The Benefits of Occupational Therapists Working in Primary Care: A Systematic Review

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OT 8520: Scholarly Practice II

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June 24, 2026

Abstract

Importance: Primary care serves as the foundation and initial point of entry that plays a critical role in health management and disease prevention for many individuals. Occupational therapy may offer valuable contributions through interventions that are holistic, patient-centered, and support participation in meaningful occupations**.**

Objective: To identify, evaluate, and synthesize the current literature concerning occupational therapy services in primary care to determine their effectiveness in improving patient outcomes and enhancing healthcare delivery

Data Sources: A literature search occurred between May 20th 2026 and May 29th 2026. Databases included PubMed, MEDLINE, and CINAHL using Hawai'i Pacific University's online library databases. Search terms included occupational therapy, benefits, primary care, as well as combinations of these terms.

Study Selection and Data Collection: This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Published studies on occupational therapy services specifically conducted in primary care were included in the systematic review. Studies focused on medical specialties not categorized as primary care, studies that did not specify occupational therapy integration, studies focused on the benefits of occupational therapists in healthcare settings other than primary care, systematic reviews, scoping reviews, dissertations, and conference proceedings were excluded.

Findings: Six studies were included: one Level I study, two Level III studies, three Level V studies, and one Level IB study according to the American Occupational Therapy Association's Levels of Evidence. The outcomes of these studies indicated that occupational therapy

intervention improved medication adherence, chronic disease management, patient safety, and increased participation in daily activities for patients in primary care.

Conclusion and Relevance: Occupational therapy services in primary care are effective and benefit patients by improving a variety of aspects involved in primary care including health management, patient safety, and participation in activities of daily living.

Key words: Occupational therapy, benefits, effectiveness, primary care, primary healthcare

The Benefits of Occupational Therapists Working in Primary Care: A Systematic Review

Primary care serves a very important role in the healthcare system and is often the first setting that people go to for managing chronic conditions, the prevention of illnesses, and addressing any health concerns that they might have. There is increasing recognition that many health challenges are based on a client's ability to engage in everyday tasks and manage their daily routines. Difficulties can include daily activities, managing their health, making sure their environment is safe to navigate and getting back to the occupations that they participated in before healthcare intervention. Occupational therapists are trained to address all these areas along with many more related challenges because they focus on the relationship between health, function, participation and quality of life (Krpalek et al., 2025; Roura-Rovira et al., 2025).

Occupational therapists support chronic diseases management, fall prevention, home safety, caregiver education, and participation in daily living (Dahl-Popolizio et al., 2024; Garrison et al., 2023; Roura-Rovira et al., 2025). In a review of primary care occupational therapy services, most patients (82.2%) experienced partial or complete improvement in their initial diagnosis (Dahl-Popolizio et al., 2024). Occupational therapists also focus on medication self-management resulting in improvements in medication adherence and health management in adults with chronic conditions in primary settings (Garrison et al., 2023).

Several studies have reported that occupational therapists contribute to stronger collaboration among healthcare professionals, improved communication and increased opportunities for patient-centered care (Donnelly et al., 2013; Roura-Rovira et al., 2025). Donnelly et al. (2013) found that successful integration of occupational therapy was supported by a team culture and a shared understanding of the occupational therapist role. Occupational therapists who had integrated into family-based primary care teams were found to elevate

caregiver support, improve home safety, and address issues that wouldn't be considered during a traditional medical visit (Roura-Rovira et al., 2025).

Although occupational therapy provides benefits to patient-related outcomes in primary care settings, there are challenges to reimbursement, role awareness, and the referral process in primary healthcare systems (Krpalek et al., 2025). Occupational therapy students have also reported limited exposure to primary care education within their curriculum. This raises questions about the support and continued growth in this setting (Orologas et al., 2025).

The purpose of this systematic review was to examine the evidence regarding the benefits of occupational therapists working in primary care settings and their impact on patient outcomes, health management and functional participation and collaboration with other healthcare professionals.

