzed using descriptive statistics, Chi-Squared Tests of Independence, Wilcoxon Rank Sum Tests, and Spearman's Rank-Order Correlation Coefficients.

Results. Surveys were completed by 510 students (mean age=15.12, SD=1.41). In total, 42.94% of students reported providing social support to a peer post-concussion. Greater amounts of social support were more likely to be provided by students who were female ($W=17824$, $p\leq 0.001$); had a history of concussion ($W=11758$, $p\leq 0.001$); participated in a high-risk ($W=12386$, $p<0.01$) or team sport ($W=10791$, $p<0.01$) and felt knowledgeable about concussion ($W=18784$, $p<0.05$). Students attending Ontario schools ($W=26959$, $p\leq 0.001$), and larger schools ($\rho=0.114$, $p<0.05$).

Conclusions. This study identifies how students' demographic factors influence the provision of social support post-concussion. Results may inform decisions on how to best target education efforts to generate supportive school environments for concussion recovery and encourage peer-to-peer social support for youth post-concussion.

Pilot Study: Use of a Knowledge, Attitudes, and Practices (KAP) Survey to Assess the Impact of a School-Based Disability Awareness Program in Rural South India

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Introduction. Amar Seva Sangam (ASSA) is a Non-Government Organization in rural South India which empowers and supports integration of Persons with Disabilities (PWD) in society. Due to high rates of stigma towards PWD in this region, ASSA advocates for disability rights and delivers school-based disability awareness education. There is a need to measure the impact of disability awareness education on the knowledge, attitudes, and practices/behaviours of students, with the goal of enabling inclusion of PWD in schools and the broader community.

Objectives. The objective of this study was to develop and pilot an evaluation tool, a Knowledge, Attitudes, and Practices (KAP) survey, and to explore how the evaluation tool can be improved for its use in future studies.

Methods. Demographic and KAP survey data collected from students before and after participation in a disability awareness education program was examined. Descriptive statistics were used to explore knowledge, attitudes, and practices as well as suitability of the survey as an evaluation tool. Results from analyses were discussed to identify themes for survey revision.

Results. Relationships were found between KAP survey scores and factors including age, grade, identity, or experiences with disabilities. Significant differences between pre- and post-program KAP survey scores indicated the survey measured change in knowledge, attitudes, and practices.

Conclusions. Study results overall contribute to an understanding of potential sensitivity and comprehensibility of the KAP survey, and can inform revision of questions for future implementation. Findings will also inform future research considerations and methodology.

A knowledge-to-practice gap analysis of family-centered goal setting in pediatric rehabilitation: a retrospective chart review

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Introduction. Family-centered goal setting (FCGS) is fundamental to prioritizing family goals and improving meaningful outcomes and quality of life. However, the degree to which FCGS has been adopted in inpatient pediatric rehabilitation is unclear. There is a need to determine the degree to which FCGS is occurring in practice to identify where improvements to care can be made.

Objective. To measure the degree to which FCGS is currently occurring in pediatric rehabilitation.

Methods. A 9-month retrospective chart review of 17 client charts was undertaken to determine the degree to which FCGS is occurring in practice. A chart audit tool, consisting of three categories and seven items, was created based on evidence of best practice and used to score each chart out of 21. Descriptive statistics were used to quantify the difference between the actual and the recommended practice of FCGS in pediatric rehabilitation.

Results. Of the 17 charts, the adherence across the three categories and seven items on the chart audit tool ranged from 71% to 95%, with an overall mean adherence of 86%. The mean adherence for the category of partnership, identification, and agreement were 93%, 88%, 77%, respectively. The mean adherence to each item ranged from 66% to 96%, with family presence scoring the highest, while family agreement scored the lowest.

Conclusions. This chart review quantifies the degree to which FCGS is currently occurring in pediatric rehabilitation and will guide future efforts to improve the implementation of FCGS within practice.

Exploring the influence of assistive technology access and capacity building on pediatric rehabilitation providers in rural south India

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Introduction. The Pediatric Assistive Technology (AT) Provision Program was implemented by a non-governmental rehabilitation facility in rural South India to enhance rehabilitation provider's utilisation of health-promoting AT to support children with disabilities. Capacity-building measures for providers and other supports based on the AT needs, barriers, and facilitators to AT access were implemented that aligned with the AT global report for low-middle income countries (LMIC).

Objective. This study explores how the program influenced AT access and providers capacity-building (assessment, prescription, order, fit, training, and AT use) on their clinical practice.

Methods. Using qualitative thematic analysis, 8 paediatric rehabilitation providers were purposively sampled for a virtual semi-structured interview.

Results. Six overarching themes were identified: (1) Stigma with AT use, with the sub-theme parents and children's receptiveness to AT, (2) Organisational response to changing needs, (3) Family socioeconomic status and organisational budget (4) AT service accessibility and availability, with the sub-theme inequity of AT service access in rural areas, (5) Provider AT awareness and confidence, sub-themes providers' knowledge of device modifications, functional outcomes of AT users, suggestions for further AT capacity building for providers, (6) Staff practices to meet organisation service guidelines, sub-themes training of new and current staff, AT prescription decision making process and product standards.

Conclusion. The findings highlighted how AT access and capacity-building interventions influenced providers' skills and ability to optimise AT for children with disabilities. It builds evidence on how education, training and advocacy strategies can strengthen AT capacity amongst rehabilitation providers, informing future education and research in LMIC.

Exploring clinician usability perspectives: Creation of a BIMS self management tool by and for autistic children/youth

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Introduction. BIMS (Burnout, Inertia, Meltdown, and Shutdown) are important constructs identified by autistic children and youth, however, are not well understood; thus there are no clinical tools for BIMS used in practice. This project is a qualitative usability study with the aim of refining a BIMS management prototype tool, to ensure acceptability to the target population prior to distribution.

Objectives. The purpose of this study was to collect feedback from clinicians regarding the BIMS youth prototype tool's usability; palatability and accessibility. The feedback will be used to modify the current prototype tool to improve its usability.

Methods. This qualitative usability study is situated within a research study employing co-design methodology. Interviews were conducted with six clinician participants, two sharing the perspectives of three autistic children/youth clients. Using a design-led analysis, participant's feedback was consolidated into observable patterns to inform the usability of our end user product.

Results. Patterns in the data suggests the prototype tool's usability was validated as it promoted a shared understanding of BIMS, honoured autistic experiences, and was flexible to use. Clinicians also expressed the incorporation of a supplementary BIMS education guide would support the prototype tool's usability. Patterns highlighting modifications to improve usability included changes to guide formatting, increasing visuals, and promoting greater accessibility.

Conclusion. The study provided valuable recommendations to modify the prototype tool's usability from the perspective of autistic children/youth and their clinicians. Perspectives gained through this study built on our emerging understanding of BIMS and will provide future research direction.

“Preparing them to navigate in a world that’s not designed for them”: Parent perspectives on Burnout, Inertia, Meltdown, and Shutdown experienced by their autistic children

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Introduction. Autistic children and adults have identified burnout, inertia, meltdown, and shutdown (BIMS) as an important part of their lives. Parents’ perspectives on BIMS can provide additional insight to develop a holistic understanding of BIMS phenomena and expand our understanding of how to improve support for autistic individuals.

Objectives. This study aims to explore the concepts of BIMS from the perspective of parents with one or more autistic children.

Methods. Two focus groups were conducted with a total of eight parents of autistic youth and adults, who shared their experiences navigating the world with one or more autistic children. We conducted a reflexive thematic analysis, using an iterative process of coding, collating, reviewing, and mapping themes.

