

Stepping into a New Era – Fundamentals and Efficacy of Telehealth in Occupational Therapy

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on the Application of TH and
Clinical outcomes in OT practice
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pediatrics during pandemic



Effects of telerehabilitation in occupational therapy practice: A systematic review

Hong Kong Journal of Occupational Therapy
2019, Vol. 52(1) 3–21
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DOI: 10.1177/1569186119849119
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Goris Hung KN¹ and Kenneth NK Fong²

Abstract

Objective/background: This study aimed to review the current evidence on the application of telerehabilitation in occupational therapy practice and its clinical outcomes over the last 10 years.

Methods: A systematic review was performed on studies published in English in the decade 2008 to 2017, retrieved from seven electronic databases (MEDLINE, Cochrane Library, CINAHL, Web of Science, SAGE, Science Direct and EMBASE). Only articles evaluating the use of telerehabilitation to provide occupational therapy services from a distance were included, with no restrictions on pathology, impairment, age, or the nature of occupational therapy intervention.

Results: Fifteen articles (three randomised controlled trials, eight quasi-experimental studies, one trial with single-group post-intervention and three case studies) were reviewed. Despite various study designs and outcome measures, most studies indicated positive therapeutic effects of using telerehabilitation in occupational therapy practice. There is insufficient evidence, however, to confirm that telerehabilitation is more effective than the face-to-face model. Little evidence was shown on the long-term effect and cost efficacy. Only two studies used smartphones in their applications.

Conclusion: Telerehabilitation offers an alternative service delivery model for occupational therapy, not only bridging distance but also offering user-friendly treatment for patients at home. Further research, particularly on the use of the most cutting-edge mobile technology, is needed to determine effectiveness in occupational therapy practice treating various diseases, conditions and impairments and the characteristics of patients, interventions and therapists that lead to the best fit with this alternative and emerging form of service delivery.

Keywords

Telerehabilitation, occupational therapy, systematic review

Received 26 September 2018; accepted 16 April 2019

Introduction

Around 55.4% of occupational therapists deliver services directly through face-to-face treatment in a medical setting (American Occupational Therapy Association, 2010). However, face-to-face occupational therapy (OT) services face challenges. Increasing demand for long-term rehabilitation and a dwindling supply of OT services in rural areas limit clients' access (Centers for Disease Control and Prevention, 2015; Criss, 2013; Dorsey et al., 2007; Gardner, Bundy, & Dew, 2016). Long traveling times add to the heavy workloads of occupational therapists (Nix & Comans, 2017). Long travel time and distance, complicated

service structure and the cost of intensive clinic-based interventions hinder clients' access (Chen et al., 2013; Gardner et al., 2016; Shimabukuro, Grosse, & Rice, 2008). An alternative service delivery model for OT is needed to overcome these barriers while also improving accessibility and promoting well-being and recovery.

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Research Evidence



Effects of telerehabilitation in occupational therapy practice: A systematic review

Inclusive criteria

- ◆ Full text published in English from 1/2008 – 10/2017
- ◆ All clinical trials (class I to IV studies) evaluating use of TH to provide clinical OT services from a distance
- ◆ All pathology and impairment
- ◆ Study population of all ages
- ◆ All nature of OT intervention
- ◆ Search keywords include: Telerehabilitation/ Tele-rehabilitation/ Telemedicine/ Telehealth & Occupational Therapy

Effects of telerehabilitation in occupational therapy practice: A systematic review



Exclusive criteria

- ◆ Overview or perspective of application of TH in OT
- ◆ Systematic reviews/ meta-analysis
- ◆ Duplicate
- ◆ Full text unavailable
- ◆ Examine development of technology system/ reliability and validity of assessment
- ◆ Application in continuing professional development
- ◆ Treatment carried out through multidisciplinary (combined with PT and/or ST or other allied health professionals) which focus on implication in rehabilitation service



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2019, Vol. 32(1) 3–21

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Fifteen fulfilled all the selection criteria (1/2008 – 10/2017)

Reifenberg et al., 2017; Ferre et al., 2017; Nix et al., 2017; Lawson et al., 2017;
Breedon, 2016;
Linder et al., 2015; Boehm et al., 2015;
Criss, 2013; Ng et al., 2013;
Hegel et al., 2011; Gibbs et al., 2011;
Hermann et al., 2010; Golomb et al., 2010;
Yuen et al., 2009;
Bergquist et al., 2008

Studies Characteristics

Characteristics	Details
Participants	Total: 198 <ul style="list-style-type: none">• Sample size range: 1 to 99
Age range	2y.o.6m – elderly aged >65 y.o. <ul style="list-style-type: none">• <18 y.o.: 5 studies• elderly >sixty-five: 3 studies• 18 y.o. -64 y.o.: 7 studies
Pathology	<ul style="list-style-type: none">◆ Hemiplegic cerebral palsy: 3◆ Stroke : 4◆ Acquired brain injury: 1◆ Traumatic brain injury: 1◆ Breast cancer survivors undergoing chemotherapy:1◆ Tetraplegia: 1◆ Community dwelling older adults: 1◆ Orthopedic: 1◆ Autism spectrum disorders: 1◆ Visual motor and/or fine motor deficits that impact handwriting skills:1

Studies Characteristics

Characteristics	Details
Location for using TH	Home: 14 except one participant received in community center (Ng et al., 2013)
Require significant other in assisting participants in receiving TH - Parents - Caregivers	8 studies Roles of significant other included: <ul style="list-style-type: none">• conducting assessment• assisted in training implementation• assisted in monitoring

Technological Used

Technology used	Details	
Hardware	<ul style="list-style-type: none"> • Internet-based computer with web camera • iPad and tablet with wifi or Bluetooth • Smartphone with wifi and camera • Telephone • Digital camera 	
Software	videoconference	<ul style="list-style-type: none"> • Specific websites required login • Acrobat® Connect™ • Acrobat® Connect™ Professional • VSee software program • Computer based or video phone calling apps Skype • Instant massaging system
	Training, monitoring, recording	<ul style="list-style-type: none"> • Motion web based game Timocco • Telepresence robot Kubi • ARMStrokes app • Mentor Home™ website • Internet based videogame system that included a 5DT 5 Ultra Glove and PlayStation3
	Internet –based Ax tool	<ul style="list-style-type: none"> • The Print Tool™ • Email the photography

Prerequisite Preparation



7/14 studies required supply necessary tools, equipment or handout in advance through mail