Method

The systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and incorporated recommended processes for conducting a systematic review. The guiding research question for this systematic review was: What are the benefits of occupational therapists working in primary care?

A broad search of the literature occurred between May 21, 2026 and May 29, 2026. The inclusion criteria for studies in this systematic review were as follows: peer-reviewed, published in English, focused on occupational therapy in primary care settings, focused on the benefits of occupational therapy in primary care, focused on referrals to occupational therapy in primary care, and published between 2021 and 2026. Exclusion criteria included studies focused on medical specialties not categorized as primary care, studies that did not specify occupational therapy integration, studies focused on the benefits of occupational therapists in healthcare

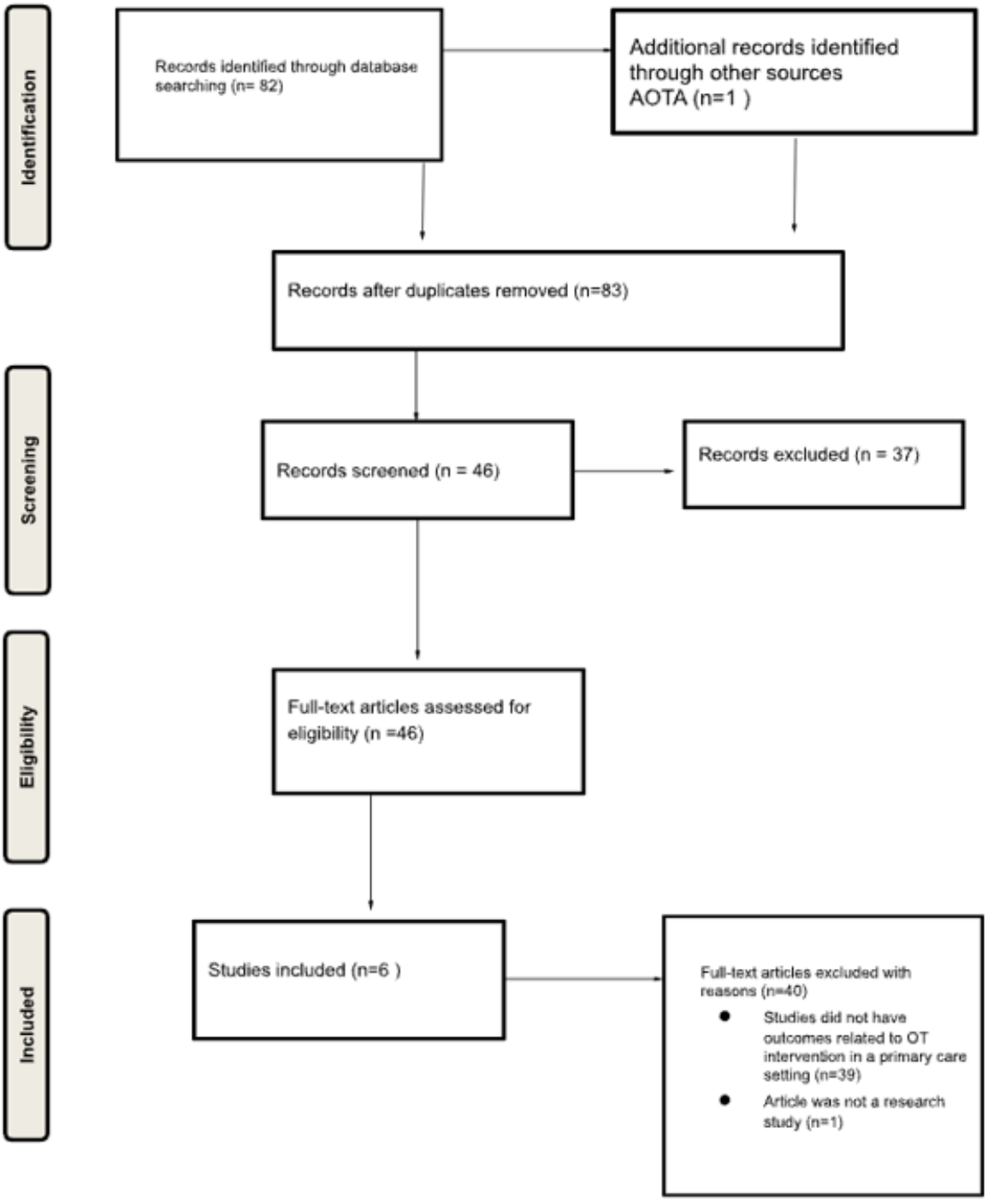
settings other than primary care, systematic reviews, scoping reviews, dissertations, and conference proceedings.

