AOTA Evidence Briefs
Stroke

**A product of the American Occupational Therapy Association's Evidence-Based Literature Review Project*

S #6

Practice in dressing may improve stroke patients' dressing skills

Walker, M. F., Drummond, A. E. R., & Lincoln, N. B. (1996). Evaluation of dressing practice for stroke patients after discharge from hospital: A crossover design study. *Clinical Rehabilitation, 10,* 23–31.

Level IC1b

Randomized controlled trial, less than 20 participants per condition or group, high internal validity, moderate external validity

Why research this topic?

Problems with dressing are common among stroke clients and may persist long after discharge from the hospital.

What did the researchers do?

Walker and colleagues (1996) of Nottingham City Hospital (United Kingdom) investigated the effects of intensive treatment of stroke clients who were still experiencing dressing problems 6 months after their discharge from the hospital. The researchers recruited 30 such clients, all of whom had been discharged from the general-medical, health-care-of-the-elderly, or stroke wards of hospitals in Nottingham. Patients who had visual impairment (blind), hearing impairment (deaf), did not speak or understand English before their stroke, or had a history of dementia were excluded. Of the 30 participants, 16 were men and 14 women. Their average age was 68 years.

The outcome areas of interest to the researchers were *activities of daily living* ([ADL], as measured by the Nottingham Stroke Dressing Assessment and the self-care section of the Rivermead ADL Scale) and *perceived health* (as measured by the Nottingham Health Profile).

The design of the study involved randomly assigning participants to receive no interventions for 3 months, then treatment for 3 months, or vice versa. Treatment involved instructing the participants and their caregivers in appropriate techniques, such as dressing the affected limb first, conserving energy, and using red thread to mark alignment of buttons; and advising the participants and their caregivers on choice of clothing. A senior occupational therapist delivered the treatment regularly in the participants' homes, the amount of therapy being at the therapist's discretion.

What did the researchers find?

Both groups improved **significantly** (*see Glossary*) on all three measures during the treatment phase. Neither group showed any change during the nontreatment phase. The group that received treatment first had maintained its improvement at 6 months.

What do the findings mean?

For therapists and other providers, the findings suggest that practicing dressing improves dressing skills in stroke clients as late as 6 months after their discharge from the hospital.

What are the study's limitations?

The therapist determined the amount of intervention provided to each participant instead of the researchers controlling the number of interventions.

Glossary

significance (or significant)—A statistical term, this refers to the probability that the results obtained in the study are not due to chance, but to some other factor (such as the treatment of interest). A significant result is one that is likely to be generalizable to populations outside the study.

Significance should not be confused with clinical effect. A study can be statistically significant without having a very large clinical effect on the sample. For example, a study that examines the effect of a treatment on a client's ability to walk, may report that the participants in the treatment group were able to walk significantly longer distances than the control. However, if you read the study you may find that the treatment group was able to walk, on average, six feet, while the control group was able to walk, on average, five feet. While the outcome may be statistically significant, a clinician may not feel that a one foot increase will make his or her client functional.

■ Terminology used in this document is based on two systems of classification current at the time the evidence-based literature reviews were completed: *Uniform Terminology for Occupational Therapy Practice—Third Edition* (AOTA, 1994) and *International Classification of Functioning, Disability and Health (ICIDH-2)* (World Health Organization [WHO], 1999). More recently, the *Uniform Terminology* document was replaced by *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002), and modifications to *ICIDH-2* were finalized in the *International Classification of Functioning, Disability and Health* (WHO, 2001).

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For more information about the Evidence-Based Literature Review Project, contact the Practice Department at the American Occupational Therapy Association, 301-652-6611, x 2040.

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