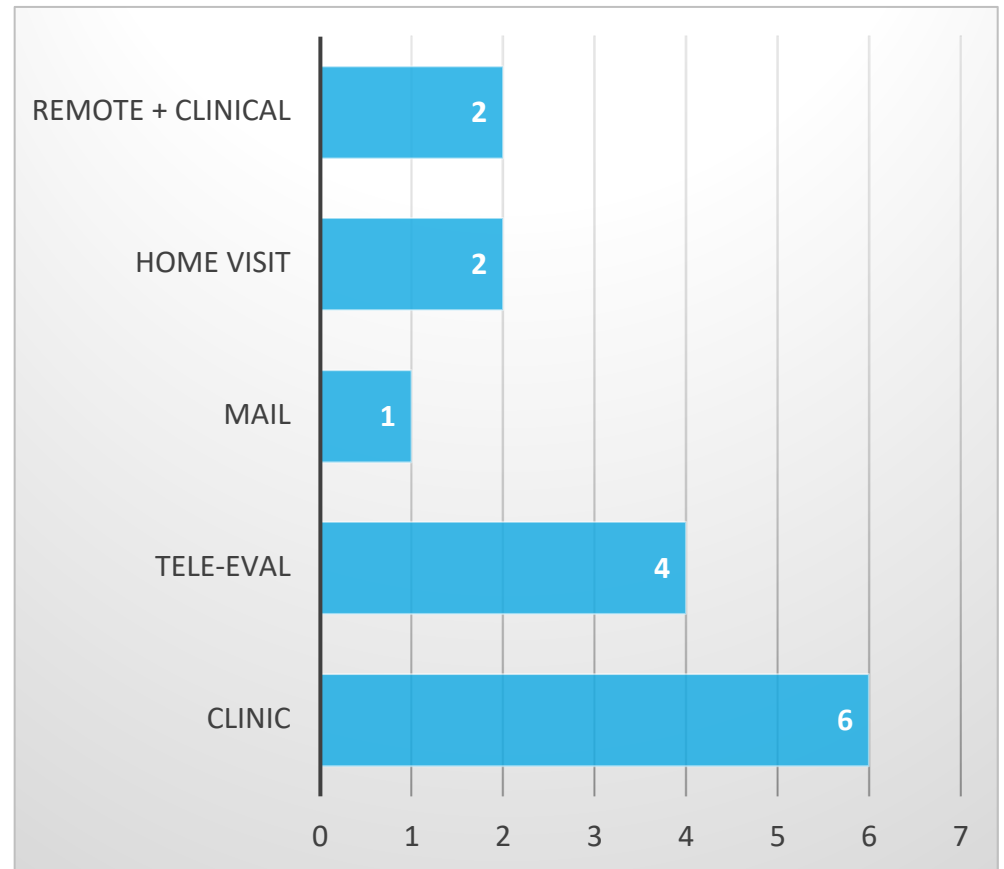
8/14 studies required in-person session for set up or training on the use of equipment



1 study mentioned upgrade staff's phone into smart phone with data plan

Type of Assessments

- ◆ Most of the outcomes measures used were questionnaire
- ◆ Caregivers were trained to administer the standardized assessment in Ferre et al., (2017) study



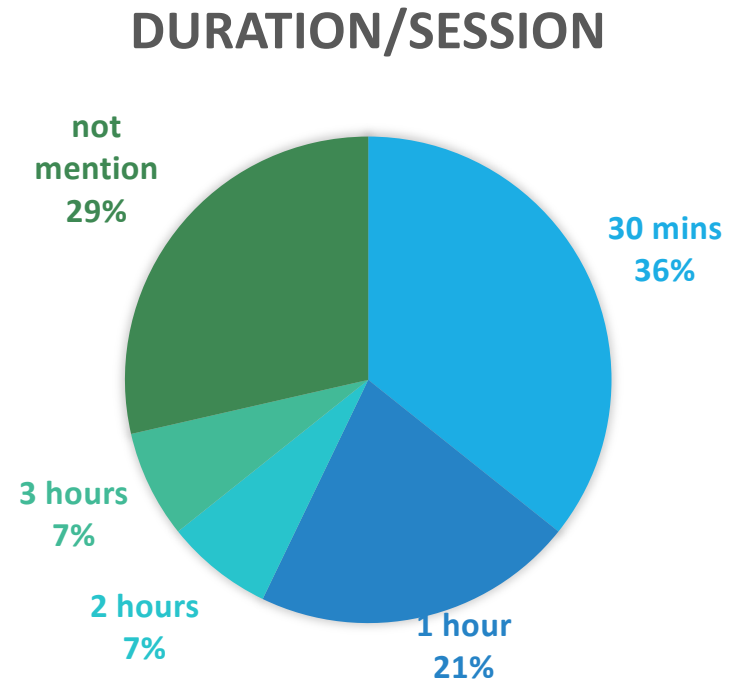
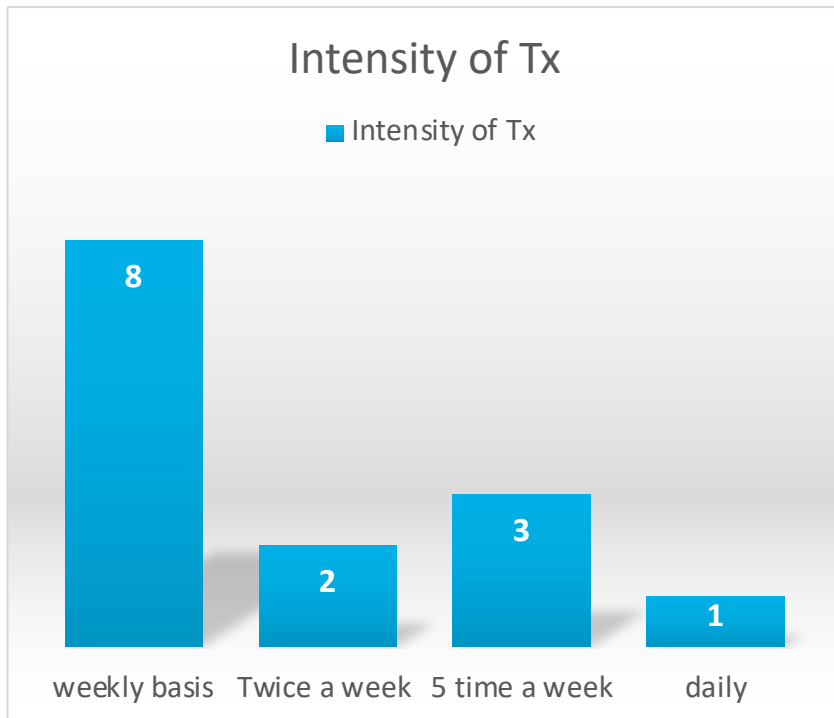
Outcome Measures

- ◆ Included both standardized and non-standardized assessments on cognitive, motor function, functional performance and quality of life
- ◆ Level of satisfactory
- ◆ Attendance record
- ◆ Therapists' progress notes
- ◆ Bone dexterity and brain imaging
- ◆ Total number of intervention

Application of TH in OT

Application	No	Details
Developing Skills	7	<ul style="list-style-type: none">• Fine motor and visual motor training• UL & hand function training• Cognitive training• Oral care training• Sensory diet• Cognitive Orientation to daily Occupational Performance approach• Energy Conservation
Incorporating assistive technology	5	<ul style="list-style-type: none">• Web-based videogame for hand fx tx• Phone application for stroke hand fx tx• Using functional electrical stimulation for functional training• Robotic assisted device for hand fx tx
Environment modification	1	<ul style="list-style-type: none">• Home modification
Education or creating health-promoting habits and routines	2	<ul style="list-style-type: none">• Home safety education• Disability prevention program for breast cancer survivors undergoing chemotherapy

Intervention Characteristics



Intervention Characteristics

Follow-up:

- 6 week: Hegel et al., 2011
- 3 months: Ng et al., 2013
- 6 months: Ferre et al., 2017



Effects of Telehealth in OT practice

Effects of TH in OT practice

- ◆ 3 studies showed significant improvements in **functional goals** in Canadian Occupational Performance Measure (Ferre et al., 2017; Hermann et al., 2010; Ng et al., 2013)
- ◆ 1 study showed significant improvement in **QoL** among stroke survivors (Linder et al., 2015)
- ◆ 1 study indicated significant increase **in total intervention** in OT service (Nix et al., 2017)

