### Supplemental Table 1. Evidence Table for Studies of Community-Based Occupational Therapy Interventions for Chronic Diseases

<table>
<thead>
<tr>
<th>Authors</th>
<th>Participants</th>
<th>Intervention</th>
<th>Outcome Measures and Results</th>
<th>Study Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Studies With at Least One Significant Result</strong></td>
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</tbody>
</table>
| Austin, Williams, Ross, Moseley, & Hutchison (2005) | N = 179 | Intervention: 56% women, mean age = 71.9 yr (SD = 6.3) | Baseline vs. 24 wk:  
- QOL (MLHF): Intervention, p < .01; control, p < .05  
- QOL (EuroQol): Intervention, p < .001; control, ns | Analyses compared groups with baseline rather than with each other. |
| Control: 58% women, mean age = 71.8 yr (SD = 6.8) | | | | |
| Condition: Chronic heart failure | | | | |
| Bendstrup, Ingemann Jensen, Holm, & Bengtsson (1997) | N = 32 | Intervention: 44% women, mean age = 64 yr (SD = 12) | Change scores at 6, 12, and 24 wk:  
- Function in BADLs/IADLs, ps = .09, .004, .007  
- QOL (YQOLQ), ns | • Small sample size  
• Assessors not blinded  
• No information regarding ADL scale properties |
| Control: 44% women, mean age = 65 yr (SD = 8) | | | | |
| Condition: COPD | | | | |
| de Buck et al. (2005) | N = 127 | Intervention: 55% women, median age = 43 yr (range = 21–57) | Unemployment or full disability pension at 6, 12, 18, and 24 mo, ns | Control group received additional intervention from professionals similar to that received by intervention group. |
| Control: 58% women, median age = 44 yr (range = 24–58) | | Change scores at 24 mo:  
- Physical function (HAQ), ns  
- Quality of life (SF–36):  
  - Mental component score, p < .05  
  - Physical component score, ns | |
| Condition: Rheumatic disease (50% RA) | | | | |
| Finnerty, Keeping, Bullough, & Jones (2001) | N = 55 | Intervention: 31% women, mean age = 70.4 yr (SD = 8.0) | Change scores:  
- At 3 mo: Quality of life (SGRQ), p < .01  
- At 6 mo: SGRQ, p < .02 | Dropouts at 6 mo: 20% intervention, 30% control |
| Control: 34% women, mean age = 68.4 yr (SD = 10.4) | | | | |
| Condition: COPD | | | | |

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<tbody>
<tr>
<td>Gitlin et al. (2006)</td>
<td>N = 300</td>
<td>Intervention: Home-based occupational therapy intervention (n = 154)</td>
<td>Change scores at 6 mo:</td>
<td>Little information regarding scale properties</td>
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<td>Control: No intervention (n = 146)</td>
<td>• BADLs, p = .03</td>
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<td></td>
<td></td>
<td></td>
<td>• Mobility, ns</td>
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<td>• IADLs, p = .04</td>
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<td>• Functional Self-Efficacy, p = .02</td>
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<td>At 12 mo: all ns</td>
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<tr>
<td>Griffiths et al. (2000)</td>
<td>N = 180</td>
<td>Intervention: Multidisciplinary rehabilitation program (n = 92)</td>
<td>Change scores at 6 wk:</td>
<td>No major limitations noted</td>
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<td>Control: Usual primary care follow-up (n = 88)</td>
<td>All ps = .000</td>
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<td>• Health status (SF–36):</td>
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<td>– Physical components score, p = .002</td>
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<td>– Mental components score, ns</td>
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<td>• Social function (SF–36), ns</td>
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<td>• Disease-specific health status (SGRQ), p = .01</td>
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<td>Hammond &amp; Freeman, (2001, 2004 [4-yr follow-up])</td>
<td>N = 123</td>
<td>Intervention: Occupational therapy joint protection arthritis education program (n = 63)</td>
<td>At 12 mo:</td>
<td>Lacked no-treatment control group</td>
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<td>Control: Standard multidisciplinary arthritis education (2.5 hr of joint protection included; n = 60).</td>
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<td>• AIMS2 subscales:</td>
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<td>– BADLs, p = .04</td>
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<td>– hand and arm function, ns</td>
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<td>– mobility and walking, ns</td>
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<td>At 4 yr:</td>
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<td>• AIMS2 subscales:</td>
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<td>– mobility and walking, ns</td>
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<td>Control: Waiting list for 6 wk, then home-based occupational therapy intervention (N = 50)</td>
<td>All ps = .006</td>
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<td>• Function in BADLs &amp; IADLs, p = .006</td>
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<td></td>
<td>• Physical function (HAQ), ns</td>
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<td>At 12 wk: ns (intervention maintained improvements)</td>
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### Masiero et al. (2007)

**N = 70**

**Intervention:** 89% women, mean age = 54.2 yr (SD = 9.8)

**Control:** 82% women, mean age = 52.2 yr (SD = 11.9)

**Condition:** Moderate to severe RA

**Intervention**
- Multidisciplinary joint protection group program (n = 36)

**Control**
- Usual physician care with no occupational therapy, physiotherapy, or other arthritis care (n = 34)

**Change scores at 8 mo:**
- Physical function (HAQ), *p* = .000
- Health status (AIMS2):
  - Physical function, *p* = .000
  - Social interaction, *p* = .05
  - Work, *ns*