Results. Our analysis has identified that parents often see themselves as allies to their autistic children when navigating a neurotypical world. They help their children maneuver their way through burnouts, meltdowns, and shutdowns by using various approaches in response to their children’s behaviour.

Conclusions. The results of this study contribute to our current understanding of how BIMS are experienced by autistic children and adults. As parents can be an instrumental part of helping their autistic children manage BIMS, the results of this study can provide insight into how to improve support for parents and in turn provide better assistance for autistic individuals.

Evaluating the effects of the i_SibworkS virtual cognitive-behavioural intervention on social support for siblings of children with disabilities.

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Introduction. Siblings of children with disabilities can experience a higher prevalence of depression and anxiety and decreased social support, which can impact healthy child development. The SibworkS cognitive-behavioural group intervention can mitigate these effects and to improve siblings' perceived social support. To improve accessibility, the i_SibworkS intervention transitions the program to virtual delivery.

Objectives. To evaluate if i_SibworkS remains effective as an intervention to increase social support in siblings of children with disabilities, and to determine how demographic factors and access to other services influence social support.

Methods. The Social Support Scale for Children (SSSC), a self-report questionnaire, was used to evaluate social support from people in a child's life. Inferential statistics were used to identify changes in SSSC scores pre- and post-intervention, as well as relationships between SSSC scores and participant demographic factors.

Results. No significant differences in SSSC scores were observed pre- and post-intervention. Female participants reported higher post-intervention scores for support from parents, classmates, and close friends. An interaction effect of gender \times age was observed on pre-intervention scores of parent support, and post-intervention scores of close friend support. Previous attendance at a youth mental health group was strongly associated with increased pre- and post-intervention scores for support from close friends.

Conclusions. This study demonstrates how demographic factors can affect outcomes from interventions like i_SibworkS, and how access to youth mental health groups can increase perceived social support from peers. These findings can inform the creation of tailored interventions for siblings of children with disabilities.

The evolution of sibilant and vowel articulation through rapid palatal expansion treatment in children with cleft palate

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Introduction. Individuals with cleft lip and palate have difficulty with certain sibilant (alveolar /s/, /z/, and post-alveolar /ʃ/ fricatives) and vowel articulation (/a/, /i/, /u/) that are exacerbated by the insertion of a Fan-type rapid palatal expander. To date, there has been no investigation on sibilant and vowel sounds children produce and how they evolve through rapid palatal expansion treatment. Identifying changes in speech over time may help prepare and inform patients and caregivers on what to expect after the insertion.

Objectives. The objective of this study is to examine and chronologically sequence changes in articulation errors over time after the insertion of a Fan-type rapid palatal expander in children ages 5-18 years old with cleft lip and palate.

Methods. This study examines data from 11 children who were recorded across six different time points. Descriptive statistics are used to examine and describe articulation errors in vowels and consonants of nine different vowel-consonant-vowel speech segments across each timepoint.

Results. The results of this study demonstrate that consonant errors increase significantly at time point B (insertion), and are lowest at time point F (follow up). Additionally, hypernasality on vowel 1 increases across treatment. Variability in sibilant and vowel articulation error trends occurred across treatment timepoints.

Conclusions. This study provides an in-depth understanding of the changes in sibilant and vowel articulation sounds across treatment. It can help inform future researchers, clinicians, and prepare patients for possible changes in speech that may occur after the insertion of the RPE.



Abstracts for Health Services and Supports

Sessions 1 & 2: Room 5150

Exploring service providers' perspectives on processes that enable resiliency in people with traumatic brain injuries (TBIs)

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Introduction. Resiliency, the process of adapting in response to adversity, is recognized as important for individuals to negotiate life changes after TBI. Resiliency has been associated with improved quality of life and participation following TBI. However, it is not well understood how resiliency can be addressed in service delivery.

Objectives. To understand service providers' perspectives on how resiliency can be enabled in the context of TBI service delivery.

Methods. In this qualitative descriptive study, ten TBI service providers with at least one year of experience and working in health and social services in Ontario and British Columbia (90% female, 20.7 years average in TBI service delivery), were recruited using purposive sampling. Semi-structured interviews were completed via Zoom and explored the influences of aspects of service delivery, such as therapeutic approaches and practice contexts, on resiliency in TBI recovery. Thematic analysis was used to describe service providers' perspectives on enhancing resiliency in their service delivery.

Results. The three major themes that emerged from the analysis were: enabling resiliency through (1) providing emotional support and encouragement, (2) developing skills and opportunities for 'doing', and (3) facilitating relationships and community connections.

Conclusions. This study provided insight into current practices, in particular the service provider behaviours that influence resiliency (e.g., support, skills training, facilitation and navigation) and unmet needs in resiliency-enhancing service provision for people with TBIs. These findings can contribute to practice knowledge and guide further work on supporting resiliency in the context of TBI service provision.

Caregivers' experiences of resiliency after brain injury: A narrative study

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Introduction. Caregivers of individuals with traumatic brain injury (TBI) experience significant occupational changes with both challenging (e.g., role loss) and positive experiences (e.g., closer relationships). Resiliency (adaptive processes involved in 'bouncing back' from adversity) is increasingly recognized as an important construct linked to positive outcomes for caregivers, including life satisfaction, hope and psychological well-being. As resiliency research in the TBI and caregiving context is mostly quantitative, less is known about resilience from the perspective of caregivers. Qualitative work can explore their experiences and how they adapt to challenges arising in their lives.

Objectives. The objective of this study is to explore resiliency in the context of caring for individuals with TBI.

Methods. A qualitative study using narrative analysis will be used to examine interviews from caregivers for individuals over the age of 18 with a TBI. In asking about their caregiving experiences and turning points (events or realizations that shift the direction of their life) throughout, the researchers hope to identify themes of resiliency that facilitated change in their life.

Results. Caregivers' stories highlight key resiliency processes and how caregivers negotiate and respond to challenges over time when caring for individuals with TBI. Key personal and environmental supports involved in resiliency were identified within each story to determine how they enable caregiver adaptation.

Conclusions. There is a strong link between caregiving and occupational change. The findings from this study will be pertinent in guiding occupational therapists to create resilience enhancing interventions for clients who are family caregivers for individuals with TBI.

Evaluating the Experiences of Adults with Stroke in Virtual Community-based Stroke Programs: A Qualitative Descriptive Study

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Introduction. Stroke is a top contributor to disability, and can impact an individual's cognition, physical functioning and mental health. Since the COVID-19 pandemic, several community-based organizations (CBO) have started delivering stroke programs virtually. However, participants' program experiences remain understudied, and evidence-based guidelines to inform their development and delivery are lacking.

Objectives. To describe the experiences of individuals who participated in virtual CBO stroke programs on access and participation facilitators and barriers and suggestions for improvement.

Methods. A qualitative descriptive design was used to gather participant experiences through hour-long semi-structured interviews. Interviews were conducted on Zoom, audio-recorded and transcribed verbatim. Adult participants had a past stroke and attended Canadian virtual CBO stroke programs. Data was analyzed using inductive thematic analysis.

Results. Twelve participants (aged 32-69 years, 2-11 years post-stroke) participated. Four themes were identified: 1) motives for participating in virtual CBO stroke programs included gaining peer connections, knowledge and information, 2) perceived barriers to virtual CBO stroke program participation due to technology inequities, difficulties navigating technology, and inadequate facilitator instruction, 3) perceived facilitators to virtual CBO stroke program participation by means of remote access, enabling virtual platform features and program leader characteristics/skills, 4) unmet needs during virtual CBO stroke programs involved in-person connection and individualized support and 5) suggestions for improvement of virtual CBO stroke programs' facilitation, content and format.