Studies indicated **positive effects** in

- ◆ Improving participant's occupational performance
(Criss, 2013; Gibbs et al., 2011; Boehm et al., 2015; Lawson et al., 2017; Yuen et al., 2009)
- ◆ Increased carryover of home program (Gibbs et al., 2011; Hegel et al., 2011)
- ◆ Increased motivation (Reifenberg et al., 2017; Yuen et al., 2009; Lawson et al., 2017)
- ◆ Enhanced home safety (Breedon, 2016)
- ◆ Enhanced hand function (Reifenberg et al., 2017; Ferre et al., 2017; Lawson et al., 2017; Golomb et al., 2010; Hermann et al., 2010)
- ◆ Enhanced quality of life (Hegel et al., 2011)
- ◆ Improved cognitive function (Bergquist et al., 2008)
- ◆ Decreased parent stress (Reifenberg et al., 2017; Gibbs et al., 2011)
- ◆ Effective in promoting parent-child interactions, caregiver efficacy, facilitate parents empowerment (Graham et al., 2013; Little et al., 2018; Wallisch et al., 2019)

Effects of TH in OT practice

Carry on effect:

- ◆ 1/3 study showed the significant carry-on effect on decreased impact of executive dysfunction on daily life among participants with TBI (Ng et al., 2013)
- ◆ 1/3 study (Hegel et al., 2011) found that TH group scored better in role emotion compare to control group for breast cancer survivors undergoing chemotherapy

Users perspective/ feedback

All Participants and caregivers satisfaction on quality of program, had positive perception with OT service provided at distance

(Criss, 2013; Hegel et al., 2011; Ng et al., 2013; Yuen et al., 2009; Linder et al., 2015; Boehm et al., 2015)

Parent

content and process of the intervention fit within families' natural environments

(Johnston et al., 2019)

Parent

beneficial as a session, but not as a replacement for in-person therapy services

(Johnston et al., 2019)

Parent

would prefer to have a combination of in-person sessions and telehealth sessions

(Johnston et al., 2019)

Attendance

- ◆ Attendance and compliance were high (Kairy et al., 2009)
- ◆ Child's therapy services were 76-100% via telehealth (Graham et al., 2013)



Feasibility
to ALL
client
type?

Feasibility (client type)

- ◆ All the studies demonstrated that applying TH to deliver OT services are **feasible among varied pathologies, impairment and age groups**
- ◆ Bergquist et al., (2008) reported clients with **TBI with memory impairment** was able to participated in internet-based cognitive rehabilitation independently
- ◆ Most studies required **involvement of caregiver or participants who have a fundamental knowledge or experience** in ICT
- ◆ Cautioned against overgeneralization of the results

Potential factors that might prevent individual from accessing TH program

- ❖ Those who are older and those with cognitive, intellectual or psychiatric disabilities (Hermann et al., 2010; Jacobs et al., 2015)
- ❖ Severe pulmonary hypertension, Unstable cardiovascular disease, Uncontrolled seizure disorder, Poor balance or vestibular control, Sensory and communication problems (Salawu et al., 2020)
- ❖ Child who requires more hands-on “involved treatment.” (Johnston et al., 2019)
- ❖ Parents who are reluctant participants (Johnston et al., 2019)

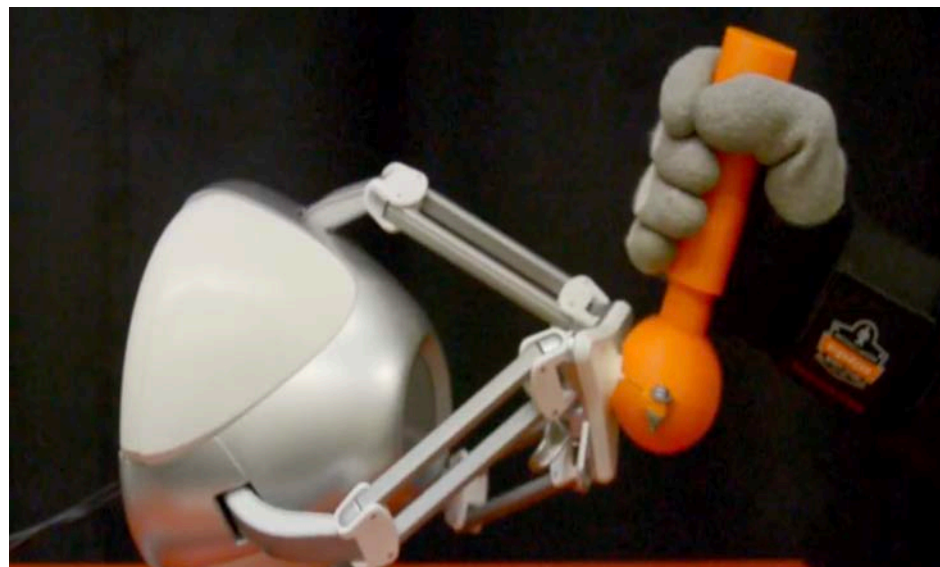
more traditional approaches enable closer risk management and engagement

Clinical Recommendations

- Communication and coaching skills
- Strategies to tackle clients' demotivation
- Understand client's preferred means for receiving care (Fiorattil et al., 2020)
- Ensure client's safety during TH (Richmond et al., 2017)
- For group therapy: conduct remotely supervised group therapy sessions (Salawu et al, 2020)
- Integrate different technology

A 3D printing approach toward targeted intervention in telerehabilitation

Dynamical Systems Laboratory
2019



Conclusion

Any successful telehealth activity should adhere to:

1. Efficiency (decrease costs)
2. Enhancing quality of care (client to provider, access to outcomes and specialists)
3. Evidence-based practice
4. Empowering consumers
5. Encouraging new relationships
6. Education
7. Enabling information exchange
8. Extension
9. Ethics and Equity
10. Easy to use, Entertaining, and Exciting opportunities

Effects of a home-based occupational therapy telerehabilitation via smartphone for outpatients after hip fracture surgery: A feasibility randomised controlled study

Cabbee TL Li^{1,2}, Goris KN Hung¹, Kenneth NK Fong¹ , Pablo Cruz Gonzalez¹, Shu-hong Wah² and Hector WH Tsang¹

Abstract

Introduction: This study aimed to investigate the effects of a home-based occupational therapy telerehabilitation (TR) via smartphone in enhancing functional and motor performance and fall efficacy for outpatients receiving day hospital

Journal of Telemedicine and Telecare
0(0) 1–9

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Clinical sharing: Asynchronous Telehealth for Older Adults after Hip Fracture Surgery

Aims

6/2018-5/2019

- ❖ Investigate the effects of a home-based OT programme via TH using smartphone technology compared to paper-and-pencil instructions for outpatients receiving day hospital rehabilitation after hip fracture surgery in Hong Kong
- ❖ Acceptance on the use of TH in HK among older population



Treatment in GDH (twice/ week x 3 weeks)



1.5 hr conventional OT training



1.5 hr conventional PT training

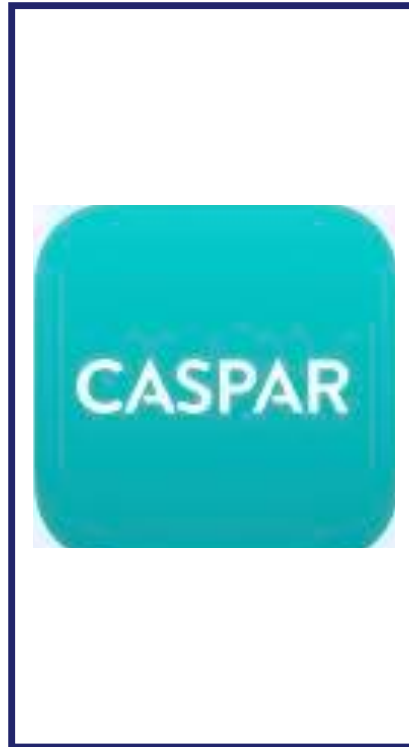
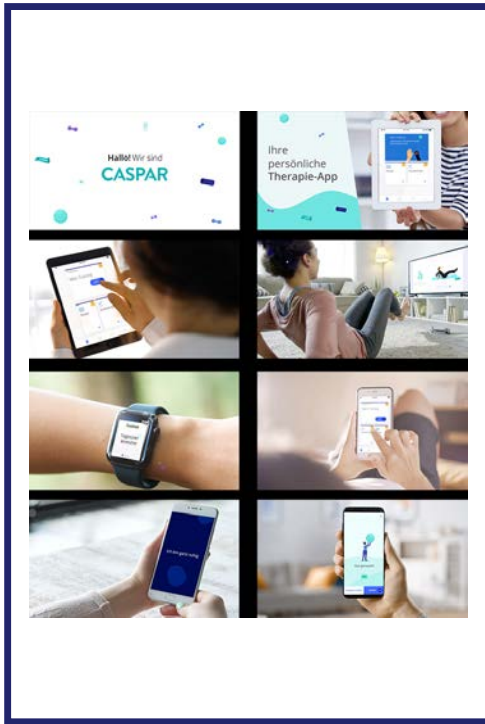


