FROM THE DESK OF THE EDITOR

State of the Journal

In 2006 the “State of the Journal” editorial was introduced by Dr. Mary Corcoran (editor of the American Journal of Occupational Therapy [AJOT], 2003–2008) to review the type and quality of scholarship published in the journal during the previous year. In an effort to assess whether AJOT is meeting the challenges set forth by the Centennial Vision of the American Occupational Therapy Association (AOTA; 2007), AJOT will continue to be similarly evaluated in “State of the Journal” editorials.

The Centennial Vision has challenged the profession to produce research that demonstrates the effectiveness of occupational therapy in six broad practice areas: (a) children and youth; (b) productive aging; (c) mental health; (d) health and wellness; (e) work and industry; and (f) rehabilitation, disability, and participation. Additionally, scholars have urged occupational therapy researchers to produce the types of research that are of highest value to society and the profession: (a) effectiveness studies demonstrating support for practice, (b) instrument-testing studies establishing reliability and validity of occupational therapy assessments, (c) correlational and descriptive studies demonstrating the link between occupational engagement and health, and (d) studies that answer important topical questions regarding the direction of the profession’s growth (Case-Smith & Powell, 2008; Holm 2000; Kelhofner, Hammel, Finlayson, Helfrich, & Taylor, 2004). Also, basic research studies that yield information about disabilities and their impact on functional participation are important to implement when no similar research exists. However, the priority of basic research in occupational therapy is to produce knowledge that is needed to develop clinical guidelines that can eventually be assessed for effectiveness (Mosey, 1996).

In addition to consideration of practice area and type of research, the quality of research design must also be evaluated by the profession. Examining the level of evidence refers to an evaluation of the rigor of research designs used to generate support for specific interventions (Greenhalgh, 1997; Holm, 2000; Law, 2002; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). Several classification systems that rate levels of evidence exist. This analysis uses the rating system outlined by AOTA’s Evidence-Based Literature Review Project (Lieberman & Scheer, 2002; see Table 1), based on Law (2002), in which the most rigorous research design; Level I involves systematic reviews, meta-analyses, and randomized controlled trials. Level II studies do not involve randomization but do use two-group pretest–posttest designs in which control is present (e.g., cohort designs, case control studies). Level III designs use neither randomization nor control but use a one-group pretest–posttest design. Level IV evidence is reserved for single-subject designs, descriptive studies, case series, and case reports. Level V evidence involves only expert opinion and is not based on systematic research methods.

Types of Research Conducted

In the six issues of AJOT in 2008, 61 articles were published (editorials and AOTA official documents were not included in this frequency count). Of the 61 articles, 58 (95%) constituted research studies using quantitative, qualitative, or mixed designs. Three articles unrelated to research were written specifically for the AJOT departments “A Firm Persuasion” and “The Issue Is.” Nineteen (33%) of the 58 research studies involved establishing evidence for the effectiveness of intervention (i.e., 14 single effectiveness studies, 5 systematic reviews); 15 (26%) studies involved testing occupational therapy instruments; 13 (22%) involved basic research that identified information about a specific disability or performance skill impairment; 9 (15%) involved the exploration of a professional...
The published topical issue; I (2%) provided evidence for the link between occupational engagement and the promotion of health; and I (2%) involved historical research about an occupational therapy founder (see Figure 1).

Represented Practice Areas
Forty-eight (83%) of the 58 published research studies addressed a specific practice area; 10 of the 58 studies addressed professional topical issues, basic research, and historical research that did not identify a specific practice area. Nearly half of the 48 (22, 46%) articles that did address a specific practice area were conducted in the area of children and youth. Thirteen (27%) addressed rehabilitation, disability, and participation. Nine (19%) addressed productive aging. One (2%) article addressed work and industry. One (2%) article addressed health and wellness (in an elderly population). And 2 (4%) articles potentially related to all practice areas but did not identify a specific area (see Figure 2). A breakdown of practice areas addressed in the 48 articles can be found in Table 2.

Clearly, most occupational therapy research published in AJOT in 2008 addressed the practice areas of (a) children and youth; (b) rehabilitation, disability, and participation; and (c) productive aging—a finding mirrored in Case-Smith and Powell’s (2008) systematic review of occupational therapy research over the past five years. Research in the practice areas of mental health, work and industry, and health and wellness was greatly underrepresented.

Levels of Evidence
Using the AOTA Evidence-Based Literature Review Project’s rating system (Lieberman & Scheer, 2002) to examine the rigor of the 19 effectiveness studies published in AJOT in 2008, 7 (37%) studies could be classified as Level I systematic reviews or randomized controlled trials. One (5%) study could be classified as a Level II nonrandomized controlled trial. Four (21%) studies could be classified as Level III nonrandomized, one-group pretest–posttest designs. And 7 (37%) studies were Level IV single-subject designs or case reports. It should be noted that while approximately one-third (6, 31%) of all published effectiveness studies in 2008 were case reports, these articles reported the effect of novel but promising clinical interventions that had not been previously described in the literature. Such case reports serve as foundational work for the development of more rigorous studies. It is a positive finding that 42% of all effectiveness studies published in AJOT in 2008 could be classified as either Level I or II evidence. This finding is reflective of the strides that the profession has made toward building a body of evidence-based research and enhancing the rigor of our research designs.