Conclusion. Addressing identified barriers and suggestions may improve virtual CBO stroke programs' access and quality. Study findings highlight the need for more robust guidelines to inform program development and delivery.

A scoping review of cultural humility practices in rehabilitation services

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Introduction: Cultural humility, which entails ongoing self-awareness and self-reflection when interacting with clients to recognize power differentials and enhance cross-cultural interactions, deeply aligns with occupational therapy (OT) practice and may improve OT service quality. However, cultural humility practices are underexplored in OT research. With new cultural humility OT competencies being published, there is a need to broadly synthesize rehabilitation literature on cultural humility practices.

Objectives: To describe peer-reviewed rehabilitation services literature on cultural humility practice and align the findings to OT practice using the Canadian Practice Process Framework (CPPF).

Methods: Guided by Arksey & O'Malley's scoping review methodology, nine databases were searched on March 23, 2022, using the term 'cultural humility' to identify peer-reviewed literature from rehabilitation services (i.e., OT, physical therapy and speech-language pathology). Title, abstract, and full texts of studies were screened independently on Covidence. Study descriptors, context, population, and cultural humility elements and recommendations were extracted, analyzed, and mapped onto the CPPF.

Results: In total, 1,140 studies underwent title and abstract screening, 816 entered full-text review, and nine studies were analyzed. Cultural humility elements, such as self-reflection/critique (n=5/9;55.6%), self-awareness/egolessness (n=6/9%;66.7%), and supportive interaction (n=5/9;55.6%) were discussed. Most cultural humility practice recommendations aligned with the CPPF societal (n=8/9;88.9%) and practice context (n=9/9;100%); no practices pertained to evaluating outcomes or conclude/exit.

Conclusions: Findings highlight cultural humility practice recommendations that occupational therapists can integrate into practice. Further research is needed to support cultural humility practices across all stages of the CPPF to improve service quality, cross-cultural interactions, and client outcomes.

The Usability and Utility of the Return-to-Vocations Post-Stroke Toolkit: A Survey Study with Frontline Care Providers

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Introduction. Stroke remains the leading cause of adult disability in Canada. Despite the importance of return to vocations (RTV) as a rehabilitative outcome post-stroke, a gap in knowledge and consensus exists amongst interprofessional stroke care providers regarding how best to support patients through this process. The Return-to-Vocations Post-Stroke Toolkit (Toolkit) was developed as a resource for care providers in the West GTA and Central East Stroke Networks (WCESN) to improve care in this area.

Objectives. To identify the usability and utility of the Toolkit based on the perspective of cross-continuum stroke care providers to inform final changes to the Toolkit prior to its implementation.

Methods. A survey study using a modified system usability scale (SUS) was conducted on REDCap. Participants ($n=14$) were recruited through convenience sampling from the WCESN's database of care providers. Likert and free-text data were analyzed using the SUS method and directed content analysis with usability and utility frameworks, respectively.

Results. Eleven of fourteen participants (78.6%) scored the Toolkit with a passing SUS score. Six categories and 14 subcategories were derived from the free-text responses. Participants who scored the Toolkit as *excellent* (57.1%) and *good* (21.4%) highlighted elements of design and learnability, relating to usability. Those who scored the Toolkit as *awful* (7.1%) and *poor* (14.2%) highlighted elements of complexity and time requirements, relating to utility.

Conclusions. Findings of this study provide evidence of the usability and utility of the Toolkit to support RTV post-stroke. Results will inform final changes to the Toolkit prior to its implementation.

An Environmental Scan of Patient Navigation in Canada

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Introduction. Patient navigation programs (PNPs) provide patients and their families with support and guidance in accessing healthcare resources. This is accomplished by identifying barriers to care and matching patients' unmet needs to appropriate services. Although the use of PNPs is increasing in Canadian healthcare, there is significant variation in the conceptualization and implementation of these programs. These differences lead to siloes, confusion, and misunderstandings across patient and family, practitioner, and policy groups of what navigation entails and for whom it is most beneficial.

Objectives. The main objective was to undertake an environmental scan (E-scan) of PNPs being offered to different patient populations across Canada. The secondary objective was to gain an in-depth understanding of barriers and facilitators to their implementation. This presentation will outline the methods for (1) a grey literature search supporting the E-scan of PNPs, and (2) the design of the E-scan survey.

Methods. The grey literature search was conducted using Advanced Google Search to identify relevant PNPs. Descriptive statistics were used to summarize the findings of the grey literature search. The survey was drafted collaboratively by experts in PNPs and formatted in REDCap.

Results. Preliminary data has been extracted to detail: (1) the number of available PNPs across Canada (2) their geographical location, and (3) patient population(s) supported.

Conclusions. By identifying the status and scope of PNPs across Canada, this project will support efforts by stakeholders to develop, implement, and share best practices in the field, and inform future policy and research priorities.

Peer support for individuals with major limb loss: A scoping review

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Introduction. Peer support is shown to have positive impacts on the quality of life and psychosocial health of individuals with various chronic conditions. The impact of peer support on major limb amputees is not well-understood and lacks a formal intervention. There is a need to understand the literature on peer support for people with amputations to inform future research and practice.

Objectives. The review aims to describe how the literature defines peer support; how peer support has been implemented; the outcomes measured in peer support interventions; the benefits of peer support for individuals with major limb loss; and barriers associated with peer support.

Methods. Four databases (MEDLINE, PsychInfo, Embase, and CINAHL) were searched to find relevant articles. This study followed Arksey and O'Malley's methodological framework.

Results. Twenty-two articles were reviewed. Peer support is described as an opportunity to provide education, advice, and encouragement between individuals with lived experiences. Across the two intervention-based studies investigating peer support programs, outcome measures included physical, psychological, social, and quality of life. Qualitative studies describe perceived benefits as improved psychosocial well-being and the opportunity to learn from the experiences of others. While perceived barriers show that a lack of formal training and male-dominated group settings deter amputees from participating.

Conclusions. This scoping review provides an understanding of what is known about peer support and people with major limb amputations. Given the small number of studies in this field, future research is needed to develop and evaluate the effectiveness of peer support on this population.

Understanding the Perspectives of “Early Adopters” of Lower Limb 3D Printed Sockets

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Introduction. The prosthetic socket is a critical component of a prosthesis that influences comfort, skin integrity and function. The socket is the interface between the residual limb and the prosthesis. Three-dimensional scanning and printing (3DS/P) is an emerging manufacturing method that could supplement or replace conventional hand-made sockets. However, the uptake of 3DS/P methods is limited and primarily championed by “early adopters”. As such, research is needed to understand the perspectives of health care providers currently using 3DS/P to manufacture prosthetic sockets.

Objectives. The objective of this study is to understand perspectives and experiences of health care providers who are early adopters of 3DS/P manufacturing lower limb prosthetic sockets.

Methods. This qualitative descriptive study engaged eight prosthetists who had produced or fit at least three lower limb sockets in the past year in one-on-one, semi-structured interviews. Interviews were audio recorded and transcribed verbatim. Thematic analysis was used to determine common themes among participants.

Results. The results highlight how prosthetists are implementing 3DS/P in clinical practice. Participants described the perceived benefits of using 3DS/P to produce prosthetic sockets such as time efficiency and replicability, as well as challenges of use such as the lack of tactile input and material durability.