Nursing care



Medical doctor consultation



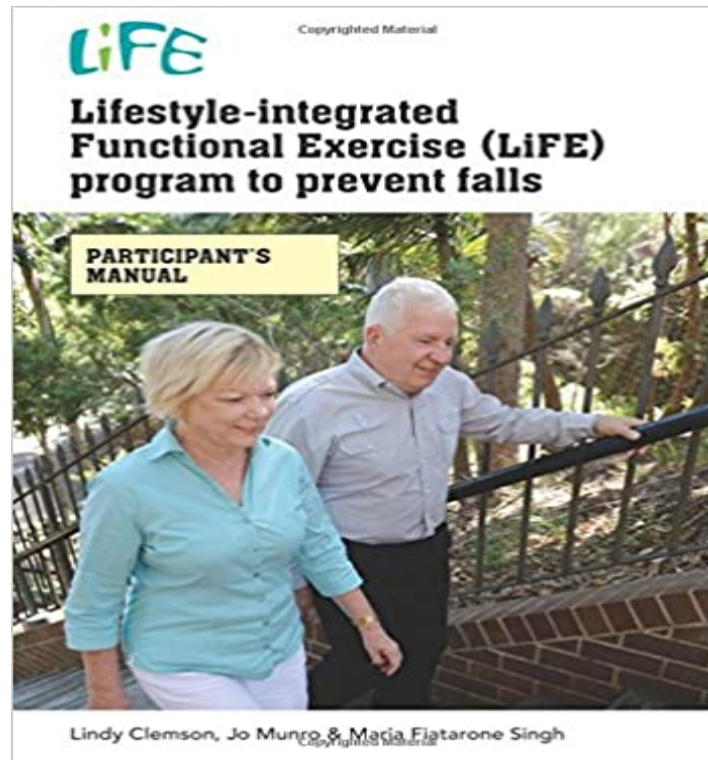


Home-based Telehealth program

- ◆ German-designed
- ◆ For iOS & Android
- ◆ All data are stored exclusively on a server with high-level encryption and transmitted over a secure connection
- ◆ Provide traditional Chinese characters with Cantonese dialect speech

Prerequisite preparation

Developed **Lifestyle Integrated Functional Exercise (LiFE)** Videos



Prerequisite Preparation

Set-up session:

- Onsite installation
- Education



Telehealth home program

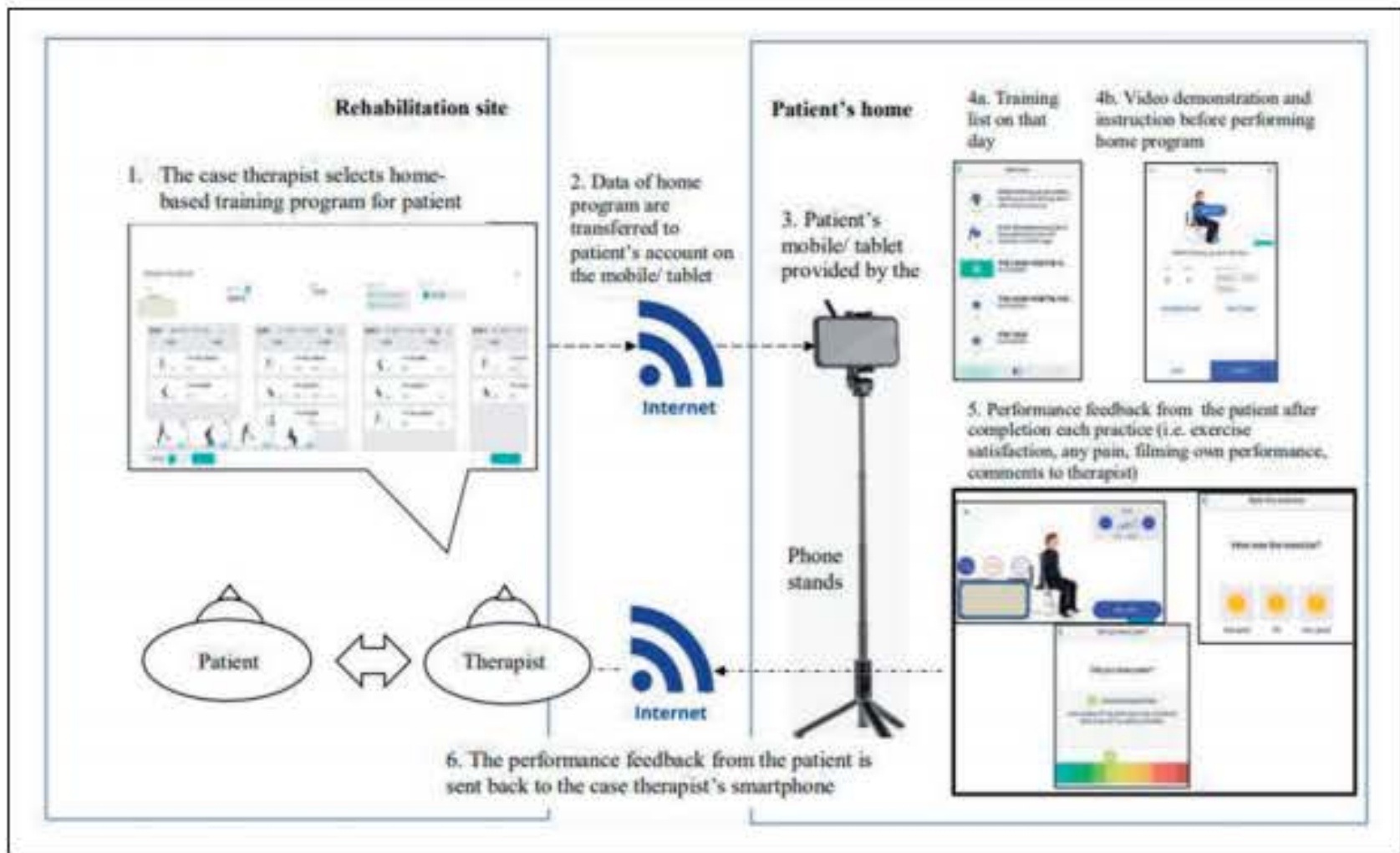


Figure 1. Schematic diagram of the home-based occupational therapy telerehabilitation programme in the Caspar Health e-system.

