

## A Comprehensive Examination of YouTube Videos: Quality and Content Analysis of Occupational Therapy on Executive Functions in Children

Büşra KAPLAN KILIÇ\*, Gözde ÖNAL\*\*, Başak MANSIZ KAPLAN\*\*\*

### Abstract

**Aim:** The scope of this research was to examine the content analysis, quality level and credibility of occupational therapy videos on YouTube about executive functioning in the children.

**Method:** The research was carried out on YouTube worldwide using the keyword "pediatric occupational therapy executive functioning" with all categories filters applied. The first 200 videos were evaluated for relevance, and 35 of them were reviewed by two independent experts. The Video Power Index (VPI) was utilized to identify the video trend, the Global Quality Score (GQS) for video quality assessment Modified Discern Scoring (Mdiscern), and the JAMA Scoring System for video reliability assessment.

**Results:** Of the 35 videos analyzed, it was founded that 57.1% were uploaded by public healthcare institutions, while 42.9% were uploaded by independent therapists. Recordings posted by independent practitioners scored significantly higher on both the Mdiscern and JAMA scores ( $p=0.003$  and  $p=0.002$ , respectively). However, no statistically significant group differences emerged for the VPI and the GQS ( $p>0.05$ ).

**Conclusion:** This study highlights improvement of the quality level and credibility of online media health shares for the children through the availability of information about YouTube videos related to childhood executive functioning, a critical area of occupational therapy practice.

**Keywords:** Executive functioning, pediatric occupational therapy, YouTube videos, quality

### YouTube Videolarının Kapsamlı Bir İncelemesi: Çocuklarda Yürütücü İşlevler Üzerine Ergoterapi Videolarının Kalite ve İçerik Analizi

### Öz

**Amaç:** Bu çalışmanın amacı, YouTube'daki yürütücü işlevlerle ilgili pediatrik ergoterapi videolarının kalite ve içerik analizinin yapılmasıdır.

**Yöntem:** Araştırma tüm kategori filtreleri uygulanarak "pediatric occupational therapy executive functioning" anahtar kelimesi kullanılarak YouTube'da gerçekleştirildi. İlk 200 video uygunluk açısından değerlendirildi ve bunlardan 35'i iki bağımsız uzman tarafından incelendi. Video popülerliğini

### Özgün Araştırma Makalesi (Original Research Article)

**Geliş / Received:** 12.03.2025 **Kabul / Accepted:** 02.04.2026

**DOI:** <https://doi.org/10.38079/igusabder.1655731>

\* Asst. Prof., University of Health Sciences, Faculty of Gulhane Health Sciences, Department of Occupational Therapy, Ankara, Türkiye. E-mail: [busra.kaplankilic@sbu.edu.tr](mailto:busra.kaplankilic@sbu.edu.tr) [ORCID](https://orcid.org/0000-0003-1077-2146) <https://orcid.org/0000-0003-1077-2146>

\*\* Assoc. Prof., Ankara Medipol University, Faculty of Health Sciences, Department of Occupational Therapy, Ankara, Türkiye. E-mail: [gozde.onal@ankaramedipol.edu.tr](mailto:gozde.onal@ankaramedipol.edu.tr) [ORCID](https://orcid.org/0000-0002-6656-965X) <https://orcid.org/0000-0002-6656-965X>

\*\*\* Assoc. Prof., Ankara Etlik City Hospital, Department of Physical Medicine and Rehabilitation Ankara, Türkiye. E-mail: [basakmansiz@hotmail.com](mailto:basakmansiz@hotmail.com) [ORCID](https://orcid.org/0000-0002-1008-9470) <https://orcid.org/0000-0002-1008-9470>

değerlendirmek için Video Güç Endeksi (VPI), video kalite değerlendirmesi için Modifiye Discern Puanlaması (Mdiscern) için Global Kalite Puanı (GQS) ve video güvenilirlik değerlendirmesi için JAMA Puanlama Sistemi kullanılmıştır.

**Bulgular:** Analiz edilen 35 videonun %57,1'inin sağlık kurumları tarafından, %42,9'unun ise bağımsız terapistler tarafından yüklendiği tespit edildi. Bağımsız ergoterapistler tarafından yüklenen videoların Mdiscern ve JAMA puanları sağlık kurumları tarafından yüklenenlere kıyasla daha yüksek olduğu bulundu (sırasıyla  $p=0,003$ ,  $0,002$ ). Ancak, VPI veya GQS için istatistiksel olarak iki grup arasında anlamlı farklar görülmedi ( $p>0,05$ ).

**Sonuç:** Bu araştırma, ergoterapi uygulama alanları içerisinde kritik bir alan olan çocukluk çağı yürütücü işlevleri ile ilgili YouTube videoları hakkında bilgi sağlayarak bu popülasyon için çevrimiçi sağlık paylaşımlarının kalite ve güvenilirliğinin iyileştirilmesini vurgulamaktadır.