Conclusion. This study informs how early adopters of 3DS/P are applying the technology in the field of prosthetics. Perspectives given on the future of 3DS/P for prosthetics indicate potential initiatives for the technical industry to collaborate with health care providers and considerations to inform future practice and research.



Abstracts for Mental and Brain Health

Session 1: Room 5170

Session 2: Rooms 5230 & 5170

Parent and youth concussion symptom ratings: Are they similar?

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Introduction. Concussion can have lasting impacts on youth occupational performance. The prevalence and severity of a child's symptoms, as reported by the parent and the child can guide clinical decision making because self-reported symptoms inform diagnosis, prognosis, and treatment of concussion. Parents have a large influence in the management and decision-making regarding their child's concussion which can influence concussion outcomes. Gender may also impact concussion symptom reporting.

Objectives. This study aims to investigate differences in concussion symptom ratings between parents and their child, and to explore gender differences in symptom ratings.

Methods. Post-Concussion Symptom Inventory (PCSI) scores collected from parents and their children in a previous, larger study were analyzed using descriptive statistics and correlations. Parent and youth PCSI scores, and youth scores stratified by gender, were analyzed for significant differences using Mann Whitney U tests for non-parametric data.

Results. This study did not find any significant differences between parent and youth concussion symptom ratings. Despite non-significance, some trends were observed in the data. Youth tend to rate their cognitive symptoms as more severe than their parent's rating. Females tend to report symptoms as being more severe compared to males.

Conclusions. This study provides data on the differences between youth and parent concussion symptom ratings on the PCSI. Non-significance in the data suggests that parents are good proxy measures on the PCSI. Data on the impact of gender in symptom reporting in youth were non-significant but findings were consistent with current trends in the literature.

Brainbot, An Innovative mHealth App for Concussion Self-Management and Occupational Performance in Adults: A Mixed Methods Study Investigating Usability

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Introduction. 10-20% of Canadians affected by concussion experience persistent post-concussion symptoms (PPCS). PPCS are unique to each individual and can create occupational performance issues. Rehabilitation for concussion includes self-management of symptoms in the context of daily activities and consequently self-management programs (SMPs) and mobile health applications (mHealth) hold promise with this population. However, SMPs lack flexibility in delivery and many mHealth apps lack validation for clinical intervention in adults with PPCS. Brainbot is a novel mHealth app that aims to provide a comprehensive and flexible approach for self-management of PPCS and activity participation using points-based pacing, activity logging and symptom tracking.

Objectives. We aimed to investigate Brainbot's usability and app engagement among individuals with PPCS.

Methods. A mixed methods approach was used to explore app usability. Participants (N=19), adults over 18 years with PPCS, were recruited from the community and used the app for a four-week intervention period. A modified System Usability Scale (SUS) and a post-intervention semi-structured interview were used to explore usability. Descriptive statistics and content analysis were used to analyze findings.

Results. The average total SUS score was 69.6/100 (Range= 47.5-92.5) (marginally high acceptability). Participants reported positive features of the app included a points system to manage activity participation and notification reminders, while barriers included symptom-provoking visuals, lack of integration of features and effortful activity logging.

Conclusions. Results indicate that Brainbot's usability is acceptable for individuals with PPCS; however, modifications suggested by participants will further enhance the quality of the user's experience.

Yoga as a modality in occupational therapy for adults with mood disorders: A systematic review

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Introduction. Yoga is a mindful and physical practice combining exercise with meditation and breathing techniques. Despite an increase in studies on the therapeutic effects of yoga, there is a need to study the effectiveness of yoga as a modality in occupational therapy (OT) to increase overall well-being for adults with mood disorders.

Objectives. This study aims to determine if yoga can effectively increase function and participation in meaningful occupations for adults with mood disorders. This will help establish if yoga is a beneficial practice in OT.

Methods. This systematic review was registered with PROSPERO in 2021. In the development of the research protocol the Preferred Reporting Items for Systematic Review and Meta-Analysis checklist was followed. The search strategies from the protocol were used to extract literature from six health science databases. Studies regarding the effects of yoga on adults with mood disorders (bipolar and depressive disorders) were included in the abstract and title screening, and full text review.

Results. The search results produced 1,311 articles before the removal of duplicates. 704 peer-reviewed articles were assessed, and a total of 28 articles met the inclusion criteria. Initial findings suggest that yoga might be a promising, low-risk intervention in conjunction with other treatments to help adults with mood disorders.

Conclusions. The beginning steps of this study highlighted the extensiveness of yoga research and the usefulness of yoga as a therapeutic modality. Future research will include a meta-analysis which will lead to a more comprehensive conclusion on the effectiveness of yoga in OT.

Exploring the usability of a co-designed burnout, inertia, meltdown and shutdown (BIMS) self-assessment and self-management tool for autistic adults

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Introduction. Past work on the Relaxed, Recharged, and Ready project has uncovered burnout, inertia, meltdown, and shutdown (BIMS) as major phenomena impacting the occupational participation of autistic adults. This work led to the co-creation of a BIMS self-assessment and self-management prototype tool by and for autistic adults.

Objectives. The objective of this study is to examine the usability of a prototype BIMS self-assessment and self-management tool through collection of feedback from autistic adults. Feedback will be integrated into the prototype tool to improve overall usability.

Methods. This study utilizes a co-design approach, in which members of the autistic community provide insight into the development of the tool. Qualitative data was collected from 7 autistic adults and 1 clinician via semi-structured interviews. A design-led analysis approach, in which design decisions are informed by qualitative data, was employed to formulate improvements for the tool.

Results. Qualitative data findings include elements related to tool layout (graphic design, formatting, and amount of text) and experiences when engaging with the tool (co-design methodology, validation, self-reflection, tool as a communication device, and disclaimers). Overall, findings suggest good usability of the prototype, with valuable improvements gleaned from user perspectives.

Conclusions. This study provides an understanding of the usability of a prototype BIMS self-assessment and self-management tool from the perspective of autistic adults and will guide future improvements to the prototype. Given the limited research and resources that currently exist regarding BIMS, insights from this study will contribute to a greater understanding of BIMS phenomena in autistic individuals.

Factors Associated with Mental Health Outcomes Among Family Caregivers to Adults with COVID-19: A Scoping Review

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Introduction. While risks for family caregiver mental health during the COVID-19 pandemic are generally understood, protective factors are largely unexplored. Studies investigating both concepts among those caring for adults with COVID-19 are scarce compared to other clinical subpopulations (e.g., dementia caregiving). This has presented a unique opportunity to conduct a scoping review of fragmented risks and protective factors identified within the emerging literature.

Objective. The objective of this study is to synthesise the risks and protective factors for mental health that have been identified among family caregivers to adults with COVID-19 within the emerging literature.

Methods. The Joanna Briggs Institute (JBI) methodology was utilized to gather and summarize existing literature related to factors associated with negative and positive mental health outcomes among family caregivers to adults with COVID-19. Common themes emerged from quantitative analysis and qualitative inductive content analysis.

Results. Findings aligned with existing caregiving literature, demonstrating inverse relationships between (a) caregiving burden and positive mental health outcomes, and (b) caregiving burden and resilience. Identified risks included fear of COVID-19, lack of support, financial burden, family challenges, nature of COVID-19, inexperience, isolation, and unpleasant experiences. Identified protective factors included problem- and emotion-focused coping strategies, access to support services, professional help, online psychoeducational support and intervention, and self-reinforcement.

Conclusion. Family caregiving for adults with COVID-19 exacerbated existing mental health risks brought about by the pandemic and introduced compounding contributors to caregiving burden. Protective factors tended to decrease caregiving burden and/or increase resilience, uniquely including online psychoeducational support and intervention.

