Comparing Treatment Approaches

Once again in this issue we have paired two articles with similar focuses. Each compares the efficacy of two occupational therapy treatment approaches. We last paired two papers in the September 1988 AJOT—a literature review of pain mechanisms with a research study examining the effect of activity on pain tolerance. The first pair illustrated different approaches to a similar topic. This new pair was selected to provide different examples of a similar approach, and then is used as a springboard for discussing the merits of doing this kind of study, namely one that uses contrast research design. The discussion of the fine points of these types of studies is provided by former editorial board member Jeffrey Gliner.

Contrast types of studies are not new to the occupational therapy literature. About 15 years ago Carlsen (1975) compared the effects of the facilitation and functional treatment approaches on the development of children with cerebral palsy. Cristarella, in the same AJOT issue, compared the use of a straddling apparatus and a standard chair on the sitting posture of a child with spastic cerebral palsy. Since then, several other examples of contrast studies have appeared in AJOT. Note for example, the articles by Gill, Marmo, and Shuster (1978); Clark, Miller, Thomas, Kucherawy, and Azen (1978); Culp, Packard, and Humphry (1980); Griffin and Schumm (1981); O’Brien and Tsurumi (1983); and DeCarlo and Mann (1985).

Comparisons of treatment approaches for the same problem are the stuff of practice. It is exciting to have articles that examine assumed therapeutic approaches. The desire to determine if one treatment works better than another when conditions are the same is a basic form of curiosity. This stage of curiosity is a bit more advanced than the important stage of documenting a specific treatment as is done in the case reports we publish in this journal. How does this treatment compare with another? What are the advantages of X over Y? The authors of the paired papers in this issue have asked that very question. Jongbloed, Stacey, and Brighton ask, Does the functional or the sensorimotor integrative approach work better in the treatment of stroke patients? Groves and Rider ask, Does an exercise program or a limited-activity program work better for patients who have undergone carpal tunnel release surgery?

To know the answer you will have to read the articles. Even if neither treatment approach was proven more effective than the other, the information would still be useful. Such a finding would assure the practitioner that there are several options when it comes to choosing a treatment approach.

But there also is a downside to these types of studies. Gliner, using the language of research design, points out the pitfalls that occur in interpreting the conclusions of such studies. His discussion is illustrated by examples from the stroke study and the carpal tunnel release study.

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References


