

# Community-based occupational therapy interventions for people with acquired brain injury: A scoping review

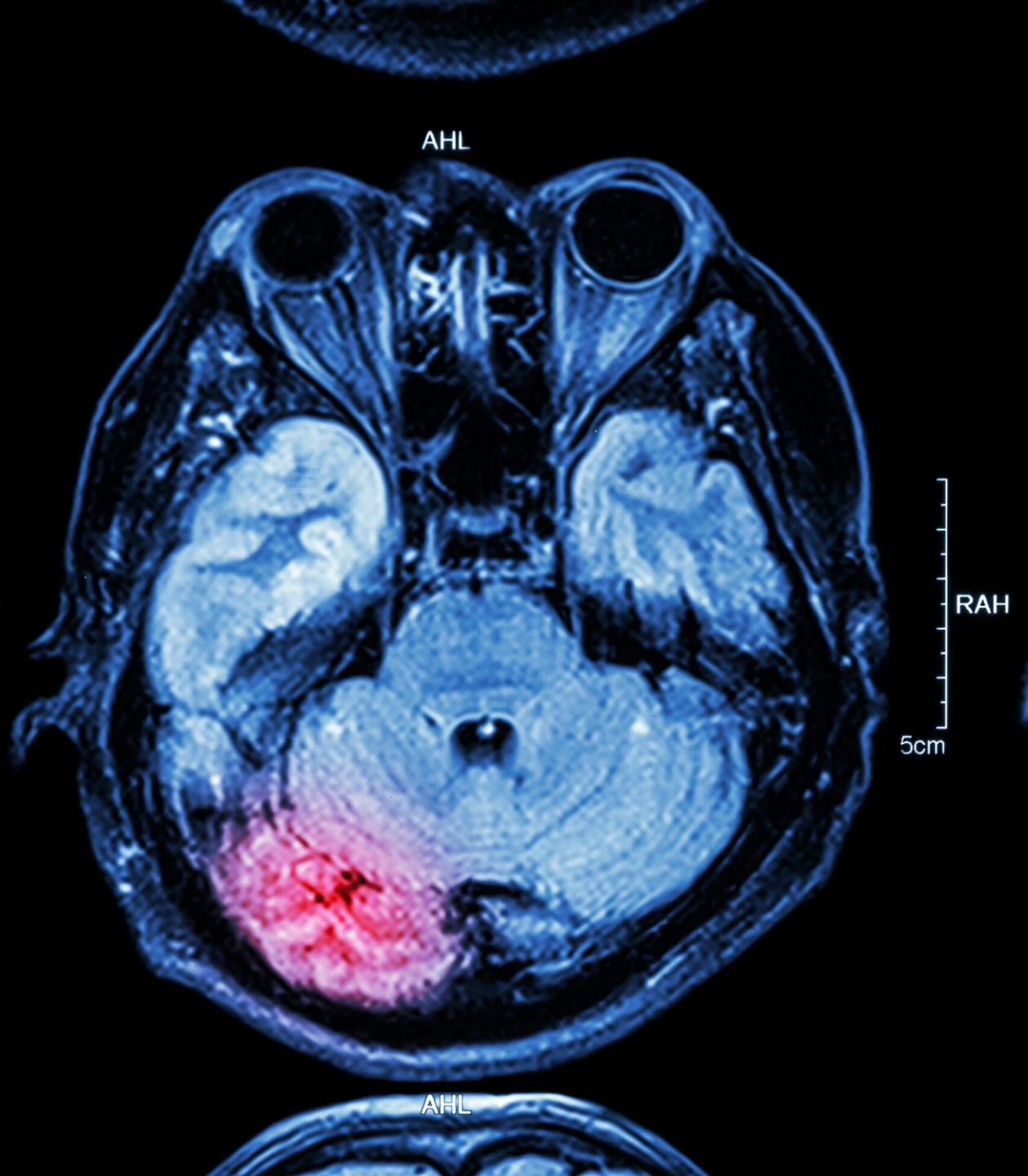
Sebastian Gallegos-Berrios<sup>1,2</sup>, Fabian Esteban Browton<sup>1</sup>, Nadine Gamboa<sup>1</sup>, Rocío Belén Carrasco<sup>1</sup>

<sup>1</sup> Universidad de Chile, Santiago, Chile

<sup>2</sup> The University of Queensland

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## ACQUIRED BRAIN INJURY DRIVES LONG-TERM DISABILITY AND PARTICIPATION LOSS

**101 million**

people were living with **stroke** globally in 2019.

*Many survivors face lasting cognitive and motor changes, reducing daily participation and work, and increasing long-term family caregiving costs substantially.*



# THE CORE PROBLEM

Chile lacks country-specific evidence describing **how occupational therapists assess, decide, and deliver ABI rehabilitation** across settings (public/private; urban/rural; acute/community), including tool and intervention use.