Result

Number of clients recruited

Total 69 Clients



38 excluded

- Hip fracture was the result of malignancy
- Either participants or caregivers did not understand either Cantonese, English, or Mandarin instructions
- Unable to read the words on the mobile app or instruction sheet because of difficulty in visual functioning
 - Did not have a smart phone
 - Refusal



Total 31 clients recruited
Exp gp: n=15, control: n=16

Assessment

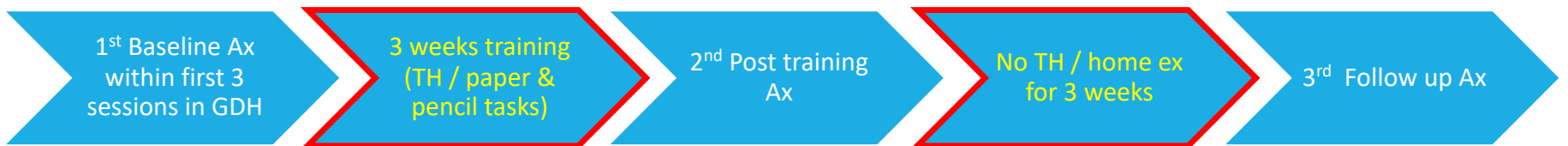
Intake

- Introduce study if cases is eligible



Use SPSS for randomization

- If TH group, ask if they have smart phone
- Send invitation letter and sign consent form



Re-Ax done in hospital

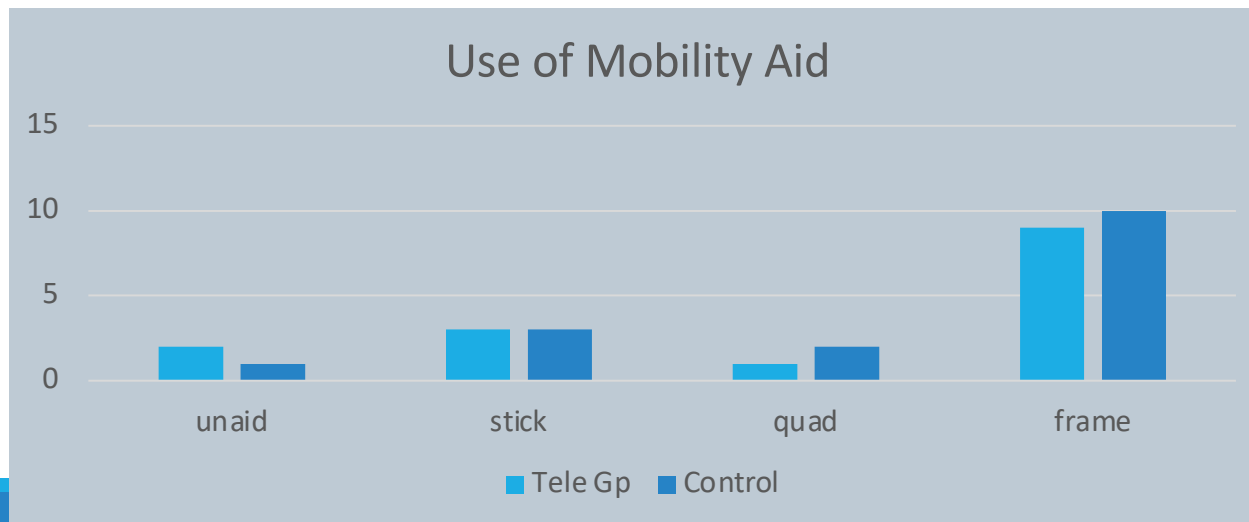
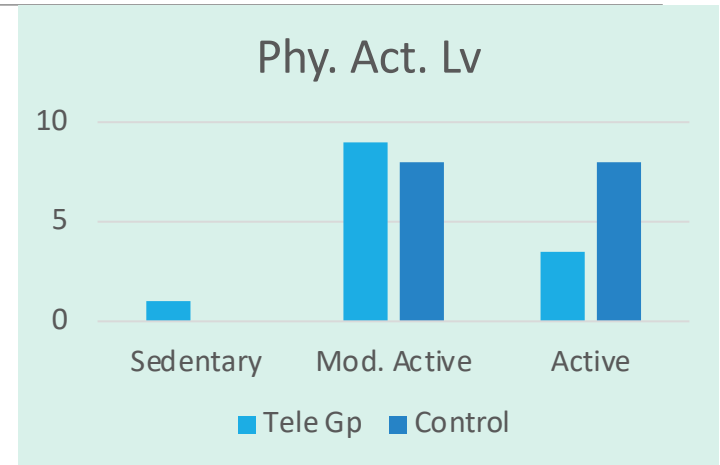
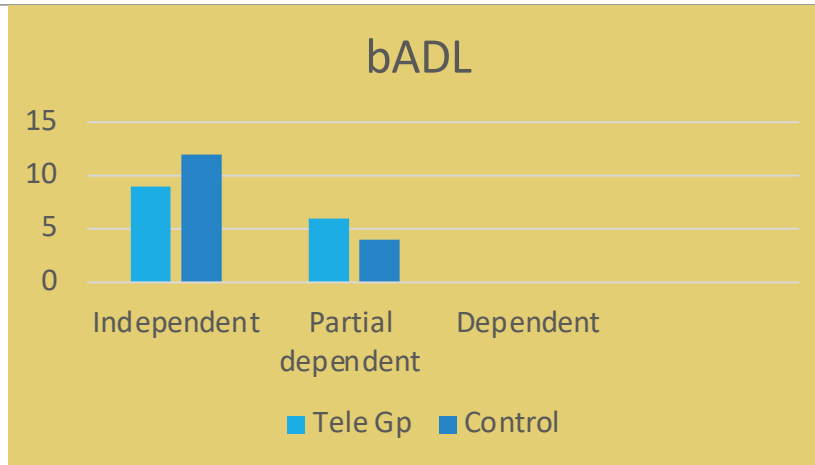
Re-Ax done in hospital



Client Characteristics

	Comparison (n=16)	Experimental (n=15)	p-value [¶]
Age (years) (Mean, SD)	82.1 (9.7)	76.5 (8.6)	0.097
Education level (years) (Mean, SD)	4.5 (4.6)	4.8 (4.5)	0.840
Gender (No., %)			0.083
Male	5 (31%)	1 (7%)	
Female	11 (69%)	14 (93%)	
Social support (No., %)			0.049*
Live alone	4 (25%)	0 (0%)	
Live with family and/or domestic helper	12 (75%)	15 (100%)	
Family relationship (No., %)			0.211
Good	13 (81%)	15 (100%)	
Fair	2 (13%)	0 (0%)	
Poor	1 (6%)	0 (0%)	

Client Characteristics



Outcome measure		Mean ± S.D.			Sig. difference (p-value)		
		Pre	Post	FU	Multivariate	Within-group	Between-
MFS	Experimental	63.7 ± 7.7	58.3 ± 8.8	55.3 ± 9.2	0.002**	0.000**	0.563
	Comparison	61.6 ± 9.4	60.9 ± 9.5	60.3 ± 9.6			
iADL	Experimental	8.9 ± 3.4	12.9 ± 5.2	15.8 ± 6.9	0.010**	0.002**	0.626
	Comparison	10.6 ± 4.9	11.75 ± 4.9	12.7 ± 5.1			
Muscle strength testing-affected side Force gauge (kgf)	Experimental	4.3 ± 1.7	6.3 ± 1.8	5.4 ± 1.7	0.015*	0.052	0.510
	Comparison	3.8 ± 2.1	6.1 ± 2.9	6.7 ± 2.5			
Muscle strength testing-non affected side Force gauge (kgf)	Experimental	7.0 ± 2.6	7.4 ± 1.8	6.2 ± 1.5			
	Comparison	6.8 ± 2.9	7.0 ± 2.3	7.6 ± 2.7			

Mean: Post-test: Exp: -5.4, Control: -0.7
FU: Exp: +4, Control: +1.15

Mean: Post-test: Exp: +4, Control: +1.15
FU: Exp: +2.9, Control: +0.95

*p ≤ 0.05; **p ≤ 0.01

Primary outcomes

Functional performances

MBI, Lawton iADL



Fall efficacy

Morse Fall Scale (MFS)