Sport-Based Programs as a Potential Tool to Support Positive Outcomes for Substance Use Issues & Addiction Among Youth Placed at Risk: A Scoping Review

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Introduction. During the COVID-19 pandemic, youth reported decreased physical activity and increased mental health challenges, including substance use issues. Existing evidence for youth sport-based programs supports positive development and community engagement, with potential for early intervention on substance use issues. There is a need to better understand the relationship between current sport-based programs and substance use issues among youth placed at risk.

Objectives. This study aims to identify current sport-based programs and their effectiveness as a tool for mitigating substance use issues among urban youth (aged 12-18) placed at risk. This study also seeks to understand key programming characteristics, population demographics, and outcomes related to sport intervention and substance use.

Methods. This scoping review examines articles from Embase, MEDLINE, and PsychINFO that meet a comprehensive search strategy and inclusion and exclusion criteria. Data extraction and analysis present an overview of program contexts, components, and effectiveness on substance use.

Results. The results indicate most programs run for 45-50 minutes per session, 1-2 sessions a week, for 7-12 weeks. Approximately half the programs report reduced short-term use or willingness to use substances, while most programs do not explore long-term impacts. Common sports include yoga and mixed physical activity. Common substances include alcohol, cannabis, and tobacco.

Conclusions. This study provides a comprehensive picture of current sport-based programs and their effects on substance use issues among youth placed at risk. The study guides further research and development of sport-based programs to empower youth involved in sports and reduce the risk of substance use issues.

A systematic review on racial and ethnic disparities in rehabilitation outcomes among individuals with traumatic brain injury across the lifespan

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Introduction. Most reviews on rehabilitation outcomes after traumatic brain injury (TBI) are Western-culture-focused, based on minority populations from the perspective of Western countries, or on select age groups. There is currently a knowledge gap on racial and ethnic disparities in rehabilitation outcomes after TBI among diverse individuals across the lifespan.

Objectives. To identify racial and ethnic disparities in rehabilitation outcomes after TBI, globally and across the lifespan.

Methods. A systematic review of peer-reviewed articles and grey literature from (a) databases (MEDLINE, Embase, Cochrane CENTRAL, CINAHL, PsycINFO, ASSIA, Web of Science), (b) targeted websites and Google and non-Google search engines, and (c) reference lists of included literature was conducted. Two independent reviewers screened all articles based on pre-determined inclusion criteria and performed a quality assessment on eligible studies. A narrative synthesis was completed based on the Conduct of Narrative Synthesis in Systematic Reviews guideline.

Results. Forty-two articles were included, all conducted in the United States or Australia and described functional outcomes, employment, neurobehavioural symptoms, community participation, and life satisfaction. A minority of articles focused on pediatric (N=4) or older adults (N=1). Minority groups experienced worse rehabilitation outcomes compared to non-minorities. The most common minority populations discussed were Blacks and Hispanics.

Conclusions. This review confirms racial and ethnic disparities in rehabilitation outcomes across the lifespan. Research with children and older adults and other racialized groups is urgently needed. The integration of diverse languages and culturally appropriate assessments are encouraged to address racial and ethnic disparities in rehabilitation outcomes after TBI.

A Narrative Inquiry on how Problem Gambling Shapes Activities of Daily Living

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Introduction. Individuals with mental health and addiction concerns often face difficulties with completing their activities of daily living (ADLs). Specific to problem gambling, there is a paucity in the literature on how these behaviours adversely affect participation and engagement in ADLs. Although problem gambling is not synonymous with gambling disorder, those with problem gambling behaviours often experience a disruption to their life. Thus, there is a need to understand how individuals who experience problem gambling participate and engage in their ADLs.

Objective. The aim of this study was to determine how the experience of problem gambling shapes individuals' ability to participate and engage in ADLs.

Methods. We conducted 12 qualitative virtual interviews with individuals experiencing problem gambling behaviours. We administered the Problem Gambling Severity Index and a socio-demographic questionnaire. Using an Occupational Therapy (OT) lens and focusing on the relationship between gambling and ADLs, we conducted thematic analysis.

Results. The results of this study yielded five prominent themes, each with its own set of subthemes. The prominent themes include: (1) social influence, (2) gambling shaped relationships, (3) the activity of gambling, (4) mental health, (5) the pervasiveness of gambling on ADLs.

Conclusions. This study has the potential to inform OT's working with individuals who have concerns of problem gambling. OT's are well positioned to help those with addictive behaviours by providing life skills, education, and advocating on their behalf for program development. Thus, this study provides insight to supplement how OTs can be involved in enabling those with problem gambling.

Mental Illness as the Sole Underlying Condition for MAiD: Occupational Therapists' Perspectives on an Emerging Practice in Canada

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Introduction. On March 17, 2024, access to medical assistance in dying (MAiD) for people with mental illness as their sole underlying condition will come into effect in Canada. Until recently, occupational therapists (OTs) have not had to manage these requests in their professional role, and the role of OTs in this emerging practice has not been made clear. Objectives: This study aims to assess the perspectives of Canadian OTs on MAiD for the sole underlying condition of mental illness. Participants responded to a scenario-based question involving a hypothetical client requesting MAiD with mental illness as their sole underlying condition.

Methods. This study used interpretive description to analyze the written responses of 182 Canadian OTs and student OTs who participated in a survey about their perspectives on MAiD. Constant comparative analysis of written responses generated themes.

Results. Three overall themes of these responses were noteworthy: Clinical, Ethical and Moral, and Profession-based responses. Findings indicated that participants expressed uncertainty on how to respond to clients in this scenario across all three categories. Clinical responses included general clinical uncertainty, conceptions of mental illness, and the need for further guidance and support. Ethical and moral responses included straightforward gut responses to the scenario, as well as reflective responses. Finally, professional responses focused on the need to define the OT role in MAiD.

Conclusions. The findings from this study may help practitioners examine future roles for OTs in this practice, and the various levels of clinical, moral and professional uncertainties associated with this upcoming legislation.

Ethical Challenges and Moral Distress Experienced by Occupational Therapists in Forensic Mental Health

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Introduction. Research identifies the urgent need for occupational therapists (OTs) working in forensic mental health (FMH) settings. It suggests that there is a need for a better understanding of the challenges faced by OTs which may provide support for OTs given the nature of work in this sector.

Objectives. The objective of this study is to explore ethical challenges and moral distress experienced by OTs in FMH practice. This study also seeks to identify potential institutional support needs that would assist OTs in this setting.

Methods. This study uses a descriptive qualitative design to provide a deeper understanding of the ethical challenges and moral distress experienced by OTs in FMH in Ontario. The study involved semi-structured interviews to collect qualitative data and used Braun and Clarke's inductive thematic analysis to identify relevant themes.

Results. The following 5 themes emerged: (1) The challenge of balancing safety versus care, (2) The limited institutional understanding of mental illness, (3) The need for expanded institutional support, (4) Challenges to patient advocacy, and (5) The impact of traumatic events. This research can potentially help improve the experience of practitioners by informing approaches to managing moral distress and possible burnout, thereby improving the quality of the services received by FMH clients.

Conclusions. This study begins to provide a greater understanding of the complexities of the ethical challenges experienced by OTs in FMH. It may help inform the development of improved institutional support for practitioners and increase awareness of their role in this setting.

Could occupational therapy contribute to mental health services for Nunavut's Inuit?