**Anahtar Sözcükler:** Yürütücü işlevler, pediatrik ergoterapi, YouTube videoları, kalite.

## Introduction

Executive functions (EF) is an umbrella term referring to higher-order cognitive processes required for behavioral regulation and goal-directed behavior<sup>1,2</sup>. EF include inhibitory control, which supports behavioral and impulse regulation; working memory, which enables the retention of information; and cognitive flexibility, which facilitates switching between tasks or adopting different perspectives<sup>3</sup>. Current evidence indicates that neural structures undergo significant changes in size and function during childhood. Therefore, adequate development of EF during this period is a key determinant of later life outcomes<sup>4,5</sup>. EF impairments are common symptoms of many neurodevelopmental diseases, including autism spectrum or attention deficit hyperactivity disorders<sup>6</sup>.

EF deficits in children may contribute to difficulties in cognitive, social, behavioral, and academic domains<sup>7,8</sup>. In addition, EF deficits have been identified as risk factors for adjustment problems, including substance misuse and aggression<sup>9</sup>. The literature also reports executive function difficulties in typically developing children, which may be associated with environmental factors such as school context and parental influences, as well as individual factors including motor competence and sensory characteristics<sup>10,11</sup>. Therefore, assessment, intervention, and knowledge dissemination related to executive functions are of considerable importance for families, teachers, physicians, and therapists<sup>12,13</sup>.

The number of evidence-based occupational therapy studies addressing assessment and intervention approaches related to EF is increasing. Occupational therapists have developed more than ten assessment tools related to EF and have introduced several evidence-based interventions, such as the Alert Program and Interactive Metronome training, within pediatric rehabilitation<sup>12</sup>. Despite these advances, the concept of knowledge translation, referring to the effective transfer of research evidence into clinical practice, has gained increasing attention due to ongoing challenges in implementing evidence-based knowledge in real-world settings<sup>14,15</sup>. In pediatric rehabilitation, effective knowledge translation is particularly important to enable families to access accurate

information about their children's conditions, actively participate in the rehabilitation process, and sustain motivation<sup>16</sup>. However, families increasingly turn to social media platforms, such as Instagram, YouTube, and TikTok, as sources of health-related information rather than consulting health professionals directly<sup>17</sup>. Among these platforms, YouTube is widely used by families, students, and professionals due to its audiovisual format, subtitle and translation options, broad range of content, ease of access, and capacity for information sharing<sup>18-20</sup>. However, despite these advantages, not all information presented on YouTube is reliable or evidence-based<sup>21,22</sup>.

According to the literature, studies evaluating the quality of YouTube content across various health topics have reported that the information provided ranges from low to moderate quality<sup>21,23,24</sup>. To the best of our knowledge, no studies have comprehensively assessed the quality of YouTube content related to executive functions in pediatric occupational therapy. In this context, examining the quality of YouTube content is essential given the existing gap in the literature, the clinical importance of EF in pediatric occupational therapy, and the need to ensure families' access to credible information<sup>12,16</sup>. Therefore, this study aimed to comprehensively evaluate the content characteristics, quality, and credibility of YouTube videos related to EF in pediatric occupational therapy.

## **Material and Methods**

### ***Procedures***

On January 28, 2025, YouTube was searched using the English-language interface with the search term "pediatric occupational therapy executive functions." The browser search history was cleared prior to the search, and searches were conducted without logging into a user account to minimize personalization effects.