Future Research Priorities and Challenges
Effectiveness studies comprised 33% (14 single effectiveness studies, 5 systematic reviews) of all published research articles in AJOT in 2008. While this is a respectable figure, the profession must increase its participation in outcomes research. In accordance with AOTA’s Centennial Vision, researchers must aim to produce a greater amount of research supporting the effectiveness of occupational therapy in all practice areas.

Most effectiveness research has been implemented in the areas of (a) children and youth and (b) rehabilitation, disability, and participation (Case-Smith & Powell, 2008). While some effectiveness research has been conducted in the area of productive aging, much more is needed. Practice areas severely in need of effectiveness studies

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**Table 1. AOTA’s Evidence-Based Literature Review Project Levels of Evidence Rating System**

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Rigor of Research Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Systematic reviews, meta-analyses, or randomized controlled trials (RCTs)</td>
</tr>
<tr>
<td>II</td>
<td>2-group nonrandomized controlled trials (e.g., cohort designs, case control studies, or 2-group pre/posttest designs)</td>
</tr>
<tr>
<td>III</td>
<td>1-group nonrandomized noncontrolled trial (e.g., 1-group pre or posttest designs)</td>
</tr>
<tr>
<td>IV</td>
<td>Single-subject design, descriptive studies, case series, or case reports</td>
</tr>
<tr>
<td>V</td>
<td>Expert opinions</td>
</tr>
</tbody>
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**Figure 1. Types of research studies published in AJOT in 2008.**

**Figure 2. Practice areas represented in research studies published in AJOT in 2008.**

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include mental health, work and industry, and health and wellness. If the profession does not produce such needed outcomes research, it is in danger of losing its viability in these practice areas. The profession has already lost footing in the area of mental health (Brown, 2002; Mosey, 2004). Continued failure to demonstrate the effectiveness of occupational therapy in mental health practice may cause further denial of insurer reimbursement for occupational therapy services, frozen or lost occupational therapy staffing positions, and opportunity for other professions to assume what was once occupational therapy’s role in mental health practice.

Twenty-two percent of all published research articles in 2008 were basic research studies that identified information about a specific disability or performance skill impairment. In accordance with the research priorities of the profession, basic research should be implemented only when such information has not been previously explored through research methods and when it is needed to develop clinical practice guidelines (Mosey, 1996).

While many of the basic research studies published in 2008 directly related to clinical practice, approximately one-third generated findings that were not easily translated to practice. In other words, clinicians would have difficulty reading results and understanding how to modify their practices with specific patient populations. It is important to the viability of the profession that occupational therapy researchers who engage in basic research choose research questions whose answers can be easily translated to clinical practice. The primary goal of basic research in occupational therapy should be to generate knowledge that can serve as a theoretical basis from which to develop practice guidelines (that can eventually be assessed for effectiveness). If this is not the primary goal of a basic research study, occupational therapy researchers may want to reconsider and reshape their research questions so that findings can be more meaningful to clinical practice. Finally, only one (2%) research study in 2008 examined the link between occupational engagement and health promotion and maintenance. A growing body of research regarding this topic has begun to be addressed by professionals both internal and external to the profession. Outside of the profession researchers have demonstrated strong positive correlations between participation in (a) stress-reducing activities and well-being (Davidson et al., 2003; Kabar-Zinn et al., 1992) and (b) mentally stimulating activities and cognitive preservation in aging (Riley, Snowdon, Desrosiers, & Markesbery, 2005; Verghese et al., 2003). While the above research can serve as a theoretical basis for occupational therapy practices, the profession may be losing an opportunity to enhance its public image by under-participating in research studies demonstrating strong positive correlations between occupational engagement and health and well-being. In accordance with the mission of the Centennial Vision, the public understanding of the link between occupational engagement and health should be clear and well defined by 2017. In the interim years, occupational therapy researchers must formulate research questions and design studies that can promote a greater public understanding of this critical link.

Summary

The goals for AJOT in 2009 include (a) publishing increased numbers of systematic reviews, meta-analyses, and single effectiveness studies; (b) publishing effectiveness studies with greater methodological rigor and classified as higher levels of evidence; (c) continuing to publish research regarding instrument testing; (d) publishing increased numbers of studies linking occupational engagement and health and well-being; and (e) publishing basic studies that produce knowledge that is both easily translated to clinical practice and necessary to develop clinical guidelines.

References


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Neurobiology of Aging, 26, 341–347.

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