A search for relevant literature was completed using the electronic databases PubMed, MEDLINE, and CINAHL through Hawaii Pacific University's online library resources. Search terms included occupational therapy, occupational therapist, occupational therapy services, primary care, primary healthcare, benefits, effects and combinations of these terms. Boolean operators and citation tracking were used during the search process. Filters included peer-reviewed articles, English language, full-text, and publication within the past five years. One study published prior to 2021 was included in the review because it met the inclusion criteria, with the exception of publication date, and provided foundational information relevant to the research question. Appendix A provides the search terms used for this systematic review.

The initial search identified 82 articles related to the research topic. After a review of abstracts, 46 articles were identified as relevant. Four independent reviewers completed the screening and selection of studies, assessed quality, and extracted data, while following the application of the inclusion and exclusion criteria. Six studies ultimately met the eligibility criteria and were included in this review.

Figure 1

PRISMA Flow Diagram



Results

Six studies met the inclusion criteria. The articles were assessed according to their risk of bias (two group/one group designs), level of evidence, and quality. This systematic review included six studies: one level 3 study, one level 3B study, three level 5 studies, one level 1B study. The information from these articles was divided into three themes: (1) Patient Outcomes, (2) Health and Chronic Condition Management, and (3) Interdisciplinary Collaboration within Primary Care Teams. An evidence table is provided in Appendix B. The Cochrane risk-of-bias guidelines were used to assess each article that was chosen and risk-of-bias tables are provided in Appendix C. All studies provided evidence that occupational therapy practitioners collaborating within primary care teams improve patient outcomes .

Patient Outcomes

Orogales et al. (2025) described the students' views on their readiness to work in a primary care setting highlighting the competencies and areas in which the field could expand content regarding professional identity in the primary care setting and education of future professionals in the field. Roura-Rovira et al. (2015) explored the impact of integrating occupational therapy into a primary health care team using a mixed method evaluation of a Spanish home-based delivery service. The research identified areas in which an OT practitioner fit in the primary care team, their role, the impact on the clients, and their collaboration. The study's longevity (12 months) and its variety of patients (+300) resulted in a higher level of validity and reliability since it related to various patient profiles (Roura- Rovira et al., 2025).

Health and Chronic Condition Management

Garrison et al. (2013) conducted a randomized controlled trial exploring the effects of occupational therapy in promoting medication adherence in primary care. A control group received TAU (treatment as usual) and a group that got intervention IMedS (Integrative Medication Self- Management Intervention) were analyzed in a primary care clinic to compare results between clients with hypertension, diabetes mellitus type 2, or both (Garrison., et al. 2023).