**Participants (P)**  
Adults with acquired  
brain injury (ABI)



**Concept (C)**  
Occupational therapy  
assessment and intervention  
practices (clinical reasoning,  
tools/strategies)



**Context (C)**  
International evidence on  
rehabilitation services across  
settings (acute to community)



# Methods



Based on the  
**JBI Evidence**  
Synthesis  
Manual



Searched in  
**four** electronic  
searches



**Two** reviewers  
independently  
reviewed all  
**title/abstract, full-**  
**text** and **data**  
**extraction**



**A third part**  
resolves conflicts

# Results

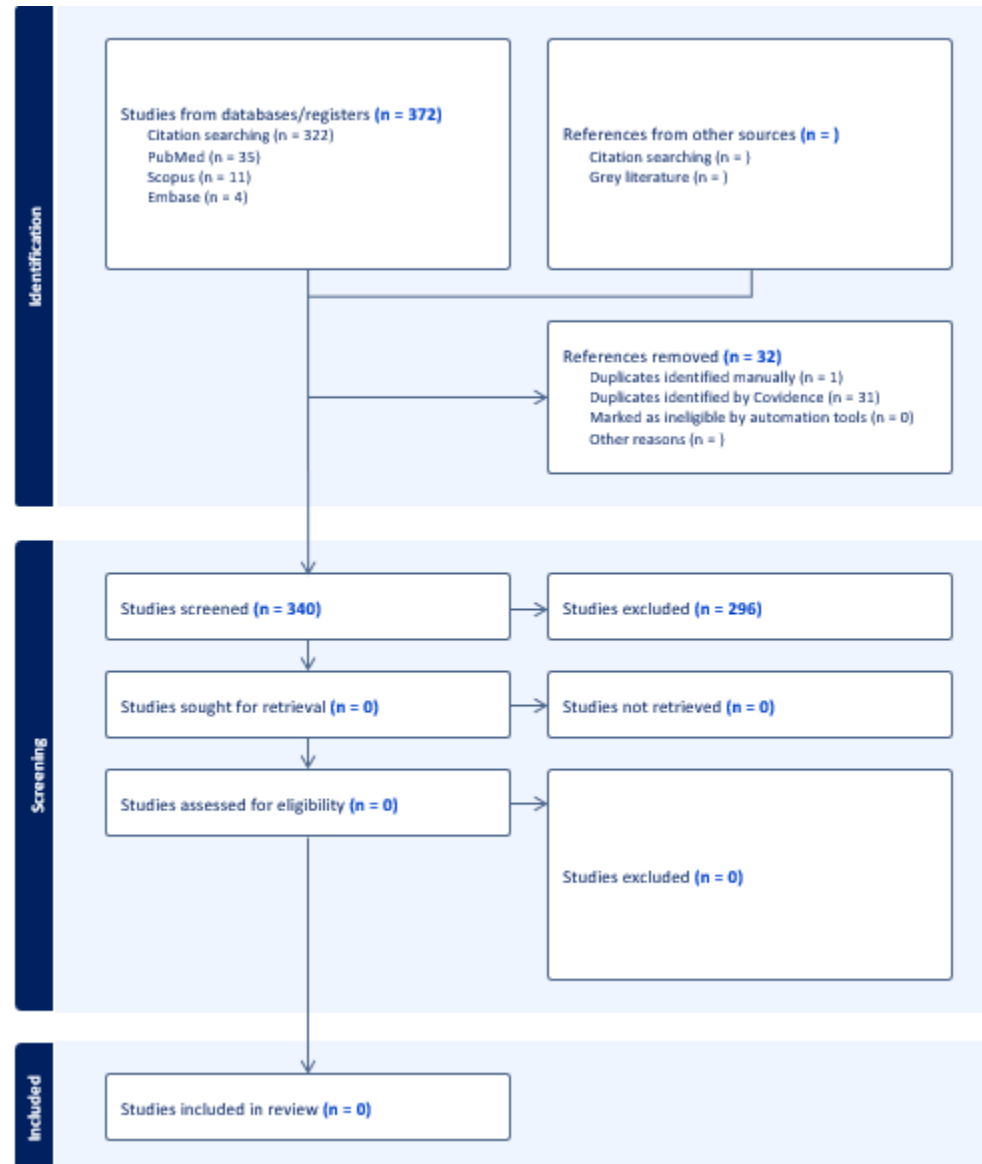
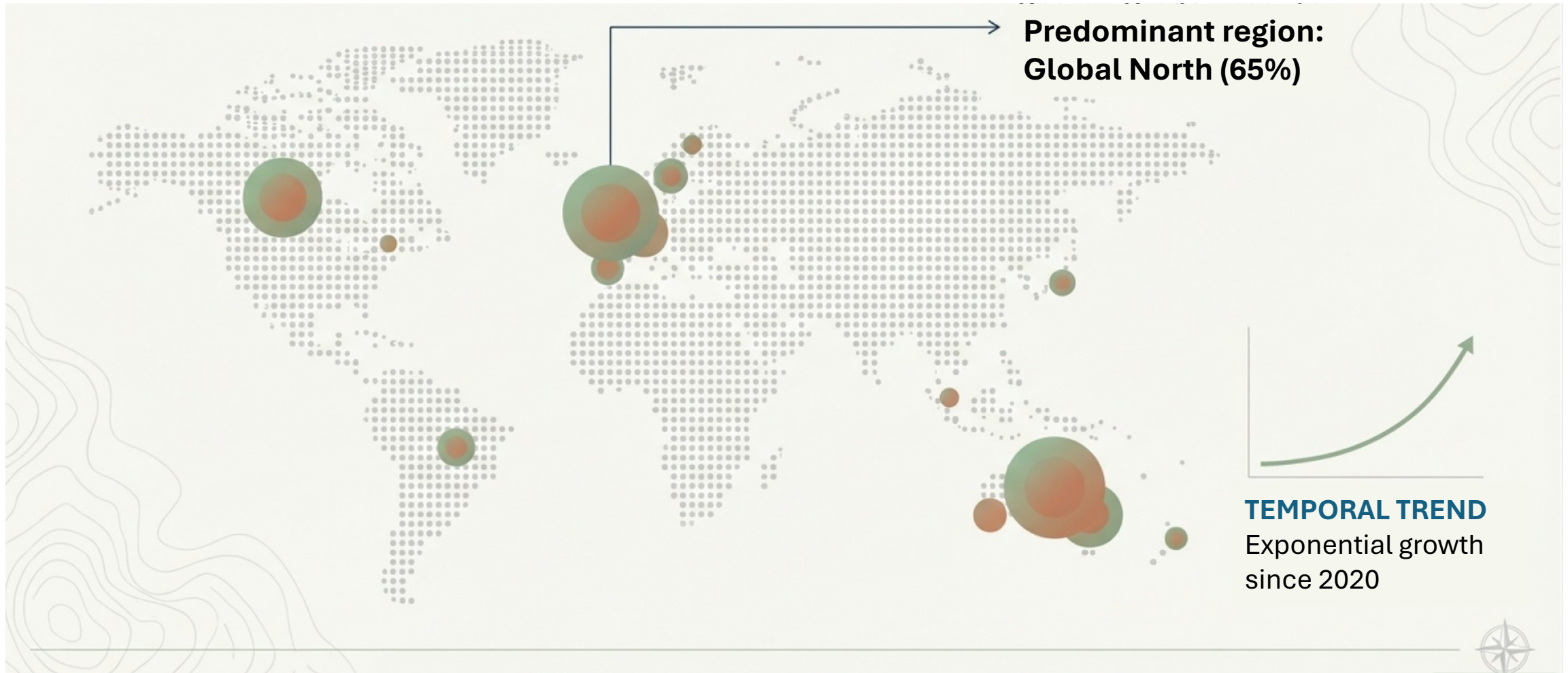
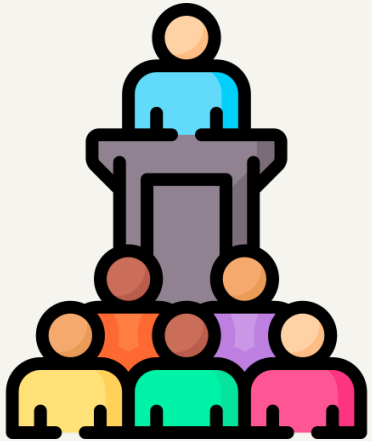


