



Primary Vs. Secondary Sources: Occupational Therapy

Primary sources are original materials that provide firsthand records of events, experiments, creative works, or statistics. They form the basis for subsequent interpretations, analyses, and explanations. Some examples of primary sources are quantitative, qualitative and empirical research studies.

Secondary sources are materials that provide interpretations, explanations, and descriptions of primary sources. Some examples of secondary sources are editorial and review articles, media, and other reports that review events, experiments, and creative works.

Academic discipline	Primary source	Secondary source
Art	An original painting	Critique of the painting
Health Sciences	Medicare data	Analysis of the data
History	A slave's diary	Description of the slave diary
Literature	A novel	Criticism of the novel
Performing Arts	Video of King Lear	Review of the performance
Political Science	Treaty	Interpretation of the treaty
Science (Biology, Chemistry, Physics, etc.)	A research study that contains a materials, methods, and results section describing an experiment or observation performed by the authors.	An editorial or review article that summarizes what is known about a particular topic.
Social Sciences (Education, Nursing, Psychology, Occupational Therapy, Social Work, etc.)	A quantitative, qualitative, or empirical research study that describes an intervention and its outcome on a specific population.	An editorial or review article that summarizes what is known about a particular topic. Exception: a systematic review article which is a primary source.

Original research articles (primary sources)

Blank, R., von Kries, R., Hesse, S., & von Voss, H. (2008). Conductive education for children with cerebral palsy: Effects on hand motor functions relevant to activities of daily living. *Archives of Physical Medicine and Rehabilitation, 89*(2), 251-259.

OBJECTIVE: To study the effects of conductive education, a combined educational and therapeutic task-oriented approach for children with cerebral palsy (CP), on their hand motor functions and activities of daily living (ADLs). DESIGN: Individual cohort study (B-A-B design). PARTICIPANTS:

Sixty-four children with CP, severity Gross Motor Function Classification System levels II through IV, ages 3 to 6 years. INTERVENTIONS: Phases B: a 4.5-month period of special education, including 2 hours of individual physiotherapy or occupational therapy per week (special education). Phase A: during a 9-month period, conductive education was administered in 3 blocks of 4 weeks (7 hours daily from Monday through Friday); between the blocks, special education was applied as in the B phases. RESULTS: Conductive education improved coordinative hand functions by 20% to 25% from baseline, compared with no improvement during special education; the preferred hand improved from .38 to .48 (mean, .10; 95% confidence interval [CI], .086–.114) and the nonpreferred hand improved from .39 to .47 (mean, .08; 95% CI, .034–.116). There were no changes in elementary hand motor functions. ADL competence improved by .11 (95% CI, .070–.149), from .50 to .61 (≈20%), compared with no significant improvement under special education. CONCLUSIONS: Conductive education improved coordinative hand functions and ADLs in children with CP. There was no effect on elementary hand functions.

Pope, H., Lane, M., Tolma, E. L., & cornman, C. (2008). A descriptive study for a strength and balance program for frail older adults in an assisted-living facility. *Activities, Adaptation & Aging, 32*(3/4), 240-262.

The Placemat Strength Training Program (PSTP) is a strength and balance program for frail older assisted-living residents. Exercise facilitators led the PSTP, which was based on a laminated place mat with 10 illustrated exercises. Functional ability and determinants of exercise were examined among the intervention group (n =15) (age 83.3 ± 7.31), which received the PSTP three times a week for 10 months, and the comparison group (n =21) (age 86.19 ±5.16), which received the PSTP along with usual physical activities approximately twice a week for 10 months. Constructs from the theory of planned behavior (TPB) (Ajzen & Driver, 1991) provided a framework to examine determinants of exercise (participants' intention to exercise, behavioral beliefs, perceived behavioral control, and normative beliefs). Results of functional assessments and determinants of exercise were inconclusive because of high rates of attrition. However, qualitative research provided insights to determinates of exercise and indicated that the PSTP positively impacts assisted living residents' quality of life.

Non-research article (secondary source)

Tafur, M. M., Crowe, T. K., & Torres, E. (2009). A review of curanderismo and healing practices among Mexicans and Mexican Americans. *Occupational Therapy International, 16*(1), 82-88.

Occupational therapists working with Mexican and Mexican American populations may encounter traditional healing practices associated with curanderismo within a variety of practice settings. Curanderismo is a term referring to the practice of traditional healing in Latin American (Hispanic) cultures. This article reviews from the literature the different types of traditional healers (curanderos/as), the remedies recommended by traditional healers and common traditional illnesses treated. Traditional healing practices among Mexican and Mexican Americans may be as high as 50-

75% in some parts of the United States. Further research is needed to investigate the effectiveness of curanderismo and its impact on quality of life, activities of daily living and overall social participation.

Ziviani, J, & Rodger, S. (2009). Working with children and families: Occupational therapists contributing to national disability priorities. *Australian Occupational Therapy Journal*, 56(1), 1.

In October 2008, the Australian Research Alliance for Children and Youth (ARACY) published a 'Report Card' on the well-being of young Australians. This document serves to remind us that far too many children continue to be marginalized by disability and this is compounded when social circumstances and environments are inadequate to buffer the impact of childhood disability. A key recommendation for the 2007 Senate Inquiry into the Commonwealth, State and Territory Disability Agreement (CSTDA) was to develop a National Disability Strategy to address the complexity of needs of people with disability, their families and carers in all aspects of their lives. To this end, a new National Disability Reform Agenda was announced on 23 July 2008 to drive key areas including service benchmarks, quality standards, service planning, people-centered service delivery, early intervention and prevention, and workforce capacity. In this edition of the Australian Occupational Therapy Journal we see examples of how occupational therapists are contributing to this agenda with respect of their practice with children and families.