Interdisciplinary Collaboration Within Primary Care Teams

Donnelly et al. (2013) conducted a multiple case study design using in-depth interviews, document analysis, and questionnaires to identify a model in which occupational therapists can be integrated into primary care teams in a manner that provides professionalism, communication, and team effort while being in a collaborative practice. Krpalek et al. (2022) conducted a qualitative study regarding occupational therapy services in primary care settings and described the evidence found after conducting six semi-structured interviews with OTs explaining their benefits working in this setting in regard to their position in the clinic and how their role brings benefits to clients (Krpalek, et al. 2022). Dahl- Popolizio et al. (2024) evaluated the impact of occupational therapy on diagnosis, outcomes, reimbursement, and team satisfaction with occupational therapists being part of a primary care team. The researchers conducted an 18-month pilot trial of having an occupational therapist in the primary care team. Findings indicated that the primary care physician valued the occupational therapist's role on the team and identified occupational therapists as essential and very important in the primary care setting (Dahl-Popolizio S. et al., 2024).

Discussion

The results of this systematic review suggest that occupational therapy services in primary care may improve patient outcomes, support health and management of chronic conditions, and contribute to interdisciplinary collaboration within primary care teams. The studies found that occupational therapy services promoted health and well-being and improved medication adherence among people receiving primary care services (Dahl-Popolizio et al., 2024; Garrison et al., 2023; Krpalek et al., 2022).

Studies reported positive patient outcomes with occupational therapy services in primary care settings. Garrison et al. (2023) found that occupational therapy interventions improved medication adherence and self-management behaviors among adults with chronic conditions. Also, Dahl-Popolizio et al. (2024) reported that 84% of patients experienced symptom improvement following occupational therapy interventions. Krpalek et al. (2022) also mentioned the role of occupational therapy in promoting health and well-being. All together, these findings suggest that occupational therapy can help patients improve their health and better manage chronic conditions in primary care settings.

Another important finding was the positive impact that occupational therapy had on teamwork within primary care settings. Studies reported improvements in communication, teamwork, and patient centered care when occupational therapists were part of a primary care team (Donnelly et al., 2013; Roura-Rovira et al., 2025). In addition, Dahl-Popolizio et al. (2024) found that 91% of providers viewed occupational therapists as an important member of the healthcare team. These findings suggest that occupational therapy can help healthcare providers work together more effectively and better meet patient needs.

Several challenges related to occupational therapy in primary care were identified. Orologa et al. (2025) found that many occupational therapy students had limited exposure to primary care and did not feel fully prepared to work in these settings. Other studies noticed challenges such as an unclear understanding of the role of occupational therapy, difficulties with referrals, funding concerns, and barriers to implementing occupational therapy within primary care teams (Krpalek et al., 2022; Roura-Rovira et al., 2025). Future research is needed to better understand the role of occupational therapy in primary care and find ways to increase awareness.

Strengths and Limitations

Strengths associated with this systematic review were following PRISMA guidelines and selecting studies based on predefined inclusion and exclusion criteria. Another strength was having a research team of four researchers who collectively screened and selected studies, extracted data, identified themes from the research, and synthesized results.

Limitations of this review were the limited number of studies that were analyzed and reviewed. It is possible that some relevant studies were missed in the literature search process. Additionally, the strength of evidence for the studies included in the review were low due to the study designs, many lacked having a control group.

Implications for Occupational Therapy Practice

The findings from the systematic review demonstrate that occupational therapists can play an important role within primary care by addressing health management, chronic disease self-management, safety, participation in daily activities, and overall quality of life. Occupational therapists have a unique perspective that focuses on how health conditions affect a person's ability to engage in meaningful occupations and daily routines. Evidence shows that

occupational therapy services in primary care can contribute to improved patient outcomes, support medication self-management, and strengthen interdisciplinary collaboration among healthcare providers (Dahl-Popolizio et al., 2024; Donnelly et al., 2013; Garrison et al., 2023). Occupational therapists can also contribute an occupation-based perspective to primary care teams, helping address functional challenges that may be overlooked during routine medical visits (Donnelly et al., 2013; Roura-Rovira et al., 2025).

