

原作者及出處 (Original):

Larke, Danielle., Campbell, Amity., Jensen, Lynn., Straker, Leon
Spring 2015 - Volume 27 - Issue 1 - p 44-51
doi: 10.1097/PEP.0000000000000102

題目 (Title):

發展性協調障礙兒童介入效應之臨床及實驗室測量之反應性
(Responsiveness of Clinical and Laboratory Measures to Intervention Effects in
Children With Developmental Coordination Disorder)

翻譯者 (Translator):

林珮如 (Pei-Ju Lin, PT, MS)
臺北市立文山特殊教育學校 物理治療師 台北 台灣
(Physical Therapist, Wenshan School of Special Education, Taipei, Taiwan)

校閱者 (Reviewer):

黃靄雯 (Ai-Wen Hwang, PT, PhD)
長庚大學 早期療育研究所 副教授 桃園 台灣
(Associate Professor, Graduate Institute of Early Intervention, Chang Gung University,
Tao-Yuan, Taiwan)

目的 (Purpose):

比較動作 ABC 第二版 (Movement Assessment Battery for Children-2;簡稱 MABC-2)
及肢段運動學與壓力中心測量在偵測發展性協調障礙兒童介入效應之反應性。
(To compare responsiveness of the Movement Assessment Battery for Children-2
(MABC-2) and segment kinematics and center of pressure measures in detecting
intervention effects in children with developmental coordination disorder.)

方法 (Methods):

利用效應值(effect size)、最小可察覺到的改變(minimal detectable difference)、家
長及兒童報告之有意義的改變(以卡方值檢定)來分析 21 名參與隨機對照試驗之
發展性協調障礙兒童(平均年齡 11.0 歲)的運動分析(Motion Analysis Laboratory; 簡
稱 MAL)資料。
(Motion Analysis Laboratory (MAL) data from 21 children with developmental
coordination disorder (mean age 11.0 years) in a randomized control trial were
analyzed using effect size, minimal detectable difference, and parent and child report
of meaningfulness (χ^2 tests).)

結果 (Results):

動作 ABC 第二版及 MAL 資料顯現中至大的效應值(effect sizes =0.7-1.8)。ABC 第二版偵測到較高比例(47.6%-71.4%)之兒童，其療效超越最小可察覺到的改變；MAL 資料則偵測到較低的比例(47.6%-71.4%)。兩種測量都與有意義的改變無關($\chi^2 = 0.186-5.724$; $P > .10$)。兩種測量都可偵測出整組兒童的改變，但只有動作 ABC 第二版可偵測出每個人超越潛在測量誤差的改變。

(The MABC-2 and MAL data showed moderate-large effect sizes (0.7-1.8). The MABC-2 detected large portions of children whose change exceeded the minimal detectable difference (47.6%-71.4%); MAL data detected small portions (0%-19.0%). Neither tool correlated well with meaningfulness ($\chi^2 = 0.186-5.724$; $P > .10$). Both tools detected change in the overall group; however, only the MABC-2 detected individual change exceeding potential measurement error.)

結論 (Conclusions):

雖然兩種測量工具都能反映療效，但其反應性卻呈現在不同的改變型態。因此，測量之構面必須能符合介入目標。

(Although both assessment tools are responsive, they may be responsive to different types of change. Therefore, assessment constructs should be matched to intervention goals.)

Lippincott Williams & Wilkins, a business of Wolters Kluwer Health and its affiliates take no responsibility for the accuracy of the translation from the published English original and are not liable for any errors which may occur

威科集團醫療衛生業務部門之一：Lippincott Williams & Wilkins，及威科集團醫療衛生業務部門的其他附屬機構不承擔因從英文原文翻譯的準確性而導致的任何責任，也不承擔由於翻譯錯誤而導致的任何法律責任。