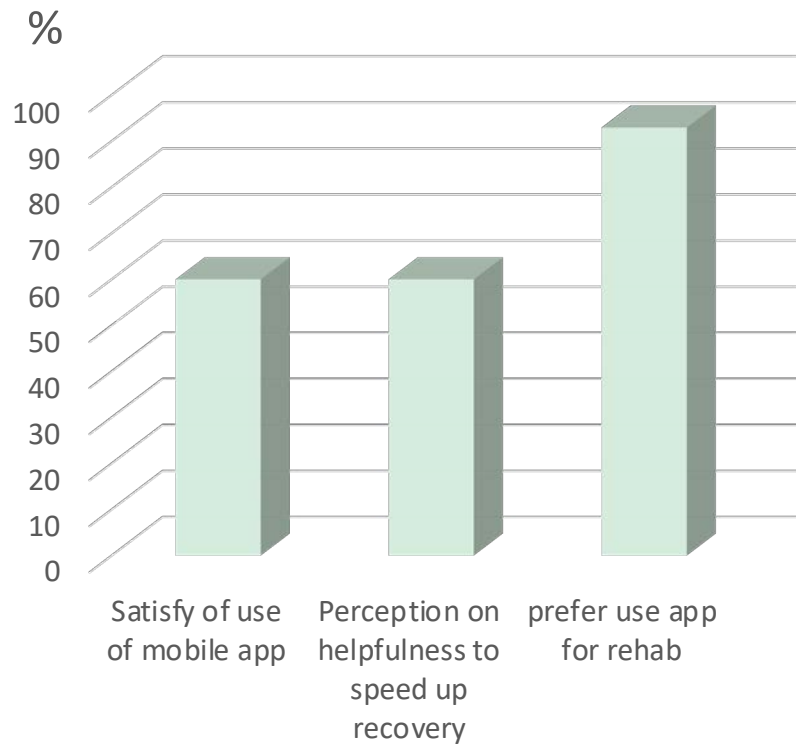


Fall Efficacy Scale (FES)

Strength, walking

Outcome measures

Acceptance of the use of TH



Travelling to hospital for rehabilitation was time consuming

Preferred not to bother their caregivers for escorting

Using mobile app would give them higher independence and autonomy

More time for rest after performing training through mobile app at home

Other
comments
for Mobile
app

User-friendly

Easy to follow, particularly
the demonstration with
audio and visual guidance
for home exercise

Provided opportunity and
cognitive stimulation to learn
new things

Fun to use



Challenges faced

- ◆ Technical problems occurred among the participants:
 - Difficulty to open the app
 - Problems on receiving Wi-Fi signal during the exercises
 - High data speed needed for uploading the app or video to the Cloud
- On-going technical support from the OTs or caregivers were necessary when using TH for OT practice