Key Takeaways for Occupational Therapy Practice

- Occupational therapists can support individuals with chronic conditions through health management, medication self-management, fall prevention, home safety, and participation in daily activities (Garrison et al., 2023; Roura-Rovira et al., 2025).
- Integration of occupational therapists into primary care teams can improve collaboration, communication among providers, and patient-centered care (Donnelly et al., 2013; Roura-Rovira et al., 2025).
- Primary care occupational therapy services have been associated with positive patient outcomes, including symptom improvement and increased independence in managing health-related challenges (Dahl-Popolizio et al., 2024).
- Occupational therapists provide an occupation-based perspective that helps primary care teams find and address functional challenges that may not be seen during routine medical appointments (Donnelly et al., 2013; Roura-Rovira et al., 2025).

Conclusion

Credible research suggests that occupational therapy services within primary care are effective in improving patient outcomes. Occupational therapists contributed to improving

medication management, health promotion, improving participation in activities of daily living, and functional outcomes through evidence-based interventions. Further research is necessary to establish the long-term benefits and effectiveness of occupational therapy services in primary care.

AI Disclosure Statement: During the preparation of this systematic review, the authors used Claude AI to improve grammar and readability. After using this tool, the authors reviewed and edited the content. The authors take full responsibility for the final content.

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Appendix A

Systematic Review Search Terms

Databases searched	PubMed, MEDLINE, CINAHL
Search filters/parameters	Peer-reviewed, English, full text, Publication Date (Past 5 years)
Search terms (copy and paste search history)	occupational therapy OR occupational therapist OR occupational therapy services AND (benefits or positive effects or importance or impact) AND (primary care or primary health care or primary healthcare) NOT systematic review

Appendix B

Evidence Table for Interventions Supporting Occupational Therapy Services in Primary Care

Author/Year	Level of Evidence Study Design Risk of Bias	Participants Inclusion Criteria Study Setting	Intervention and Control Groups	Outcome Measures	Results
Dahl- Popolizio et al. (2024)	Level 3B Quasi- Experimental Pilot Study with Retrospective Chart Review and Provider Survey Risk of Bias: Moderate	Participants: 767 Adults, Mean age 63: 64% female Inclusion Criteria: Adults greater than or equal to 18 referred to primary care for occupational therapy. Study Setting: Family medicine primary care practice with an embedded full-time Occupational therapist.	Intervention: Occupational therapist integrated into the primary care team for 18 months. Services included patient education, therapeutic exercise, activity modification, energy conservation, balance training, fall prevention, cognitive retention, and chronic disease management. Control groups Mention: None	Patient Outcomes: Levels of symptom improvement, encounter duration, treatment plan. Reimbursement: Current procedural treatment (CPT) notes and payer source. Provider Outcomes: Primary care provider (PCP) satisfaction survey regarding OT integration and value.	84.2% of patients showed some improvement. Services were reimbursed by Medicare (46.6%), commercial insurance (47.2%), or both (6.2%). Most referrals (52.9%) were for pain-related conditions. 91% of providers said OT was very important or essential to the healthcare team. Nonsignificant findings: None
Donnelly et al. (2013)	Level 5 Multiple case study designs (Qualitative) Risk of Bias: Moderate	Participants: Occupational therapists and other healthcare team members (physicians, nurse practitioners and administrators) form 4 family health teams. Inclusion Criteria: Team members working within Family Health Teams that employed occupational therapists and collaborated with OT services.	Intervention: Occupational therapists were integrated into interprofessional primary care teams, providing services such as chronic disease, falls, and pain management, home visits, health promotion, and prevention programs.	Integration outcomes: Understanding of OT role Interprofessional collaboration, team integration, trust and teamwork development.	Understanding OT, collaboration and communication / trust. Team understanding of OT was the key factor for successful integration. Electric medical record (EMR), team meeting, co-location, physician champion, and existing programs improved collaboration and referrals. Nonsignificant findings:

		Study Setting: Four Family Health Teams in Ontario, Canada			Physicians had less understanding of OT than other team members. Integration varied across sites. Small sample size (4 Family Health Teams) limits generalizability.
Garrison, Schwartz, & Moore (2023)	Level 1B Randomized Controlled Trial (RCT) Risk of Bias: Moderate	Participants: N= 29 17 Integrative Medication Self-Management Intervention (IMedS); 12 Treatment as usual (TAU) Mean age 52 years adults with hypertension, Type 2 diabetes mellitus. Inclusion: Adults with uncontrolled hypertension (HTN) or type 2 diabetes mellitus (T2DM). Study Setting: Primary care clinic in a large federally qualified health center in Missouri.	Intervention (IMedS) (n=17): Individual OT sessions focused on medication management, routines and adherence strategies. Control (TAU) (n=12): Participants met with a pharmacist who provided education on medications, diagnosis goal setting and medication adjustments as needed.	Medication Adherence: Adherence to Refills and medication scale (ARMS-7), pill count. Health outcomes: Mean Arterial Pressure (MAP) and hemoglobin were used to assess the management of hypertension and diabetes.	The OT intervention was associated with better medication adherence than TAU (effect size = 0.65). Pill counts favored the OT group (effect size = 0.55). About 89% of participants with Type 2 diabetes in the OT group had meaningful improvement in Hemoglobin A1c (HbA1). Nonsignificant findings: None
Krpalek et al. (2025)	Level 5 Qualitative Study (semi-structured interviews) Risk of bias: Moderate:	Participants: N=6 licensed occupational therapists, mean age = 36.2 years old, with 3.3 years of primary care experience. Inclusion criteria: Licensed OT's in the U.S. with at least 6 months of experience. Study setting: Community health clinics, university-affiliated clinics, and	Researchers conducted semi-structured interviews exploring OT roles, interventions, benefits, challenges, and patient populations within primary care settings.	Researchers used semi-structured interviews to examine OT's experience in primary care involving services provided, patient care, populations served, and barriers to care.	Primary care benefits, OT's unique value, primary care interventions, and complexities of primary care. OT's reported improved collaboration, access to care, prevention, early intervention, and patient advocacy. OT's value was helping patients apply health recommendations through

		pediatric primary care clinics.			meaningful daily activities. Nonsignificant findings: None
Orologas et al. (2025)	Level 5: Qualitative Exploratory Study (Focus Group and Nominal Group Technique) Risk of Bias: Moderate	Participants: N=7 OT students (4 female, 3 male) 6 fourth-year students, and one third-year student. Inclusion Criteria: 3rd and 4th year students who have completed at least 340 hours of clinical placement. Study setting: European University Cyprus, occupational therapy program.	Researchers conducted a focus group to explore students' perceptions of readiness for primary health care to identify recommendations for the curriculum.	Researchers explored students' perceptions of preparedness for primary health care, experiences with the occupational therapy curriculum, perceived gaps in training, and recommendations for curriculum enhancement. Data was collected through focus group discussions and ranked recommendations generated through the NGT process.	Students reported limited exposure to primary health care, prevention, health promotion, palliative care, community practice, and inter-professional education. Five themes emerged related to curriculum content, empowerment, collaboration, skill development, and curriculum improvement. Students identified feedback, case studies, inter-professional learning, simulations, and project-based learning as key methods for improving primary care readiness. Nonsignificant findings: None
Roura-Rovira et al. (2025)	Level 3 Mixed-Methods Sequential Exploratory Study (Qualitative and Cross-Sectional Quantitative) Risk of Bias: Moderate	Participants: Qualitative phase: 4 stakeholders and 1 focus group with one general practitioner (GP) and 5 nurses. Quantitative phase: 248 patients (mean age 88.2, 70.9% women) receiving home-based OT services. Inclusion criteria: Patients receiving home-based OT	Intervention: Integration of an occupational therapist into a primary health care home-based care team. OT services included home assessments, fall prevention, environmental modifications, caregiver education, functional retraining, ADL interventions, and assistive device training.	Researchers examined how the integration of an occupational therapist into a primary care home-based team affected collaboration, patient care, and caregiver support. They also measure patient characteristics, functional status, fall risk, and the types and frequency of OT interventions delivered during the first year of implementation.	OT integration improved interdisciplinary collaboration and patient-centered care, with home assessment/adaptation (65.6%) and fall prevention (52.5%) being the most common interventions; patients with greater dependency received significantly more risk-assessment services ($p = .005$).

