

The abstract would flow more logically if the sentences started more broadly and narrowed to the specific purpose of your study. In that order, the growing population of people living with dementia would come first as a global need for more OT interventions that are affordable, effective, and evidence-based. You might think of ordering the sentences this way:

1. The **context** or background information for your research; the **importance** of the topic under study
2. The **central questions** or statement of the **problem** your research addresses
3. **What's already known** about this question, what **previous research** has done or shown
4. The main **reason(s)**, the **rationale**, the **goals** for your research—Why is it important to address these questions? Are you, for example, examining a new topic? Why is that topic worth examining? Are you filling a gap in previous research? Applying new methods to take a fresh look at existing ideas or data? Resolving a dispute within the literature in your field? . . .
5. Your research and/or analytical **methods**
6. Your main **findings, results, or arguments**
7. The **significance** or **implications** of your findings or arguments.

Here's an example that uses headings to identify the parts of the abstract, which also helps with the logical flow.

<https://research.aota.org/ajot/article/75/1/7501205060p1/8391/Home-Based-Occupational-Therapy-for-Adults-With>

When explaining the purpose or goals of OT, I suggest staying close to the profession's own statements. Consider paraphrasing AOTA instead of US Bureau of Labor and Statistics...Occupational Therapy enables people to participate in daily life--regardless of age, ability, or challenging life circumstances. Occupational therapy intervention uses everyday life activities (occupations) to promote health, well-being, and participation by focusing on the things that clients want and need to do for themselves and with their families and communities.

<https://www.aota.org/about/what-is-ot>

The paper's topic is a good one--so good, in fact, there are many other authors investigating the same general thing (what constitutes 'good OT' with this population?), so every paper's research question(s) and aims must be very specific...check out these examples that narrow their focus for a systematic review to a certain type of OT intervention with specific outcomes, like this one looking at reducing behavioral problems and depression for clients with dementia

<https://content.iospress.com/articles/neurorehabilitation/nre00779>

Or a specific practice area like home health OT

<https://bmjopen.bmj.com/content/9/11/e026308.abstract>

In fact, there are so many systematic reviews on this subject, that this group did a systematic review on all those reviews ☺ □

<https://onlinelibrary.wiley.com/doi/full/10.1111/jan.13362>

Here's where we would need to see the methods used to conduct a systematic review of the literature. Check out this piece that compares systematic review with scoping review methods.
<https://link.springer.com/article/10.1186/s12874-018-0611-x>

Not knowing how you went about searching for articles, I don't want to presume your approach, but as you continue to search the literature in this field, a few important writers on the subject are Gitlin, Burke, Kales, Blazek, Surr, and M.H. McKay. Check out the reference list at the end of this article for lots more current resources
<https://journals-sagepub-com.ezp.twu.edu/doi/10.1177/00084174211048017>

As I come to the end of this section, I appreciate the author's encouragement of additional specialty training for OT practitioners working with this population, but the section appears to be overlooking the array of existing certification programs. For example, OTs can advance their practice with training offered by the Alz. Assoc., National Council of Certified Dementia Practitioners, Dementia Care Professionals of America (the educational branch of Alzheimer's Foundation of America), Positive Approach to Care (an OT-led organization training healthcare professionals worldwide), and Partnerships for Health (also OT-led organization providing training through corporate partnerships).

So overall, there may still be gaps in training (I agree), but Rahja's (2018) and McGrath's (2014) studies alone are not enough to say that specialized training is limited.