Figure 1  
PRISMA ScR Flow diagram



# Main themes



## FACILITATORS

*Strong family/social support and responsive interdisciplinary teamwork enabled engagement and continuity of rehabilitation.*



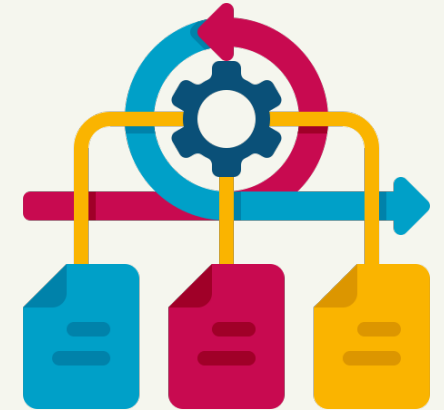
## BARRIERS

*Psychological distress, financial constraints, and fragmented/poorly coordinated services limited access and follow-through.*



## ASSESSMENT TOOLS

*Assessment showed wide instrument variability, measuring function, participation, and perceptions; two studies reported no standardised tools.*

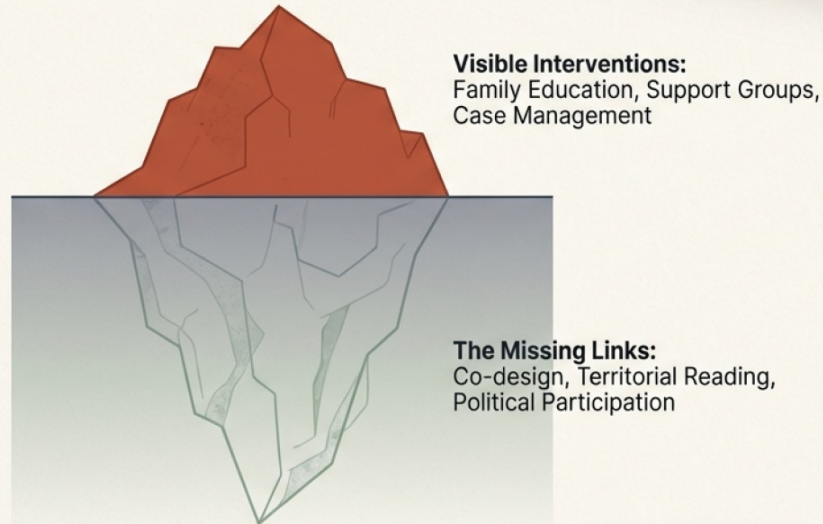


## MODELS & FRAMEWORKS

*Theoretical grounding was inconsistent: 12/23 reported none; ICF predominated, while occupational therapy models were rarely explicit.*

# Key Message

## Present, but Passive



General absence of co-design processes.  
The community is treated as a backdrop, not a partner.

Most studies delivered interventions in real-life settings (home/near community) with positive functional and participation outcomes.

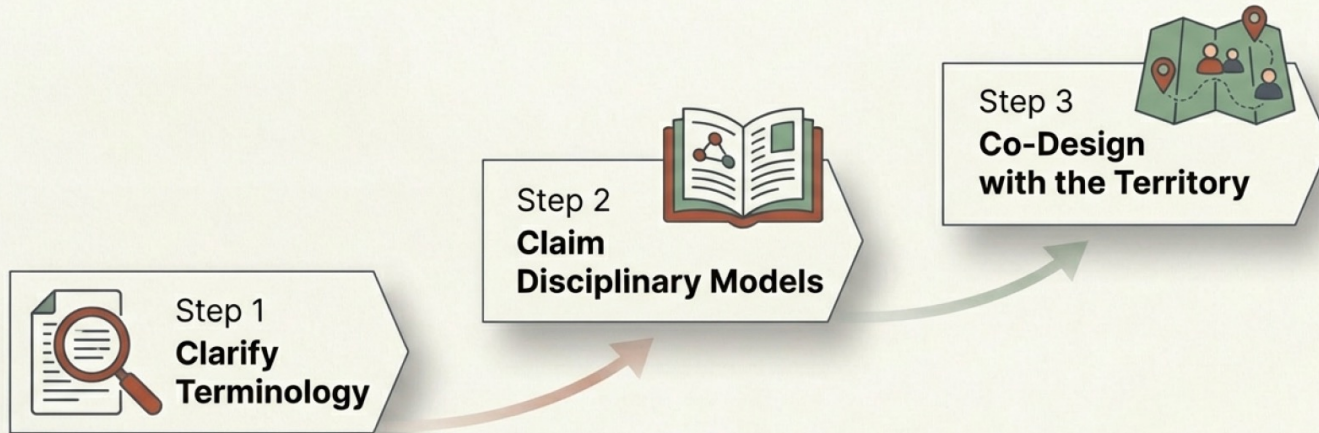
However, “**community**” was usually the *location*, not a *shared decision-making process* (limited co-design, territorial work, intersectoral action).

Hospital–community transition interventions were visible and valuable, but still largely clinical-functional with weak integration of local community resources.

Theory and outcomes were misaligned: many studies lacked occupational therapy models; participation measures were scarce and highly heterogeneous.

# Conclusions

## From “In Community” to “With Community”



**The future of OT in ABI is shifting power: from patients in a setting, to citizens co-designing with their territory.**

Occupational therapy is increasingly delivered in real-life community settings after acquired brain injury, but conceptual and methodological inconsistency persists. Clearer definitions, stronger theory, co-design, and robust participation outcomes are the next priorities.

# Next steps

## Shift the evidence base

Move from small feasibility studies to **well-powered, theory-driven trials** with longer follow-up and real-world outcomes.

## Standardise outcomes

Agree a **core outcome set** for ABI community participation (common measures + reporting) to enable comparison and meta-analysis.

## Design for equity + implementation

Test **scalable, low-resource, context-adaptable models** (including telehealth) and report barriers, costs, and fidelity.

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