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Introduction. Nunavut's Inuit experience poor mental health compared to the general Canadian population, with high rates of suicide (Pan-Canadian Public Health Network, 2018). A systematic review of mental health interventions for Indigenous people in Canada suggests that combining Indigenous-based approaches with Western approaches could improve mental health outcomes (Graham, Stelkia, Wieman, & Adams, 2021). Preliminary work comparing occupational therapy values and Inuit Societal Values suggests that occupational therapy may be well-suited to support community-based Inuit mental health services, however, currently there are few occupational therapists in Nunavut practicing mental health.

Objectives. This study will explore key informant perspectives on the potential for occupational therapy to contribute to improved mental health among Nunavut's Inuit.

Methods. Approximately 30 key informants (Elders, government employees, health and social service providers, counselors, and researchers) will be invited to participate in an online survey. Survey questions focus on how occupational therapists can best provide support. The last question will invite participants to be interviewed to expand upon their perspectives. Survey data will be analyzed using content analysis and where relevant, descriptive statistics.

Results. We learned how occupational therapists can collaborate with existing community-based service providers.

Conclusions. Our findings can be used as a preliminary foundation for future exploration into the feasibility of occupational therapists collaborating with existing community-based Inuit mental health programming and providers. It can also support future efforts to advocate for funding of mental health occupational therapy services in Nunavut.



Abstracts for Technology and the Environment

Session 1 : Room 5250 & 5260

Sliding into new therapy spaces: Exploring inclusive playgrounds in rehabilitation therapy

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Introduction. Inclusive playgrounds strive to offer all children unique opportunities to engage in play. While rehabilitation therapists (RTs) (i.e., occupational therapists, physiotherapists, speech-language pathologists) are well-equipped to plan and implement play opportunities for children with disabilities (CWD) on playgrounds, research exploring the use of inclusive playgrounds within rehabilitation therapy is limited.

Objectives. This research explores the perspectives of RTs towards using playgrounds designed for disability inclusion within their interventions with CWD.

Methods. Nine semi-structured interviews were conducted with RTs. Transcripts were transcribed verbatim. Inductive and deductive thematic analysis approaches were used to analyze the transcripts. *The F words in childhood disability* (i.e., Fitness, Function, Friendship, Family, Fun, Future) were used as codes during deductive thematic analysis. NVivo was used to conduct the analyses.

Results. Three themes were generated during the analysis: (1) *"In my role"-- components of professional practice* which include system-wide factors that impact a rehabilitation therapist's ability to practice on playgrounds, (2) *Accessing the playground and surrounding space* which includes environmental factors that impact rehabilitation therapists ability to bring children to the playground for therapy sessions, and (3) *"On the playground" -- therapy considerations for playground interventions* which include therapist-child factors that influence how therapy sessions are implemented on the playground.

Conclusions. This study provides a greater understanding of the multi-level factors that need to be considered by RTs if attempting to create interventions on the playground for CWD. This research can act as a starting point for further research exploration on playground use within rehabilitation therapy.

A qualitative study exploring family perspectives on the recreational use of Brain-Computer Interface for children with severe neuromotor disabilities

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Introduction. The clinical brain-computer interface (BCI) program provides leisure activities for children and youth with severe neuromotor disabilities. It is of interest to explore families' experience and engagement with BCI technology to inform the development of future applications and clinical programing.

Objectives. The objectives of this study were to: 1) gain an in-depth understanding of user experience; 2) explore expectations of future applications; 3) explore factors that lead to abandonment; 4) determine what supports enable ongoing use.

Methods. Semi-structured interviews were conducted over Zoom with parents of children who participated in the clinical BCI program (n = 3). Thematic analysis and triangulation were used to identify emerging patterns, codes, and themes.

Results. Emergent themes included: (1) BCI provides an opportunity to try something new ; (2) Leisure goals are individualistic, the use of BCI for functional benefit may add to recreational activities of interest; (3) Training, tolerance, and patience with BCI technology are crucial to the setup and use of BCI; (4) Using BCI takes mental effort, practice may lead to mastery, so the activities should be motivating enough to overcome burnout; (5) BCI technology has a long way to go, but there is hope for the future; (6) The “gift” of connection: BCI allows a new format for families to connect, and for BCI user to connect mind-body.

Conclusion. These findings can help guide the development of BCI in clinical and recreational programs by acknowledging the current experience of families. Future research should consider user-centered designs for BCI.

Exploring user perspectives on a hybrid outpatient stroke telerehabilitation program (HOSTP): A qualitative study.

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Introduction. Virtual care ensured the safety of patients and healthcare providers (HCPs) during the COVID-19 pandemic and had several lasting benefits. At St. John's Rehab, a hybrid outpatient stroke telerehabilitation program (HOSTP) was introduced to better serve people with lived stroke experience (PWLSE) and their caregivers during the pandemic. Services offered virtually include physiotherapy, occupational therapy, and speech language pathology. The rapid implementation of this novel model of care had limited opportunities for evaluation and optimization. An initial implementation evaluation of HCPs' experiences elucidated that they viewed the HOSTP as beneficial for reasons including utilizing patients' home environments to customize their care. PWLSE and caregiver perspectives have yet to be explored and used to inform future improvements.

Objectives. (1) Gain the perspectives of PWLSE and caregivers regarding their experiences with a HOSTP; (2) Identify barriers and facilitators to participating in the HOSTP.

Methods. Qualitative descriptive approach with one-on-one semi-structured interviews of n=16 participants (n=11 PWLSE; n=5 caregivers) via Zoom.

Results. Preliminary results highlight that the facilitators of HOSTP include increasing geographical reach, enabling flexible care and maintaining therapeutic relationships. Barriers faced by participants included technological difficulties, concerns regarding patient safety, and deterioration of some aspects of the therapeutic relationship.

Conclusions. By mitigating barriers faced by participants and leveraging the facilitators, future iterations of the HOSTP have the potential to more optimally meet the needs of PWLSE and caregivers. The HOSTP can also serve as a model to encourage the use of hybrid programming with other rehabilitation populations.

Clinician perspectives on the experiences of clients and families as members of virtual interprofessional care teams

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Introduction. Virtual practice was adopted in lieu of in-person health and social services following the onset of the COVID-19 pandemic. The process of transitioning clients, their families, and interprofessional healthcare teams to technology-assisted service-delivery platforms is not well understood. Limited resources support the involvement of clients in virtual teams, particularly when collaborating with health and social care providers from multiple disciplines. Existing literature lacks comprehensive insights into client and provider perspectives for effective team-based virtual practice.

Objectives. Understand provider perspectives when engaged in virtual collaborative team services that enable clients and families to participate optimally as team members.

Methods. This phenomenological study used semi-structured interviews with Canadian providers. The six competency domains from the Canadian Interprofessional Health Collaborative Framework guided the interview questions. Inductive analysis of de-identified data was thematically guided to identify key factors in participants' experiences.

Results. Health and social care providers describe the occupation of participating in health and social services in virtual settings relating to the provider, client, and family experiences, highlighting the enablers, barriers, and strategies of engaging within virtual care teams. Strategies involving clients in the interprofessional team on virtual platforms and meanings of effectiveness and efficiency, inclusivity, and lessons learned to build on for future virtual practice were explored.

Conclusions. Results can inform the implementation of healthcare practices for health and social care providers on collaborative teams to enhance client engagement as client partners within virtual practice. Future research is needed on the perspectives of clients and their families on their virtual experiences.