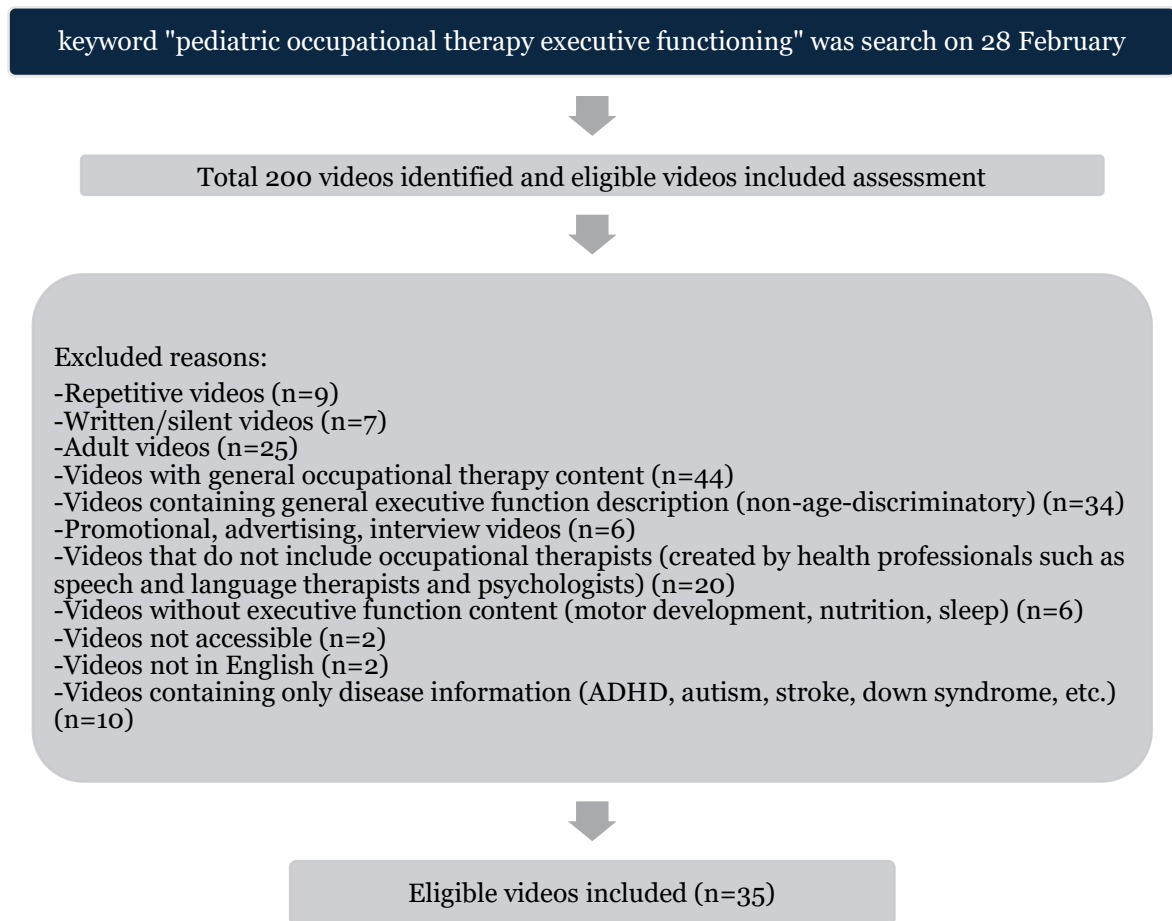
The search strategy was designed in accordance with previously published YouTube-based health information studies. Because YouTube operates using an algorithm-driven relevance system rather than Boolean logic, a single comprehensive search phrase ("pediatric occupational therapy executive functions") was used to simulate typical user search behavior. Similar single-term or limited-term strategies have been widely applied in prior YouTube quality analysis studies<sup>19,22,23</sup>. To enhance reproducibility, the exact search term, search date, and sorting method are explicitly reported.

The examination was determined based on the "relevance level," and the first 200 videos were analyzed. This restriction was applied to reflect typical user behavior, as YouTube search results are algorithm-driven and users generally focus on the first pages of ranked results. Evaluating the first 200 videos allowed the analysis of the most visible and accessible content while maintaining feasibility for detailed independent scoring. Similar predefined screening limits have been widely used in previous YouTube-based health information studies<sup>21,24</sup>. Evaluating the first 200 videos also ensured feasibility for detailed independent scoring while maintaining methodological consistency with prior research.

Predefined inclusion and exclusion criteria were applied to enhance methodological transparency. Videos were included if they were in English and specifically addressed pediatric occupational therapy interventions, assessments, or explanations related to executive functioning. Videos were excluded if they were repetitive, silent or text-based only, promotional or advertising in nature, not accessible, focused exclusively on adult populations, did not involve occupational therapists, or did not contain executive functioning content.

To ensure transparency, the upload date of each included video was recorded and reported. No minimum view-count threshold was established, as the objective of the study was to evaluate the overall quality and credibility of available content rather than only highly viewed videos. A total of 200 videos were initially screened based on relevance, and 35 videos met the eligibility criteria for final analysis. The detailed selection process is illustrated in Figure 1.

**Figure 1.** Flowchart for selecting qualified YouTube videos.



Two independent experts in pediatric occupational therapy (one specializing in pediatric occupational therapy and the other in cognitive rehabilitation) evaluated the videos. In

cases of disagreement, consensus was reached through discussion. For each video, data including upload date, number of views, video duration, number of likes and dislikes, and number of comments were collected. Since YouTube does not publicly display dislike counts, third-party browser extensions were used to obtain these data.

The Video Like Ratio (VLR) and view rate (calculated as the number of views divided by the number of days since upload) were calculated. The VLR was calculated using the formula:  $100 \times [\text{likes} / (\text{likes} + \text{dislikes})]$ . Video popularity was evaluated using the Video Power Index (VPI), calculated as  $(\text{VLR} \times \text{view rate}) / 100$ .

### ***Assessment of Video Quality and Credibility***

Video quality and reliability were assessed using the Global Quality Scale (GQS), the JAMA Scoring System, and the Modified DISCERN Scoring System (Mdiscern). These instruments are among the most widely used tools in the literature for evaluating the credibility and quality of online videos<sup>22,25,26</sup>.

