Objective/Background: This study examined a group of people with cerebrovascular accidents who were in a chronic phase in a Health Care Facility for the Elderly in Japan. The model of human occupation (MOHO)-driven occupational therapy (OT) intervention was compared with interventions that were based on other theories, for example, biomechanical and neurodevelopmental frames of reference.

Methods: A total of 36 service users were randomly assigned to either an experimental group (who received MOHO-based OT) or a control group (who received “usual OT”). All the service users were assessed using the Activities of Daily Living (ADL), WHO Quality of Life 26 (QOL26), MOS-36-Item Short Form Health (SF-36) before and after a 12-week OT intervention.

Results: Based on the results of our study, we found that the experimental group significantly improved in ADL and QOL scores following the MOHO-based OT intervention; in fact, these scores were higher (p < .05) than before the practice. The control group, however, only improved on ADL scores following OT intervention. In addition, when compared with the control group after the interventions, the experimental group had significantly improved (p < .05) scores in the following: ADL, all five domains of QOL-26, and physical functioning, role physical, bodily pain, general health perception, social functioning of SF-36.

Conclusion: The MOHO-based intervention was more effective in improvement of ADL and QOL than non-MOHO-based intervention.
の作業療法」を受けた。対象群とランダムに割付けられた。全てのサービス利用者は、12週間のOT介入の前後に、日常生活活動（ADL）、WHO QOL 26（QOL・26）、MOS・短縮版健康調査表（SF-36）を用いて評価を受けた。

結果：研究結果に基づき、実験群はMOHOに基づくOT介入後のADLとQOLの得点有意に改善していたことが明らかになった。つまり、実際にはこれらの得点は介入前よりも高くなっていた（p<.05）。しかし、統制群は、OT介入後のADLの得点が改善しただけであった。加えて、介入後の統制群と比べた時に、実験群はADLとQOL26の全5領域とSF36の身体機能、身体に関する日常生活機能、体の痛み、全体的健康感、社会生活機能の介入後の得点有意に改善していた（p<.05）。

結論：MOHOに基づく介入は、MOHOに基づかない介入に比べて、ADLとQOLの改善により効果があった。