Clinical Recommendations

- ❖ Larger cell phone with a bigger screen



Clinical Recommendation

- ❖ ensure safety and reduce risk

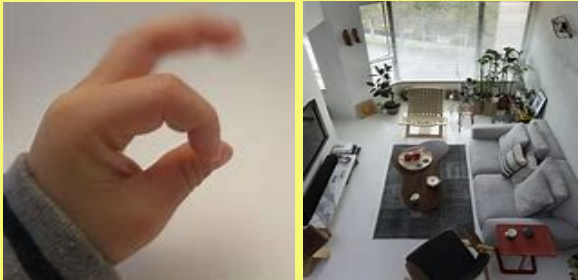




Synchronous Telehealth in the field of Pediatrics during Pandemic

Telehealth Workflow

Assessment
Screening, Parent-child
interaction, ADL,
Home environment



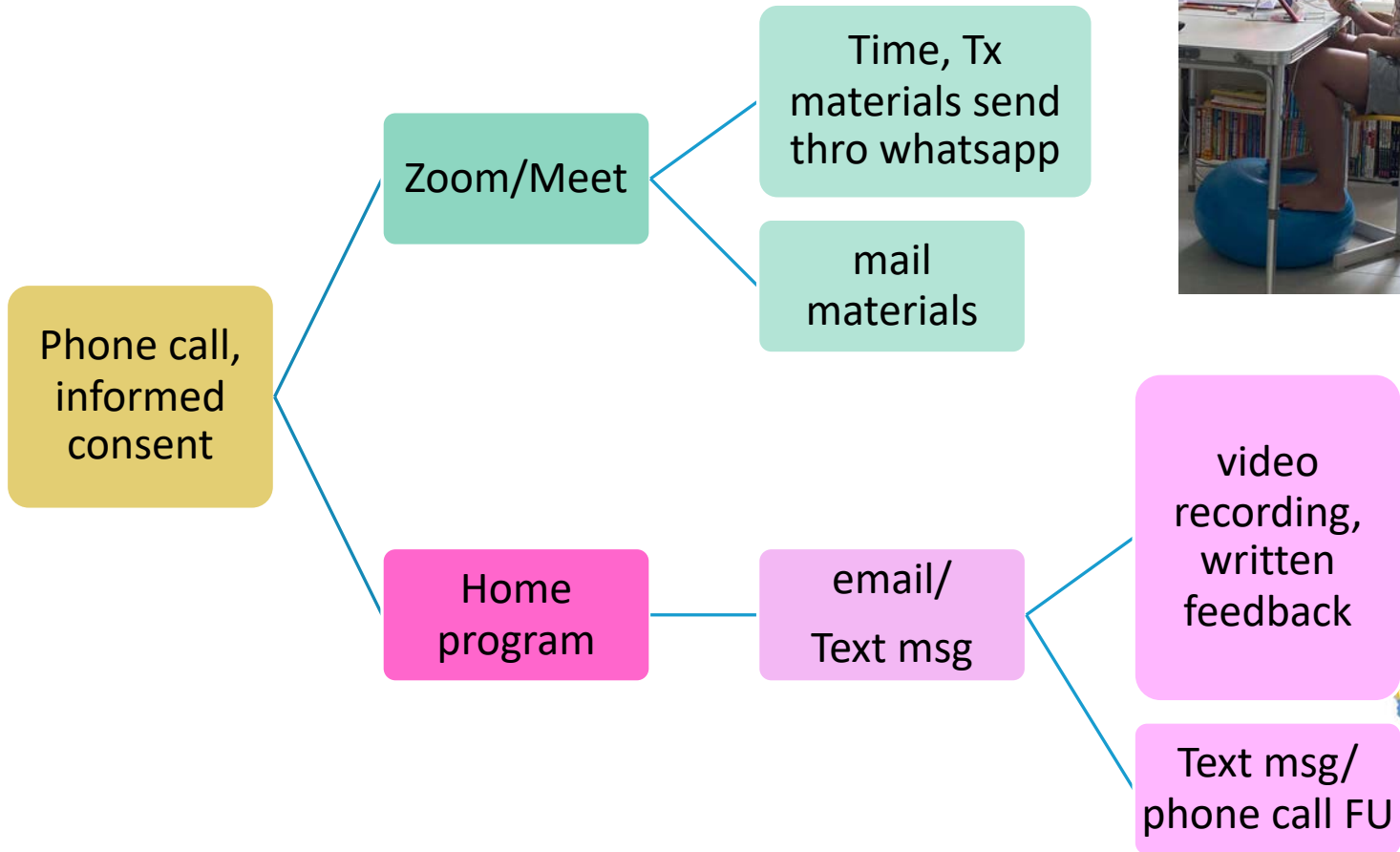
Intervention



OT, PT, ST, Special Ed Teacher, SW

Multidisciplinary Team Conference

Telehealth during Pandemic



切橙

目的：
1. 訓練手指力度控制
2. 工具使用—開尺

材料：定牌/練力牌、開尺

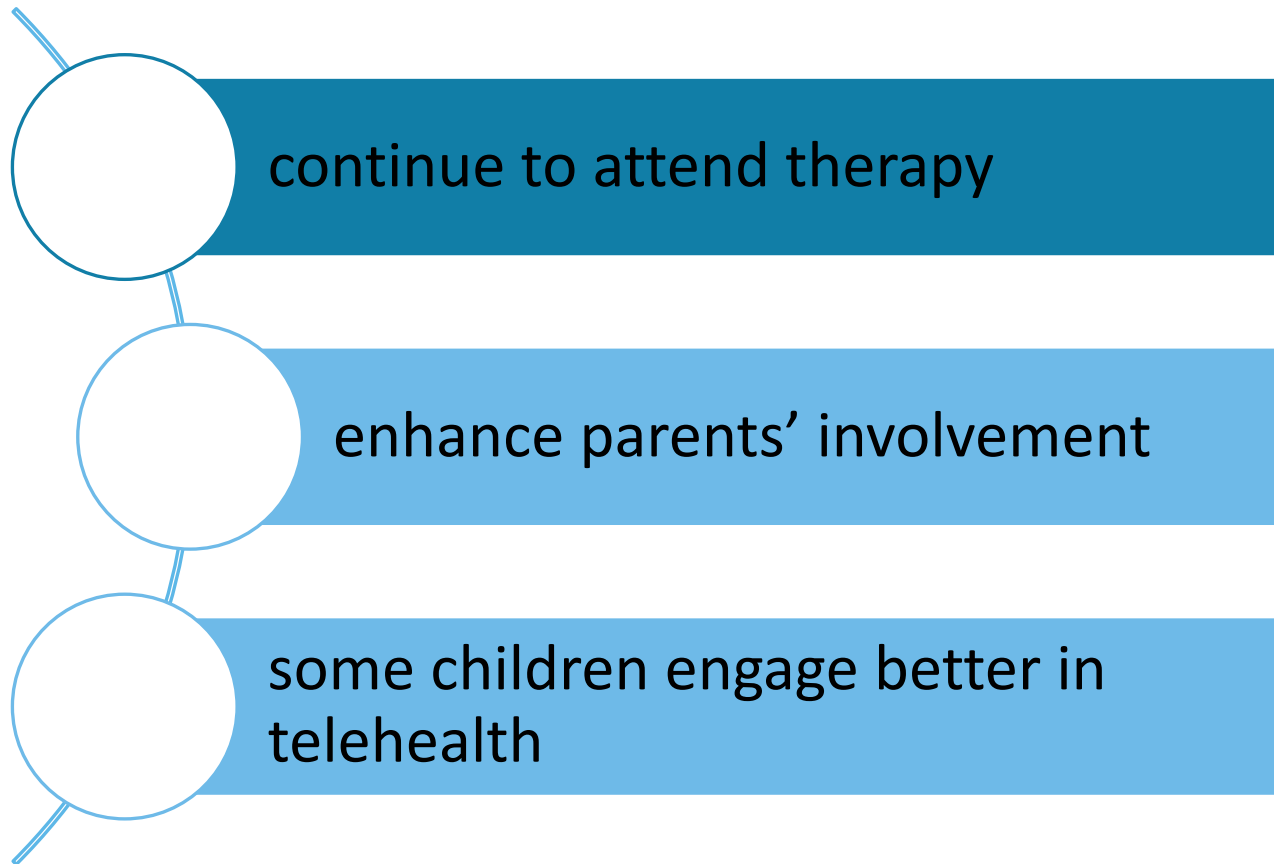
方法：
1. 家長分出一小團泥牌，把定牌揉成小球。
2. 用前二指把定牌球輕輕壓成扁球體。
3. 用開尺在定牌表面輕輕壓出放射狀的線條，標向對齊的線。
4. 分出另一小團泥牌，讓幼兒自行嘗試。

注意事項：
1. 避免使用太闊的開尺，確保幼兒能輕鬆地握住使用。
2. 幼兒可以透過轉動手腕或轉動手中的開尺去壓出不同方向的線條。

家長評估表現：	能	尚可	有待改善
1. 幼兒能在家長陪伴下完成整個活動。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 幼兒能在活動過程中感興趣及投入參與。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 活動能增進親子間的感情。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 家長給予幼兒讚賞及鼓勵。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

其他意見：

Benefit of Telehealth during pandemic



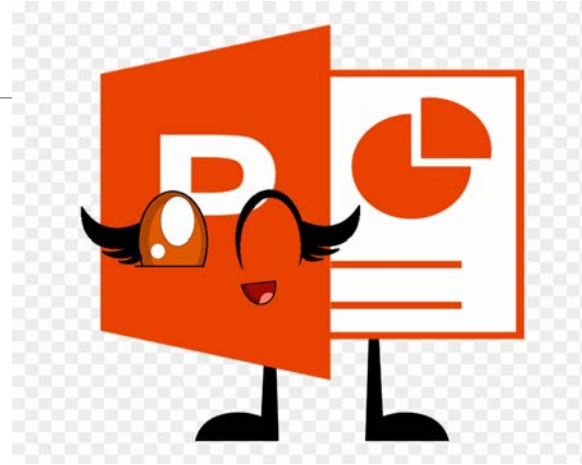
Challenges

- ❖ Hard to follow up on child's progress when parents/caregiver are reluctant to participate (esp those who choose home program)
- ❖ Computer literacy for grandparents
- ❖ Harder to build relationship with new clients, esp very young children
- ❖ Certain type of training will require center base
- ❖ Require lots of preparation and communication time
- ❖ Unstable internet
- ❖ Limited standardized assessment for telehealth

Recommendations: Younger children (<6 yo)



Parent coaching



Parent education



Use of stuffed Doll

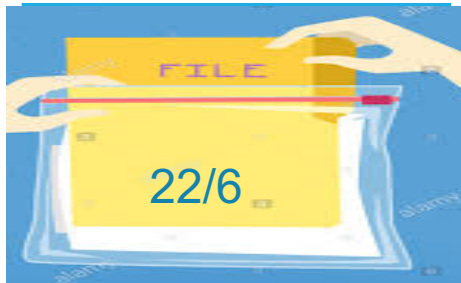


Home a/v materials

Recommendations: Older children(>9 yo)

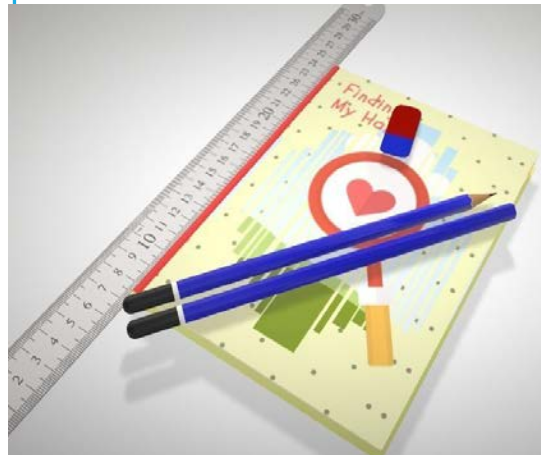
Materials supply

Date	Materials needs	Attend <input checked="" type="checkbox"/>
22/6	筆、剪刀、膠水/白膠漿	<input type="checkbox"/>
6/7	顏色筆、剪刀	<input type="checkbox"/>
13/7	文具、筆袋、書包、筆、剪刀	<input type="checkbox"/>
20/7	筆、紙	<input type="checkbox"/>
27/7	筆、紙	<input type="checkbox"/>