***Global Quality Score (GQS):*** GQS was developed by Bernard et al. in 2007 to evaluate overall video quality based on information accuracy, flow, and usability. The scale uses a five-point Likert-type scoring system ranging from 1 to 5. A scoring of 1 shows poor/low quality level, while a scoring of 5 shows perfect quality level. Scores of 1–2 indicate low quality, a score of 3 indicates moderate quality, and scores of 4–5 indicate high quality<sup>27,28</sup>.

***Modified DISCERN Scoring System (Mdiscern):*** The Modified DISCERN was originally developed to assist healthcare consumers and information providers in assessing the quality of written information regarding treatment options for medical conditions<sup>28</sup>. The original DISCERN tool was developed by Charnock et al. (1999) and later adapted by Singh et al. (2012) for evaluating the credibility of YouTube videos by converting it into a five-item format<sup>28,29</sup>. Each of the five items is scored as “yes” (1 point) or “no” (0 points), with higher total scores indicating greater reliability. A score of 3 or higher is considered indicative of high reliability<sup>30,31</sup>.

***JAMA Scoring System:*** The JAMA criteria are used to evaluate quality, reliability, and accessibility of medical information on the internet<sup>32</sup>. The evaluation includes four key components: (1) authorship, (2) attribution (references and copyright information), (3) disclosure (sponsorship, advertising, and conflicts of interest), and (4) currency. Each criterion is assigned 0 points if absent and 1 point if present. A total score  $\geq 3$  indicates high reliability, whereas a score  $\leq 2$  indicates low reliability<sup>33</sup>.

### ***Ethical Statement***

This study analyzed publicly available data from YouTube and did not involve human participants, patient records, or private information. Therefore, ethical committee approval was not required.

## Statistical Analysis

Statistical analyses were performed using SPSS version 25.0. Normality was assessed visually using histograms, Q–Q plots, and detrended normal plots, and analytically using the Shapiro–Wilk test, skewness, and kurtosis values. Continuous variables are presented as medians and interquartile ranges (IQR), whereas categorical variables are expressed as frequencies and percentages.

Inter-rater reliability of the three scoring tools (GQS, Mdiscern, and JAMA) was evaluated using the intraclass correlation coefficient (ICC). An ICC value greater than 0.90 was considered indicative of excellent agreement. Correlations between the scoring tools were analyzed using Spearman’s rank correlation test. The Mann–Whitney U test was used to compare videos uploaded by independent occupational therapists and official healthcare organizations. A p value < 0.05 was considered statistically significant.

## Results

A total of 35 occupational therapy videos related to EF in children were included in the analysis. Of these, 57.1% were uploaded by official healthcare institutions, while 42.9% were uploaded by independent occupational therapists. Among the 35 videos, 17 focused primarily on occupational therapy interventions, 8 provided descriptive information about EF followed by occupational therapy interventions, 4 presented only EF information, 4 included assessment tools related to executive functioning, and 2 addressed EF interventions for specific conditions. The most-watched video (246,484 views) focused on occupational therapy strategies to improve attention (Video title: “8 Highly Effective Activities to Improve Concentration for Kids | How to Improve Focus and Attention”). Table 1 presents the descriptive features of the 35 videos.

**Table 1.** Features of YouTube videos for occupational therapy on executive functioning in children (n=35).

	Mean (SD)	Median	IQR
Video duration (minutes)	19.31 (25.76)	7.5	15.5
Time to since video upload (days)	1058.54 (718.57)	973	714
Like	150.34 (692.14)	4	16
Dislike	2.94 (14.7)	0	0
Comments	2.54 (6)	0	3
Number of views	8955 (41610)	147	1069
View ratio	7.42 (33.8)	0.2	0.97
Video like ratio	73.6 (43.9)	100	100

Video Power Index	7.3 (33.1)	0.16	0.99
Global Quality Scale	3.94 (0.8)	4	2
Modified Discern Scoring System	3.5 (1)	4	1
JAMA Scoring System	2.94 (0.9)	3	2
Video content	<b>n</b>	<b>%</b>	
-Definition of EF	4	11.4	
-Definition of EF and OT strategies	8	22.9	
-OT interventions for EF	17	48.6	
-Diseases related to EF and OT strategies	2	5.7	
-Evaluation tools	4	11.4	
Video sources			
-Official healthcare institutions	20	57.1	
-Independent occupational therapists	15	42.9	

SD: standard deviation; IQR: interquartile range; EF: executive function; OT: occupational therapy.

Table 2 presents the descriptive characteristics of YouTube videos according to their upload source. There were no statistically significant differences between videos uploaded by independent occupational therapists and those uploaded by official healthcare institutions in terms of number of views, comments, likes, dislikes, or view rate ( $p > 0.05$ ). Mdiscern and JAMA scores, which assess video credibility, were significantly higher for videos uploaded by independent occupational therapists compared with those uploaded by official healthcare institutions ( $p = 0.003$  and  $p = 0.002$ , respectively). In contrast, GQS scores, which evaluate video quality, did not differ significantly between the two groups ( $p > 0.05$ ).

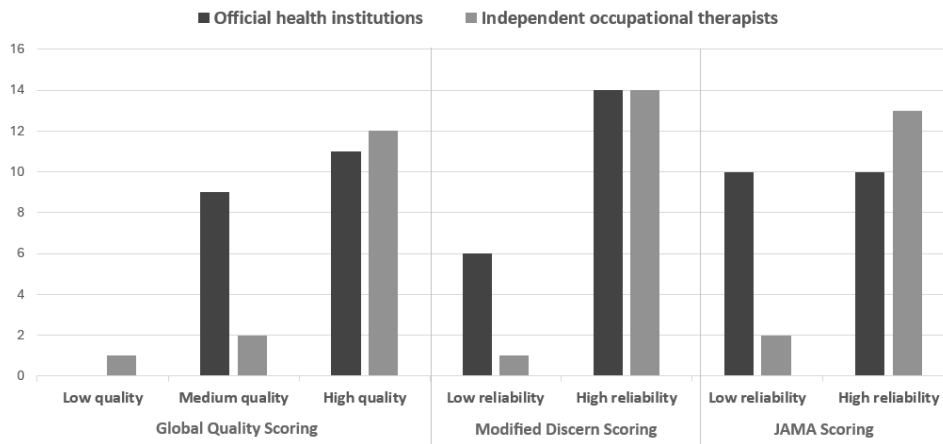
**Table 2.** Analyzing video qualities according to the source of uploaded videos.

Video Sources	Official Health Institutions (n=20)		Independent Occupational Therapist (n=15)		Test Statistics	
	<i>M (SD)</i>	<i>Median</i>	<i>M (SD)</i>	<i>Median</i>	<i>Z</i>	<i>p</i>
Video period/ duration (minutes)	27.16(31.45)	9.38	8.88 (8.08)	6.38	-1.867	0.062
Time to since video upload (days)	1245 (801)	1220	809.9 (516)	786	-2.150	0.032*
Like	236.6 (913)	1	35.3 (76)	12	-1.908	0.056
Dislike	4.6 (19)	0	0.7 (2)	0	-0.305	0.76
Comments	2.1 (5)	0	3.1 (6)	0	-1.340	0.18
Number of views	13888 (54890)	181.5	2377 (5891)	118	-0.57	0.57
View ratio	11.6 (44)	0.16	1.8 (3)	0.22	-1.401	0.16
VLR	59.8 (50)	99	92 (25)	100	-1.923	0.054
VPI	11.4 (43)	0.07	1.7 (3)	0.33	-1.772	0.076
GQS	3.8 (0.7)	4	4.2 (0.9)	4	-1.671	0.095
Mdiscern	3.1 (0.8)	3	4 (1)	4	-2.964	0.003*
JAMA	2.6 (0.7)	2.5	3.5 (0.9)	4	-3.082	0.002*

M: mean; SD: standard deviation; VPI: Video Power Index; GQS: Global Quality Scoring; VLR: video like ratio; JAMA: JAMA Scoring System; Mdiscern: Modified Discern Scoring System; Z: Mann Whitney U Test. \* $p < 0.05$ .

According to GQS classifications, 55% of videos uploaded by official healthcare institutions were rated as high quality, whereas 80% of videos uploaded by independent occupational therapists were rated as high quality. Based on Mdiscern scores, 70% of videos uploaded by official healthcare institutions and 93% of videos uploaded by independent occupational therapists demonstrated high reliability. Similarly, according to the JAMA criteria, 50% of videos uploaded by official healthcare institutions and 87.9% of videos uploaded by independent occupational therapists were classified as highly reliable (Figure 2).

**Figure 2.** Rating systems and number of videos of the two groups grouped by upload characteristics.



While videos did not show significant associations with descriptive features such as video length, likes, dislikes, and VPI concerning GQS, Mdiscern, and JAMA scoring. A significant association was established between JAMA, GQS, and Mdiscern score (Table 3).

**Table 3.** Correlation coefficients between video characteristics and quality/reliability scores.

	GQS		Mdiscern		JAMA			
	r	p	r	p	r	p		
<b>Video length/period (minutes)</b>	0.27	0.12	<b>Video length (minutes)</b>	-0.03	0.88	<b>Video length (minutes)</b>	-0.17	0.32
<b>Like</b>	0.11	0.95	<b>Like</b>	0.28	0.10	<b>Like</b>	0.18	0.30
<b>Dislike</b>	-0.15	0.40	<b>Dislike</b>	-0.07	0.68	<b>Dislike</b>	-0.15	0.38
<b>Comments</b>	-0.01	0.95	<b>Comments</b>	0.17	0.32	<b>Comments</b>	0.13	0.47
<b>View ratio</b>	-0.05	0.76	<b>View ratio</b>	-0.25	0.15	<b>View ratio</b>	0.12	0.48
<b>VLR</b>	0.27	0.12	<b>VLR</b>	0.32	0.06	<b>VLR</b>	0.25	0.15
<b>VPI</b>	0.02	0.90	<b>VPI</b>	0.25	0.15	<b>VPI</b>	0.12	0.50
<b>Mdiscern</b>	0.64	0.00***	<b>JAMA</b>	0.83	0.00***			
<b>JAMA</b>	0.57	0.00***						

VPI: video power index; Mdiscern: Modified Discern Scoring System; VLR: video like ratio; JAMA: JAMA Scoring System; r: Spearman Correlation Coefficient; \*\*\*p<0.001.

## Discussion

The present study aimed to comprehensively evaluate the content, quality, and credibility of YouTube videos related to EF in pediatric occupational therapy. Among the 35 included videos, 57.1% were uploaded by official healthcare institutions, whereas 42.9% were uploaded by independent occupational therapists. This distribution indicates that both institutional and individual contributors are actively involved in

disseminating information on this topic. Studies examining the quality of YouTube content within pediatric occupational therapy remain limited and relatively recent<sup>21,24</sup>. While previous research has explored the use of online videos for educational purposes in occupational therapy training<sup>34,35</sup>, fewer studies have specifically evaluated the quality and reliability of publicly accessible content intended for families and practitioners. Given the increasing use of YouTube as a platform for sharing health-related information<sup>36</sup>, examining the quality and credibility of such content is particularly relevant.

The findings of the present study regarding the quality and credibility of YouTube videos on EF in pediatric occupational therapy are consistent with previous studies evaluating YouTube content related to cerebral palsy (CP) and autism spectrum disorder (ASD) in pediatric rehabilitation<sup>21,24</sup>. Similar to those studies, engagement metrics such as views, likes, dislikes, and VPI did not significantly differ between videos uploaded by independent occupational therapists and those uploaded by official healthcare institutions. However, videos from official healthcare institutions tended to receive higher absolute numbers of views and engagement indicators. Furtado et al. (2022) reported that a substantial proportion of informative CP-related videos received institutional support<sup>21</sup>. This may partially explain why institution-based content often achieves greater visibility and reach. In the present study, EF-related videos uploaded by healthcare institutions also demonstrated higher view counts. This observation suggests that institutional affiliation may influence audience reach, although it does not necessarily reflect differences in content quality or reliability. Previous research has indicated that broader or more general health-related topics may attract greater public attention compared to highly specific content<sup>21,24,37-39</sup>. Accordingly, the framing and presentation style of video titles and descriptions may contribute to differences in engagement metrics. However, further research is needed to better understand the factors influencing audience interaction on digital platforms.

In the present study, the mean GQS score was approximately 4, indicating that, on average, the videos demonstrated generally good quality. However, this average score does not imply uniform quality across all videos, as variability was observed within the sample. Previous studies examining YouTube content related to pediatric rehabilitation, such as those by Furtado et al. (2022) and Cortes et al. (2024), reported mean GQS scores around 3, corresponding to moderate quality<sup>21,24</sup>. While the slightly higher mean observed in the current study may reflect differences in topic focus or sampling characteristics, direct comparisons should be interpreted cautiously due to methodological variations across studies.

Previous studies in pediatric occupational therapy reported mean Modified DISCERN scores of 4 and 3<sup>21,24</sup>. However, these studies did not differentiate videos according to the source of upload, limiting direct comparisons regarding reliability by uploader type. In the present study, videos uploaded by independent occupational therapists demonstrated significantly higher reliability scores based on the JAMA and Modified DISCERN systems. Nevertheless, no statistically significant difference was observed in

GQS scores between the two groups. These findings suggest variability in reliability indicators depending on the uploading source rather than a definitive difference in overall video quality.

Although videos uploaded by official healthcare institutions tended to receive higher engagement metrics (e.g., views, likes, and VPI), higher engagement does not necessarily correspond to higher reliability or quality scores. Similar patterns have been reported in pediatric YouTube research, although findings across studies remain inconsistent<sup>22,40</sup>. A significant positive correlation was observed between GQS, Modified DISCERN, and JAMA scores, indicating internal consistency among the applied evaluation tools. Taken together, the results highlight differences in reliability metrics across uploader types; however, these findings should be interpreted cautiously given the sample size and the cross-sectional design of the study.

This study has several limitations. First, it was not possible to determine the underlying factors contributing to variations in engagement metrics such as likes, dislikes, views, and view rates. Moreover, because YouTube content and algorithm rankings continuously change, the findings represent a cross-sectional snapshot of the most visible content at the time of data collection. Second, the evaluation of video quality and reliability relied on established but inherently subjective assessment tools, and ratings were conducted by only two independent experts. Although inter-rater agreement was high, this may limit the generalizability of the findings. Third, only English-language videos were included, which may limit the applicability of the results to other linguistic or cultural contexts. Additionally, dislike counts were obtained using a third-party browser extension, as YouTube no longer publicly displays this information. Therefore, the accuracy of these data cannot be fully guaranteed, and findings related to dislike-based metrics should be interpreted with caution. Finally, the rapidly evolving landscape of digital platforms highlights the need for future research examining other social media environments, such as Instagram and TikTok, where health-related information is increasingly disseminated.

## Conclusion

This study provided a comprehensive evaluation of YouTube videos related to EF in pediatric occupational therapy, focusing on content characteristics, quality, and credibility. Overall, the mean GQS score indicated generally good video quality. However, variability in reliability scores (JAMA and Modified DISCERN) suggests that not all videos consistently met high credibility standards. Although videos uploaded by official healthcare institutions tended to achieve higher engagement metrics, higher visibility did not necessarily correspond to higher reliability scores. These findings highlight the importance of promoting transparent, evidence-based communication in digital health content, particularly for families seeking information on EF in children. Continued efforts by healthcare institutions and professionals to enhance the clarity, credibility, and accessibility of online educational materials may contribute to improving the overall quality of publicly available health information.

## REFERENCES

1. Nigg JT. Annual Research Review: On the relations among self-regulation, self-control, executive functioning, effortful control, cognitive control, impulsivity, risk-taking, and inhibition for developmental psychopathology. *J Child Psychol Psychiatry*. 2017;58(4):361-383. doi: 10.1111/jcpp.12675.
2. Cristofori I, Cohen-Zimmerman S, Grafman J. Chapter 11 - Executive functions. In: D'Esposito M, Grafman JH, eds. *Handbook of Clinical Neurology*. Elsevier. 2019;163:197-219.
3. Friedman NP, Miyake A. Unity and diversity of executive functions: Individual differences as a window on cognitive structure. *Cortex*. 2017;86:186-204.
4. Thompson A, Steinbeis N. Sensitive periods in executive function development. *Curr Opin Behav Sci*. 2020;36:98-105. doi: 10.1016/j.cobeha.2020.08.001
5. Crone EA, Steinbeis N. Neural perspectives on cognitive control development during childhood and adolescence. *Trends Cogn Sci*. 2017;21(3):205-215.
6. Craig F, Margari F, Legrottaglie AR, Palumbi R, de Giambattista C, Margari L. A review of executive function deficits in autism spectrum disorder and attention-deficit/hyperactivity disorder. *Neuropsychiatr Dis Treat*. 2016;12:1191-1202.
7. Scope A, Empson J, McHale S. Executive function in children with high and low attentional skills: correspondences between behavioural and cognitive profiles. *Br J Dev Psychol*. 2010;28(Pt 2):293-305. doi: 10.1348/026151009x410371.
8. Samuels W, Tournaki N, Blackman s, Zilinski C. Executive functioning predicts academic achievement in middle school: A 4-year longitudinal study. *The Journal of Educational Research*. 2016;109(5):478-490. doi: 10.1080/00220671.2014.979913.
9. Morgan AB, Lilienfeld SO. A meta-analytic review of the relation between antisocial behavior and neuropsychological measures of executive function. *Clinical Psychology Review*. 2000;20(1):113-36.
10. Anderson V. Assessing executive functions in children: biological, psychological, and developmental considerations. *Pediatric Rehabilitation*. 1998;4:119-36.
11. Jacobsen G, Martins de Mello C, Kochhann R, Fonseca R. Executive functions in school-age children: influence of age, gender, school type and parental education: executive functions in school-age children. *Applied Cognitive Psychology*. 2017;31:404-413.

12. Josman N, Meyer S. Conceptualisation and use of executive functions in paediatrics: A scoping review of occupational therapy literature. *Aust Occup Ther J.* 2019;66(1):77-90.
13. Riccio CA, Gomes H. Interventions for executive function deficits in children and adolescents. *Appl Neuropsychol Child.* 2013;2(2):133-40.
14. Moore JL, Shikako-Thomas K, Backus D. Knowledge translation in rehabilitation: a shared vision. *Pediatr Phys Ther.* Jul 2017;29(Suppl 3):64-72.
15. Morris ZS, Wooding S, Grant J. The answer is 17 years, what is the question: Understanding time lags in translational research. *J R Soc Med.* Dec 2011;104(12):510-20.
16. Longo E, Galvão É RVP, Ferreira HNC, Lindquist ARR, Shikako-Thomas K. Knowledge translation in pediatric rehabilitation: expanding access to scientific knowledge. *Braz J Phys Ther.* 2017;21(6):389-390. doi: 10.1016/j.bjpt.2017.10.003.
17. Zhao Y, Zhang J. Consumer health information seeking in social media: A literature review. *Health Info Libr J.* 2017;34(4):268-283. doi: 10.1111/hir.12192.
18. Canty MJ, Breitbart S, Siegel L, et al. The role of social media in selective dorsal rhizotomy for children: Information sharing and social support. *Childs Nerv Syst.* 2019;35(11):2179-2185. doi: 10.1007/s00381-019-04197-x.
19. Duman C. YouTube™ quality as a source for parent education about the oral hygiene of children. *Int J Dent Hyg.* 2020;18(3):261-267. doi: 10.1111/idh.12445.
20. Madathil KC, Rivera-Rodriguez AJ, Greenstein JS, Gramopadhye AK. Healthcare information on YouTube: A systematic review. *Health Informatics J.* 2015;21(3):173-94.
21. Furtado MAS, Sousa Junior RR, Soares LA, et al. Analysis of informative content on cerebral palsy presented in Brazilian-Portuguese YouTube videos. *Phys Occup Ther Pediatr.* 2022;42(4):369-383. doi: 10.1080/01942638.2022.2046677.
22. Semerci R, Şimşek E, Savaş E, Orhan E, Erbey F. The quality and content analysis of YouTube videos about chemotherapy for children. *Pediatr Blood Cancer.* 2024;71(4):e30865. doi: 10.1002/pbc.30865.
23. Bora K, Das D, Barman B, Borah P. Are internet videos useful sources of information during global public health emergencies? A case study of YouTube videos during the 2015-16 Zika virus pandemic. *Pathog Glob Health.* 2018;112(6):320-328.

24. Cortes Cavalcante J, Faria Sales M, Sousa Junior RR, et al. Analysis of the Brazilian-Portuguese content on autism spectrum disorder available on YouTube videos. *Phys Occup Ther Pediatr*. 2024;44(1):128-142. doi: 10.1080/01942638.2023.2199843.
25. Alias N, Abd Razak SH, Kunjambu NRMNK, Muniandy P. A content analysis in the studies of YouTube in selected journals. *Procedia-Social and Behavioral Sciences*. 2013;103:10-18.
26. Yildiz MB, Yildiz E, Balci S, Özçelik Köse A. Evaluation of the quality, reliability, and educational content of Youtube videos as an information source for soft contact lenses. *Eye Contact Lens*. 2021;47(11):617-621. doi: 10.1097/icl.0000000000000795.
27. Bernard A, Langille M, Hughes S, Rose C, Leddin D, Van Zanten SV. A systematic review of patient inflammatory bowel disease information resources on the World Wide Web. *Official journal of the American College of Gastroenterology*. 2007;102(9):2070-2077.
28. Singh AG, Singh S, Singh PP. YouTube for information on rheumatoid arthritis—a wakeup call? *The Journal of Rheumatology*. 2012;39(5):899-903.
29. Charnock D, Shepperd S, Needham G, Gann R. DISCERN: an instrument for judging the quality of written consumer health information on treatment choices. *Journal of Epidemiology & Community Health*. 1999;53(2):105-111.
30. Langford B, Hooten WM, D’Souza S, Moeschler S, D’Souza RS. YouTube as a source of medical information about spinal cord stimulation. *Neuromodulation: Technology at the Neural Interface*. 2021;24(1):156-161.
31. Leong AY, Sanghera R, Jhaji J, Desai N, Jammu BS, Makowsky MJ. Is YouTube useful as a source of health information for adults with type 2 diabetes? A South Asian perspective. *Canadian Journal of Diabetes*. 2018;42(4):395-403.
32. Silberg WM, Lundberg GD, Musacchio RA. Assessing, controlling, and assuring the quality of medical information on the Internet: Caveant lector et viewor-Let the reader and viewer beware. *JAMA*. 1997;277(15):1244-5.
33. Yılmaz R, Karpuz S, Yılmaz H, Solak İ. Osteoporoz ile ilgili Türkçe web sitelerinin bilgi içeriği, okunabilirlik, güvenilirlik ve kalitesinin değerlendirilmesi. *Turkish Journal of Osteoporosis/Turk Osteoporoz Dergisi*. 2023;29(2):109-116.
34. Giles A, Annan D, Gober A, Greene L. E-learning innovations: implementation of video in an occupational therapy classroom. *Journal of Occupational Therapy Education*. 2018;2(1):1-13.

35. McAlister RB. Use of instructor-produced YouTube® videos to supplement manual skills training in occupational therapy education. *Am J Occup Ther.* 2014;68(Suppl 2):S67-72.
36. Szmuda T, Syed MT, Singh A, Ali S, Özdemir C, Słoniewski P. YouTube as a source of patient information for Coronavirus Disease (COVID-19): A content-quality and audience engagement analysis. *Rev Med Virol.* 2020;30(5):e2132. doi: 10.1002/rmv.2132.
37. Kim J. The institutionalization of YouTube: From user-generated content to professionally generated content. *Media, Culture & Society.* 2012;34(1):53-67.
38. Chan WS, Leung AY. Use of social network sites for communication among health professionals: systematic review. *J Med Internet Res.* 2018;20(3):e117.
39. Holland M. How YouTube developed into a successful platform for user-generated content. *The Journal of Undergraduate Research.* 2016;7:1-12.
40. Chang MC, Lee BJ, Park D. The quality, reliability, and accuracy of videos regarding exercises and management for dysphagia in pediatric populations uploaded on YouTube. *Children (Basel).* 2022;9(10):1514. doi: 10.3390/children9101514.