Understanding perspectives of adults with chronic pain on the role of technology in chronic pain management: Refining a framework

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Introduction. The use of technology for chronic pain (CP) management is a growing sector. However, there is a paucity of research examining the perspectives of technology users for CP. There is a need to gain an understanding of these perspectives to inform how and why certain technologies are used for pain management.

Objectives. The purpose of this study is to identify factors that impact the use of technology in pain management as described through the perspectives of adults with CP. Furthermore, this study will test a CP technology framework developed by Newton and colleagues (2022) to inform the development of a CP technology online resource.

Methods. Two adults with CP were recruited to participate in a TUNGSTEN workshop involving: (1) Show and Tell, where participants described a pain management technology they have loved and abandoned, and (2) Technology Interaction, where participants engaged with six pain management technologies and provided their perspectives through a survey modeled after the framework. The workshop was recorded and transcribed. Thematic analysis was used to identify themes.

Results. The results of this study identified themes pertaining to barriers and facilitators for use of technology for CP management. Themes were also identified that inform the refinement of the framework.

Conclusions. This study provides insight into factors that impact the use of technology in pain management. Findings from this study can support the refinement of the framework. This will inform the development of an online resource to support individuals with CP in fully participating in their meaningful activities.

Exploring Adaptive Gaming as a Meaningful Occupation: A Qualitative Descriptive Study Investigating Staff Perceptions and Experiences of Individuals with Complex Continuing Care Needs

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Introduction. Individuals with complex continuing care needs often experience lengthy institutionalization, which may lead to reduced engagement in meaningful occupations. The Xbox™ Adaptive Controller has enabled adaptive gaming as a recreational occupation for individuals with complex continuing care needs. Research primarily focuses on adaptive gaming as a rehabilitative tool. Little is known about adaptive gaming and its occupational meaning for individuals with complex continuing care needs, when it is used recreationally.

Objectives. West Park Healthcare Centre created an adaptive gaming program for individuals with complex continuing care needs. This study seeks to explore staff perceptions of and experiences with the adaptive gaming program to better understand how adaptive gaming is a meaningful occupation for individuals with complex continuing care needs.

Methods. Purposive sampling facilitated the recruitment of 10 participants who were interviewed via zoom calls. The interviews were recorded and transcribed. A qualitative inductive approach was utilized to analyze and interpret the findings thematically. The data was coded using Nvivo software by two Occupational Therapy graduate student researchers.

Results. Ten interviews were conducted with staff. Key themes that describe staff perceptions of and experience with adaptive gaming include: resources for adapting gaming, perceived health and social implications for participants, gaming background, readiness to engage, inclusivity, personalization, and challenges associated with gaming.

Conclusions. This qualitative study sheds light on staff perceptions on the adaptive gaming programs' perceived benefits and challenges for individuals with complex continuing care needs. The findings will guide future research and practice using adaptive gaming for individuals with complex continuing care needs.

Toward a better understanding of barriers to wayfinding technology for people with disabilities

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Introduction. Wayfinding is the process of navigating from one's present location to their desired location. While various wayfinding technologies are increasingly used by people with disabilities, their standardization is limited within Canadian accessibility policies. There is also limited guidance for clinicians on how to best support the use of wayfinding technology for people with disabilities. Better understanding of wayfinding technology barriers provides a first step in guiding policy and clinical practice.

Objectives. To understand the wayfinding technology barriers experienced by Canadian pedestrians with disabilities.

Methods. Participants who self-identified as having a disability and living in Canada were invited to complete a 48-question qualitative survey. The survey included open-ended questions about barriers using various technologies. An interactive coding guide was created by consensus of all authors. Thematic analysis of open-ended responses summarized reported barriers. Barriers were categorized based on the wayfinding technology for public (i.e., Digital and Tactile Public Interfaces) or personalized (i.e., Mobile and Website Applications, Wearable Devices, Smart Assistive Devices) use.

Results. Consistent themes identified across public and personalized wayfinding technologies included (a) Information Provision, (b) Interactability, and (c) Compatibility. Locatability (d) was specifically identified for public wayfinding technologies. Themes specific to personalized wayfinding technologies were (e) Demand on Personal Resources, and (f) Stigma.

Conclusions. This study provides a greater understanding of the barriers experienced by Canadians with disabilities. Results support the inclusion of wayfinding technology within accessibility standards. These policies support occupational therapists in educating and offering technological interventions and strategies to address clients' individual needs.



Abstracts for Cognition

Session 2: Room 5270

A Protocol Development for Task Sequencing of Three Household Tasks

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Introduction. Individuals with dementia or mild cognitive impairment (MCI) have demonstrated difficulties with sequencing steps in everyday tasks (i.e., task sequencing (TS)). A greater understanding of cultural background and task familiarity will allow Occupational Therapists (OTs) to distinguish whether TS performance is related to individual variation rather than cognitive impairment. There is also potential for sensor data to correlate with TS behavior and/or physiological stress, which can inform OT assessment and treatment of task sequencing difficulties for people with dementia or MCI.

Objectives. The objective of this study is to explore the value of collecting additional demographic data (i.e., cultural background and task familiarity) and physiological data (i.e., heart rate, body temperature, etc.) in a study protocol that examines task sequencing in older adults with and without dementia or MCI.

Methods. This observational mixed methods study assesses data from eye-tracking glasses, a physiological sensor watch, videos, demographic surveys and post-test interviews with volunteers ($n = 4$). The sensor data was visualized using quantitative analysis while the correlations between different sources of data were evaluated using qualitative analysis.

Results. Amongst the sensor watch measurements, movement intensity was the only strong indicator of TS behavior. Post-test interviews provided valuable insight into how task familiarity, but not culture, contextualizes TS behavior.

Conclusions. These findings inform the protocol for future TS studies with older adults with and without dementia or MCI. They also have implications for the relevance of task familiarity to the assessment and treatment of TS challenges in OT.

Exploring Out-of-home Experiences of People Living with Dementia

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Introduction. Based on a biopsychosocial model, restricted out-of-home participation can result from interactions of a person's cognition and unsupportive social and technological environments. There is limited understanding of the environmental and technological barriers that people living with dementia (PLWD) experience when accessing out-of-home environments.

Objectives. We aim to describe the out-of-home experiences of PLWD, especially their challenges, management strategies, and technology use; analyze the environmental enablers and barriers to out-of-home participation and their interactions.

Methods. This multiple case study explored participant out-of-home experiences through interviews, observations in familiar and abandoned places, and 2-month modified diaries. Participants were recruited if they were 18+ years old; had self-reported cognitive deficits; and experienced challenges with out-of-home participation. Caregivers were invited to co-participate if nominated by the participants. Researchers conducted walk-along interviews with PLWD at their chosen places, followed by post-outing interviews. Interview transcripts, field notes, and diaries were coded and iteratively analyzed using reflexive thematic and cross-case analyses.

Results. Preliminary findings from three participant cases (total: 16 sessions) demonstrated multifactorial out-of-home challenges primarily due to cognitive deficits and the complex interactions between social, built, and technological environments. To navigate challenges, participants demonstrated various management strategies, including technology use. Challenges with technology were noted: 1) contrasting view of technology as supporting independence and reducing privacy, 2) familiarity with technology options and opportunity to practice.

Conclusions. PLWD experience challenges during out-of-home participation, highlighting the need for the Occupational Therapy role in supporting out-of-home participation and promoting cognitive accessibility in community planning and technology design.

Errorless Learning for Everyday Functioning in Adults with Acquired Brain Injury: A Scoping Review

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Introduction. Errorless learning (EL) is a cognitive rehabilitation approach that minimizes errors during learning, thereby enhancing skill acquisition in individuals with explicit memory deficits. However, EL's application to training everyday functioning in adults with acquired brain injury (ABI) remains unknown.

