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一、臨床情境描述

63 歲男性, 3個月前因為呼吸困難急診入院(多次發作),被診斷為 COPD(慢性阻塞性肺臟疾病),肺功能 FEV₁pred 40%,屬於重度 COPD。醫師轉介他做肺部復健,做完 6 週肺部復健後,個案呼吸較為順暢,也能上下樓梯,並能走得較遠,但因家中距離醫院較遠,無法持續來院運動,向您詢問:「一定得來醫院做復健嗎? 住家附近公園有人在打太極,我能否打太極來取代?太極運動對我適不適合?對我的日常活動是否有幫忙?」

二、PICO

描述性問題:實施太極運動是否可以增進 COPD 患者的活動耐力?

結構性問題:

Patient problem: COPD 患者

Intervention: 太極運動

Comparison: 沒有執行太極運動

Outcome: 活動耐力或活動無耐力

三、最佳文獻

於2014年5月8日以Tai-Chi/Qi Gong/Qi AND COPD/pulmonary disease AND tolerance/intolerance 為關鍵字(表1),進行相關資料庫文獻搜尋(表2), 共尋得文獻16篇;再由每位小組成員分別逐筆閱讀文獻標題及摘要,去除非實證研究及非英文的文獻,共得12篇(參考資料)。

最佳文獻之選擇分二階段進行。第一階段為全文閱讀階段,由3位小組成員進行閱讀,澄清文獻內容是否符合情境之PICO,若2位成員意見不一致,則由第3位成員進行仲裁,最後有8篇RCT與1篇Meta-analysis等文獻進入第二階段之評析。在此階段,因Meta-analysis文獻屬於等級較高之文章,故予以保留,並以PRISMA checklist 進行評析。另外,以PEDro scale 評析RCT文獻,選取得分最高的4篇,最後共選擇5篇為最佳文獻(表3)。

參考資料 (*為最佳文獻)

Chan, A. W. K., Lee, A., Lee, D., Sit, J., & Chair, S. (2013). Evaluation of the sustaining effects of Tai Chi Qigong in the sixth month in promoting

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- *Niu, R., He, R., Luo, B., & Hu, C. (2014). The effect of tai chi on chronic obstructive pulmonary disease: a pilot randomised study of lung function, exercise capacity and diaphragm strength. *Heart, Lung & Circulation*, 23(4), 347-352. doi:10.1016/j.hlc.2013.10.057
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- Yeh, G.Y., Roberts, D. H., Wayne, P. M., Davis, R. B., Quilty, M. T., & Phillips, R. S. (2010). Tai chi exercise for patients with chronic obstructive pulmonary disease: a pilot study. *Respiratory Care*, 55(11), 1475-1482.

表一、PICO 及關鍵詞一覽表

	中文	關鍵字
Patient/problem	慢性阻塞性肺疾	COPD \ chronic obstructive pulmonary diseases \
	病患者	pulmonary diseases \ EXP COPD/ \ EXP chronic
	(COPD)	obstructive pulmonary diseases/ > EXP pulmonary
		diseases/
Intervention	太極運動	Tai Chi 、Tai-Ji、Qi Gong、Exp Tai Chi /、
		Exp Tai-Ji/ \ Exp Qi Gong/
Comparison	非太極運動	
Outcome	活動耐力或活動	enduran\$ \cdot toleran\$ \cdot intoleran\$ \cdot Exp
	無耐力	endurance/ • Exp tolerance/
		• Exp intolerance/

表二、資料庫搜尋統計一覽表

資料庫	搜尋筆數	删除重複	依照題目及摘要	符合全文評選	
(Database)	(Articles	筆數	删除不符合筆數	筆數 (Studies	
	identified	(Excluded	(Excluded based	included in RCT	
	through		on the titles and	& Meta-analysis)	
	database	repetition)	abstracts)		
	searching)				
MEDLINE	11	0	2	9	
(EBSCO)					
PubMed	Med 5		0	2	

AgeLine	2	0	2	0
CINAHL	3	1	2	0
ProQuest	9	4	4	1
Google Scholar	21	0	21	0
CEPS	0	0	0	0

表三、最佳文獻評析一覽表

作者及年代	文獻	研究類	結果	等	研究品質
		型		級	評比
Yan, Guo,	Effects of Tai	Meta	Eight randomized	1A	25/27 分
Yao, & Pan	Chi in	Analysis	controlled trials involving		(PRISMA
(2013)	patients with		544 patients met the		checklist)
	chronic		inclusion criteria. The		
	obstructive		pooled WMDs were		
	pulmonary		34.22 m (95% CI		
	disease:		21.25-47.20, P<0.00001)		
	preliminary		for 6 Minutes Walking		
	evidence		Distance (6MWD).		
Chan, Lee,	Tai chi	RCT	Results of repeated	1B	8/11 分
Suen, &	Qigong		measures of analysis of		(PEDro
Tam (2011)	improves		covariance demonstrated		Scale)
	lung		that there were significant		
	functions and		interaction effects		
	activity		between time and group		
	tolerance in		in walking distance		
	COPD		(p<.001), and at 3		
	clients: a		months. Tai chi Qigong		
	single blind,		was able to improve		
	randomized		activity tolerance level in		
	controlled		COPD clients.		
	trial				
Leung,	Short-form	RCT	Short-form Sun-style t'ai	1B	8/11 分
McKeough,	Sun-style t'ai		chi (SSTC) significantly		(PEDro
Peters, &	chi as an		increased endurance		Scale)
Alison,	exercise		shuttle walk time (mean		
(2013)	training		difference 384 s, 95% CI		
	modality in		186-510).		

	people with COPD				
Ng, Chiang,	Effectiveness	RCT	Statistical improvements	1B	10/11 分
Tang, et al.	of		were seen in exercise		(PEDro
(2014)	incorporating		capacity both groups at		Scale)
	Tai Chi in a		6-month		
	pulmonary		post-intervention.		
	rehabilitation		Although more favorable		
	programfor		improvements in		
	Chronic		physiological outcomes		
	Obstructive		and health status were		
	Pulmonary		demonstrated in Tai Chi		
	Disease		group, only the functional		
	(COPD) in		exercise capacity showed		
	primary		statistical improvement		
	care—A pilot		between groups at 6		
	randomized		months post-intervention		
	controlled		$(\beta = 12.786 \text{ m}; 95\% \text{ CI} =$		
	trial		3.794, 21.777; p = 0.006).		
Niu, He,	The effect of	RCT	6MWD (476 \pm 15) were	1B	8/11 分
Luo, & Hu	tai chi on		found to be significantly		(PEDro
(2014)	chronic		increased in participants		Scale)
	obstructive		who successfully		
	pulmonary		completed the six-month		
	disease: A		Tai Chi program		
	pilot		compared to participants		
	randomized		in the control group who		
	study of lung		only received routine care		
	function,		(p<0.05).		
	exercise				
	capacity and				
	diaphragm				
	strength				