		services during the first year of implementation. Setting: Urban primary health care center in Barcelona, Spain.			Nonsignificant findings: None

Note. OT= occupational therapist; ADL= activities of daily living

Appendix C

Risk-of-Bias Tables

Risk-of-Bias Table for Randomized Controlled Trial (RCT) and Non-RCT (Two or More Group Design)										
	Selection Bias (Risk of bias arising from randomization process)			Performance Bias (effect of assignment to intervention)		Detection Bias		Attrition Bias	Reporting Bias	Overall risk-of-bias (low, moderate, high
Citation	Random Sequence Generation	Allocation Concealment (until participants enrolled and assigned)	Baseline difference between intervention groups	Blinding of Participants During the Trial	Blinding of Study Personnel During the Trial	Blinding of Outcome Assessment: Self-reported outcomes	Blinding of Outcome Assessment: Objective Outcomes (assessors aware of intervention received?)	Incomplete Outcome Data (data for all or nearly all participants	Selective Reporting (results being reported selected on basis of the results?)	
*Garrison et al. (2023)	+	+	+	-	-	-	?	+	+	Moderate

Note. Categories for risk of bias are as follows: Low risk of bias (+), unclear risk of bias (?), high risk of bias (–). Scoring for overall risk of bias assessment is as follows: 0–3 minuses, low risk of bias (L); 4–6 minuses, moderate risk of bias (M); 7–9 minuses, high risk of bias (H).

Citation. Table format adapted from Higgins, J. P. T., Sterne, J. A. C., Savović, J., Page, M. J., Hróbjartsson, A., Boutron, I., . . . Eldridge, S. (2016). A revised tool for assessing risk of bias in randomized trials. Cochrane Database of Systematic Reviews 2016, Issue 10 (Suppl. 1), 29–31. https://doi.org//10.1002/14651858.CD201601

Risk of Bias for Before-After (Pre-Post) Studies with No Control Group (One Group Design)												
Citation	Study question or objective clear	Eligibility or selection criteria clearly described	Participants representative of real-world patients	All eligible participants enrolled	Sample size appropriate for confidence in findings	Intervention clearly described and delivered consistently	Outcome measures pre-specified, defined, valid/reliable, and assessed consistently	Assessors blinded to participant exposure to intervention	Loss to follow-up after baseline 20% or less	Statistical methods examine changes in outcome measures from before to after intervention	Outcome measures were collected multiple times before and after intervention	Overall risk of bias assessment (low, moderate, high risk)
*Dahl-Popolizio et al. (2024)	Y	Y	Y	NR	Y	Y	Y	N	Y	Y	N	Moderate
Donnelly et al. (2013)	Y	Y	Y	NR	Y	Y	NR	Y	Y	N	N	Moderate
* Krpalek et al. (2022)	Y	Y	Y	NR	NR	Y	NR	NR	NR	N	N	Moderate
*Orologas et al. (2025)	Y	Y	Y	NR	N	Y	Y	NR	NR	N	N	Moderate
*Roura-Roviraet al. (2025)	Y	Y	Y	NR	Y	Y	Y	Y	NR	N	N	Moderate

Note. Y = yes; N = no; NR = not reported. Scoring for overall risk of bias assessment is as follows: 0–3 N, Low risk of bias (L); 4–8 N, Moderate risk of bias (M); 9–11 N, High risk of bias (H).

Citation. Table format adapted from National Heart Lung and Blood Institute. (2014). Quality assessment tool for before–after (pre–post) studies with no control group. Retrieved from https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools