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題目 (Title):

腦性麻痺幼童姿勢穩定度測量： 2 種測量儀器之比較
(Measuring Postural Stability in Young Children With Cerebral Palsy: A Comparison of
2 Instruments)

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目的 (Purpose):

比較兒童伸手測試與早期臨床平衡評量(ECAB)之建構效度、施測者間信度及再測信度；以及探討其與粗大動作功能評量之 66 題項版本、與使用基礎與最高表現法(粗大動作功能評量 66 題項版本之 B 與 C 向度)的關連性，以評析腦性麻痺幼童姿勢穩定度測量之臨床效用。

(To compare construct validity, interrater and test-retest reliabilities of the Pediatric Reach Test and the Early Clinical Assessment of Balance (ECAB), and their relationships with the Gross Motor Function Measure, 66-item version, Basal and Ceiling approach (GMFM-66-B&C) to appraise clinical utility of postural stability measures for children with cerebral palsy (CP).)

方法 (Methods):

共計 28 位來自於各層級功能之 2-7 歲腦性麻痺幼童參與為期 2 週之 2 次評量。第一次評量時由兩位評估者評分。

(A total of 28 children with CP, 2 to 7 years old, across all functional ability levels participated in 2 assessments over 2 weeks. Two assessors scored the measures

during the first assessment.)

結果 (Results):

此兩種評量均具建構效度，相關係數為 0.88 ($P < .001$)。此兩種評量均與粗大動作功能評量 66 題項版本之 B 與 C 向度相關，相關係數大於 0.95。早期臨床平衡評量之施測者間信度及再測信度均較兒童伸手測試為高(組內相關係數分別為 0.98 與 0.87-0.94)。早期臨床平衡評量呈現較低之測量誤差且相對地有較小之最小可偵測的改變值。

(Both measures demonstrated construct validity, r_s of 0.88 ($P < .001$). Both measures correlated with GMFM-66-B&C, $r_s > 0.95$. Interrater and test-retest reliabilities were stronger for the ECAB than for the Pediatric Reach Test (intraclass correlation coefficients > 0.98 vs 0.87-0.94). The ECAB demonstrated lower measurement error and proportionately smaller minimal detectable change values.)

結論 (Conclusions):

早期臨床平衡評量可被視為是測量腦性麻痺幼童的姿勢穩定度較佳之方法。

(The ECAB is considered the better measure of postural stability among children with CP.)

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