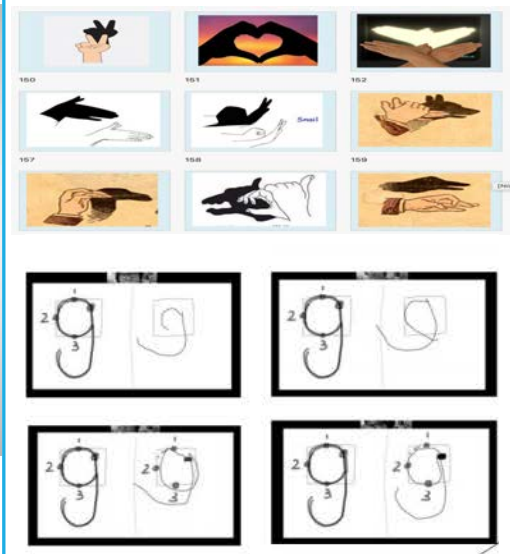
Organized with date, pack acc to Tx session

Novelty



e.g. Treasure hunt

Contingency Plan



Interactive whiteboard and backup activities

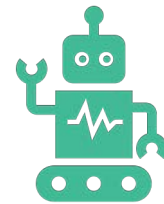
Way forward



Standardized Assessments
that are amenable in TH

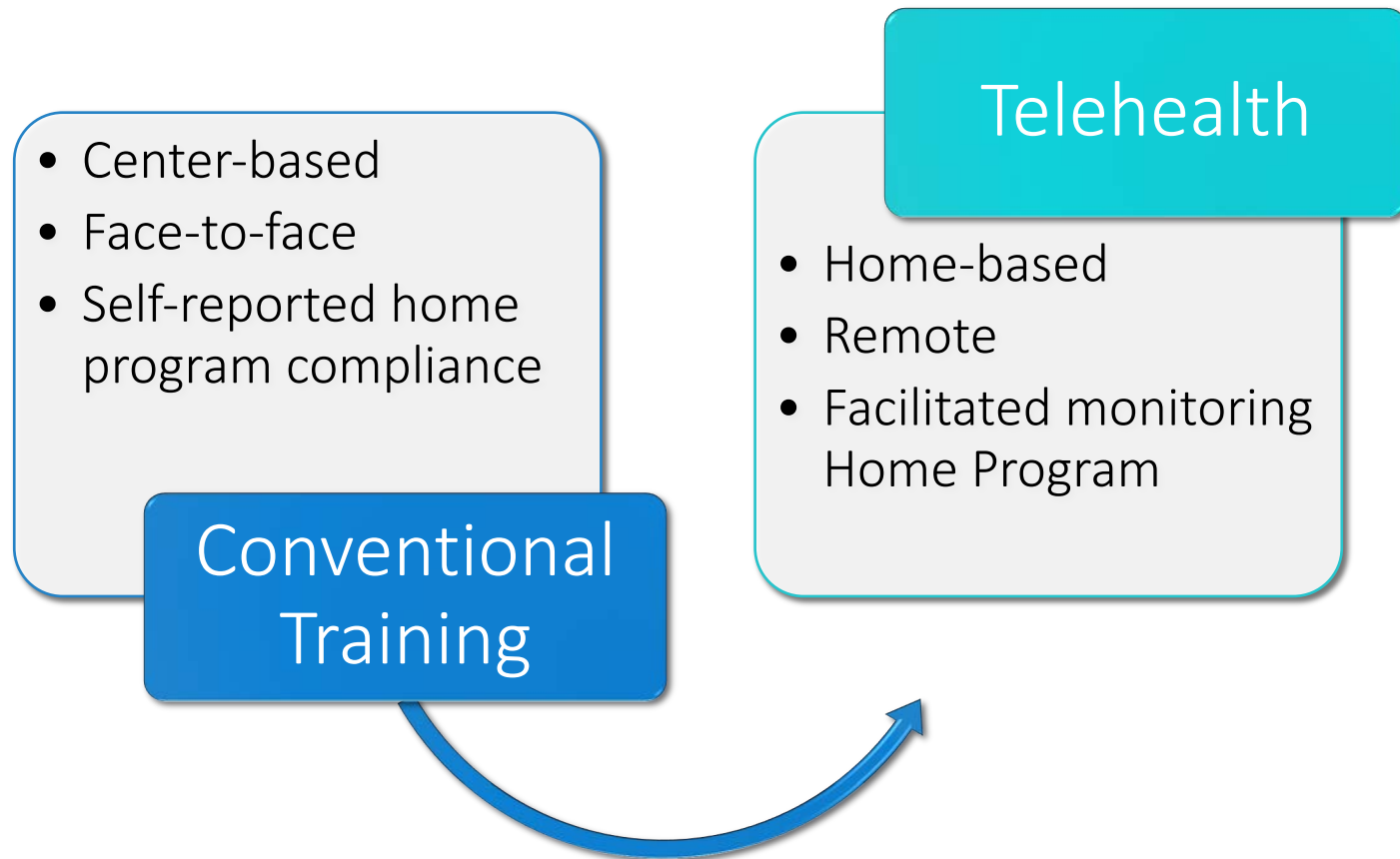


Research on the efficacy and
effectiveness of clinical
services thro TH

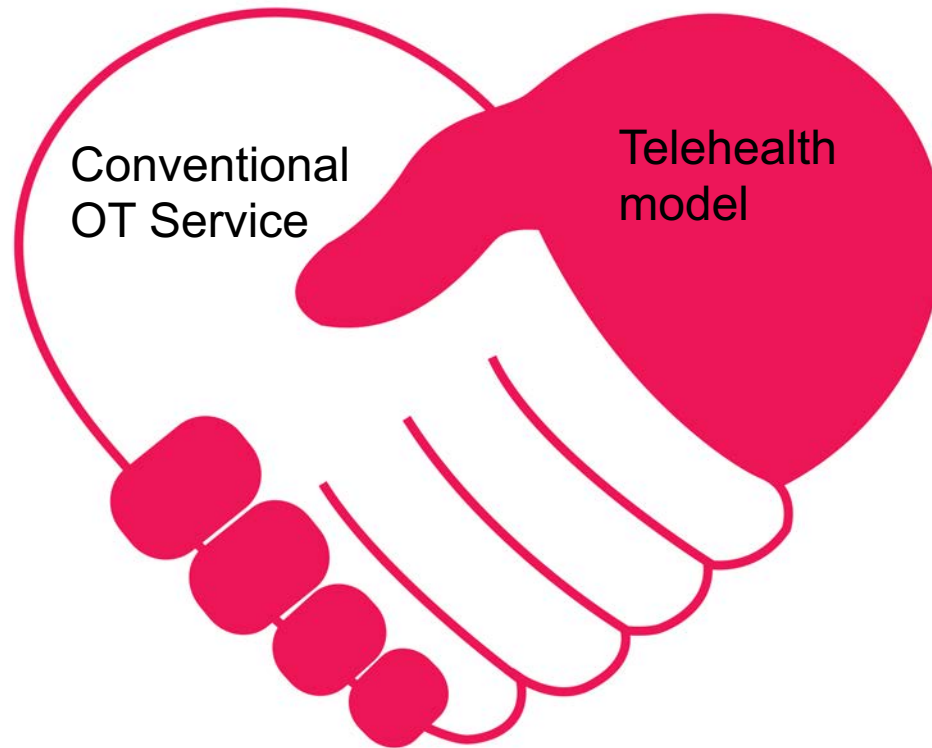


Develop Telehealth
Technologies

Paradigm shift in OT service



Way Forward



To improve Quality of Client-centered Care

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Thank You!