Objective. The study aimed to describe the academic literature on EL applied to everyday functioning in adults with ABI, and to explore how EL is defined, applied, and measured.

Methods. Articles published from February 2021-October 2022 were reviewed using search strategies applied to Medline, Psycinfo, AMED, and CINAHL. Two reviewers screened title-and-abstracts and full texts. This review incorporated previously identified articles for de novo data extraction, alongside the new findings. Data was extracted and analyzed using descriptive statistics and inductive content analysis.

Results. 1425 records were identified and screened; 3 articles met the inclusion criteria and were added to the 25 previously identified articles. The distribution of studies was: 32.1% single case studies, 21.4% randomized parallel group studies, 28.6% classified as other, 10.7% observational analytic cohort studies, and 3.6% randomized crossover group studies. EL trained basic activities of daily living (15.2%), instrumental activities of daily living (9.1%), technology use (27.3%), and either a combination or other (48.5%). In many studies, intervention protocols were unclear and ranged in duration/frequency, potentially influencing their efficacy.

Conclusions. This scoping review details the diverse methodologies and techniques of EL interventions in the academic literature and their application to adults with ABI. Findings will help guide future research and clinical practice towards improving everyday functional skills.

Abstracts for Musculoskeletal and Upper Limb

Session 2: Room 5250

Examining Clinician Experiences Using the Web Based Version of the Prosthetic Upper Limb Functional Index (PUFI-2) in Clinical Use

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Introduction. The Prosthetic Upper Extremity Functional Index (PUFI) was created to evaluate how children with unilateral upper extremity limb absence use prosthetic limbs in their daily bimanual activities. Recently, a secure web-based version of the PUFI called PUFI-2 was launched on the RedCap platform.

Objectives. This study aimed to investigate clinicians' experiences with the PUFI-2 in their practice, specifically focusing on identifying the strengths and challenges of the tool, as well as gathering clinicians' suggestions for improvement.

Methods. This qualitative study analyzed transcripts of eight semi-structured interviews with clinicians who used the PUFI-2 for two months. Content analysis and coding in Excel software were employed to identify strengths, challenges, and improvement suggestions expressed by clinicians regarding the PUFI-2 tool.

Results. Three themes and nine sub-themes related to clinician experiences using the PUFI-2 were identified: (1) Strengths; (i) supports clinical decision making, (ii) easy for the patient to complete independently, and (iii) flexible administration; (2) Challenges; (i) RedCap is not user-friendly at all, (ii) troubles with the content and (iii) struggling with implementation; (3) Suggestions; (i) create a user-friendly platform (ii) streamline the process and (iii) revamp some of the PUFI-2 content.

Conclusions. While the participants identified many improvements and strengths in the new PUFI-2 tool, they also noted several gaps. Determining the usability of the PUFI-2 platform and content from the user perspective is critical in continuing to improve the tool for future clinical use. These results will be used to help guide the development of the new PUFI-2 application.

A Cross-Sectional Study on the Participation of Children with Congenital Hand and Upper Limb Differences: Coping Strategies and Enabling Factors

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Introduction. Care of children with Congenital Upper Limb Differences (CoULD) focuses on reconstructive surgery and rehabilitation targeting physical aspects of participation. Although these children have physical impairments, barriers and enabling factors must be considered to support their participation in a holistic manner.

Objectives. To explore if children with CoULD are participating in the occupations that they would like to engage in.

Methods. A cross-sectional study was conducted with children with CoULD. Participation was measured using the Child and Adolescent Scale of Participation (CASP) and self-efficacy was measured using the General Self-Efficacy Scale (GSES). CASP quantitative data was analyzed descriptively and qualitative data was analyzed thematically.

Results. Nineteen children with CoULD (M:F, 11:8) aged 13.2±2.8 years participated in the study. Child self-reported participation (CASP) was high (89.4±9.6) and GSES scores were lower (23.3±5.0) than normative samples (mean=28.77). Three major themes with subthemes emerged from the qualitative analysis: 1) Enabling Supports (It Only Takes a Few, Coping! Or Coping?, The Details Matter, Perceived Stigma, Coping versus Participation), 2) Capacity-focused Activities (It's All Physical, The Therapeutic Context), and 3) Meaningful Occupations (Personal Motivation, Poor Fit, Adaptability).

Conclusions. This research identified that children with CoULD reported few participation restrictions. Despite physical limb differences, children reported positive and negative coping strategies, social supports, and personal motivation that enabled their participation. In this study, children also reported lower general self-efficacy compared to normative samples which may relate to their reported experiences of perceived social stigma.

The impact of physical activity levels on children's motor competency

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Introduction. Typical motor competency (MC) is essential for activities of daily living and occupational engagement. Clinicians use the Movement Assessment Battery for Children (MABC-2) to analyze a child's motor performance and screen for delays in MC. A decline in physical activity levels (PALs) due to sedentary behaviors was exacerbated by COVID-19 and may be a potential contributor to delays in MC leading to poor performance on the MABC-2.

Objective: The objective of this study is to determine the influence of PALs on MC in typically developing children ages 6-12 following the COVID-19 pandemic.

Methods. A cross-sectional study was conducted to evaluate the MC of typically developing children. The study was conducted at the Hospital for Sick Children. Participants were recruited through word of mouth from the research team. Descriptive comparison of MABC-2 outcomes of children with active, moderately active, and insufficiently active /sedentary PALs on the Godin Leisure Time Physical Activity Questionnaire (Godin) was conducted.

Results. Four participants (3F, 1M) between 6 and 10 years of age with an average age (Mean \pm SD) of 8.0 ± 1.8 years participated in this study to date. All participants were found to be active on the Godin. Two participants had higher active Godin scores and ranked in the 25th percentile on the MABC-2, while the two participants who had lower Godin scores ranked in the 15th percentile.

Conclusions These preliminary relationships must be further investigated to gain a better understanding of the impacts of PALs on MABC-2 percentile scores.

Musculoskeletal Characteristics of Elbow Flexion Contractures in Children with Brachial Plexus Birth Injury

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Introduction. Elbow flexion contractures secondary to brachial plexus birth injury (BPBI) are common (a reported prevalence of 48% of populations studied). These contractures may lead to limited activity performance due to the physical impairment affecting bilateral reaching activities and appearance-related concerns. There is evidence these contractures occur in the presence of flexor-extensor muscle imbalance, impaired longitudinal muscle growth of the biceps brachii and brachialis, and late presentation bony changes; however rigorous clinical investigation has not been conducted.

Objective. The objective of this study is to characterize the musculoskeletal characteristics of elbow flexion contractures after a BPBI to evaluate the proposed theories.

Methods. This is a prospective cross-sectional study of children with elbow flexion contractures secondary to BPBI. Demographic and treatment information was extracted from health records, while direct participant-facing data was collected through formal in-person assessments.

Results. Fifteen of the 25 children were old enough (>4 years, n=15) to participate in hand-held dynamometry, their mean elbow flexion and extension strength were significantly stronger on the unaffected side ($p < 0.001$). The ratio of elbow flexion to elbow extension strength was significantly greater in the affected limb ($p = 0.04$). The ratio of affected to unaffected arm length, forearm length, arm girth, and forearm girth were similar.

Conclusions. Muscle strength may be a contributor to elbow flexion contracture development as well as significant elbow extensor weakness in select participants. Further investigation is required to identify the contributions of flexor denervation and/or root level contributions.