- Did not state who provided intervention
- Disproportionate dropouts (22% intervention, 13% control)

### Schene, Koeter, Kikkert, Swinkels, & McCrone (2007)

**N = 57**

**Intervention:** 50% women, mean age = 46.6 yr (SD = 7.4)

**Control:** 53% women, mean age = 45.2 yr (SD = 7.5)

**Condition:** Work-related depression

**Intervention**
- Occupational therapy focused on work reintegration (n = 29)

**Control**
- Usual psychiatric treatment (n = 28)

**At 18 and 42 mo, working ≤16 hr/wk, *ns***

**Time to work resumption, *p* = .01**

**Median hours worked:**
- Months 1–6, 7–12, 13–18, *p* < .05
- Months 19–42, *ns*

- No major limitations noted

### Studies With Nonsignificant Results

#### Hammond, Jeffreson, Jones, Gallagher, & Jones (2002)

**N = 30**

**Intervention:** 90% women, mean age = 52.3 yr (SD = 12.1)*

**Condition:** RA

**Crossover RCT**

**Intervention**
- Occupational therapy joint protection program (n = 16)

**Control**
- Waiting list for 3 mo, then occupational therapy joint protection program (n = 14)

**At 3 mo:**
- Physical function (HAQ), *ns*

- Small sample size

#### Hammond, Lincoln, & Sutcliffe (1999)

**N = 33**

**Intervention:** 83% women, mean age = 55.2 yr (SD = 9.4)*

**Condition:** RA

**Crossover RCT**

**Intervention**
- Occupational therapy group joint protection program (n = 16)

**Control**
- Wating list control for 12 wk, then occupational therapy joint protection program (n = 17)

**At 12, 24, and 36 wk:**
- Physical function (HAQ), *ns*

- Small sample size
- Short course of therapy with little follow-up

#### Hammond, Young, & Kidao (2004)

**N = 326**

**Intervention:** 75% women, mean age = 53.9 (SD = 13.9)

**Control:** 70% women, mean age = 57.1 (SD = 13.5)

**Condition:** Early RA

**Intervention**
- Occupational therapy arthritis education program (n = 162)

**Control**
- Usual rheumatology care (n = 164)

**At 6, 12, and 24 mo:**
- Physical function (HAQ), *ns*
- AIMS2 subscales:
  - Physical function, *ns*
  - Work, *ns*

- At baseline, 75% of participants reported that drugs controlled their symptoms well or moderately well.

(Continued)
### Supplemental Table 1. Evidence Table for Studies of Community-Based Occupational Therapy Interventions for Chronic Diseases (cont.)

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| Kraaimaat Brons, Geenen, & Bijlsma (1995) | $N = 71$ | **Intervention 1**
\> Occupational therapy group program ($n = 28$)
\> Psychology group ($n = 24$)
\> Control Waiting list ($n = 19$) | At 10 wk and 6 mo: Health status (IRD), $ns$
\> Small sample size
\> Most participants had received standard occupational therapy in the past. |
| Li, Davis, Lineker, Coyte, & Bombardier (2005) | $N = 24$ | **Intervention**
\> Home-based therapy from a rheumatology-trained therapist (occupational therapist or physical therapist; $n = 11$)
\> Control Usual rheumatology care ($n = 13$) | At 6 mo:
\> Physical function (HAQ): Intervention improved 54.5% ($n = 6$), control improved 16.7% ($n = 4$)
\> QOL (EuroQol): Intervention improved 36.4%, control improved 48.8%
\> Small trial designed to guide future larger RCT
\> Large difference in proportion of women per group
\> Only descriptive statistics |
| Li, Davis, Lineker, Coyte, & Bombardier (2006) | $N = 111$ | **Intervention**
\> Individual therapy from a rheumatology-trained therapist (occupational therapist or physical therapist) ($n = 63$)
\> Control Individual from a generalist (occupational therapist or physical therapist) ($n = 48$) | Change scores at 6 mo: Physical function (HAQ), $ns$
\> Dropouts: 12% in intervention, 32% in control
\> Fewer people in control completed treatment (56%) vs. intervention (98%).
\> Power calculation required 71 per group.
\> Study lacked no-treatment control group. |

**Note.** All studies are randomized controlled trials (RCTs) unless noted as a crossover RCT. ADLs = activities of daily living; BADLs = basic activities of daily living; COPD = chronic obstructive pulmonary disease; IADLs = instrumental activities of daily living; ns = not significant; QOL = quality of life; RA = rheumatoid arthritis; $SD$ = standard deviation. Assessments: AIMS2 = Arthritis Impact Measurement Scales 2; HAQ = Health Assessment Questionnaire; IRD = Impact of Rheumatic Disease on Health and Lifestyle Questionnaire; MLHF = Minnesota Living With Heart Failure Questionnaire; SF–36 = Medical Outcomes Study 36-Item Short-Form Health Survey; SGRQ = St. George’s Respiratory Questionnaire; YQOLQ = York Quality of Life Questionnaire.

*a*No breakdown by group in article.