

OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Observation and Scoring of ADL Activities (Apraxia)

Author: van Heugten et al.

Publisher: Psychology Press Ltd

Time required to administer: varies- not given

Cost of the Test: free

II. Description of Test

Structured observation of four activities: washing face and upper body, putting on a shirt, preparing and eating a sandwich, and a task chosen by the OT.

For each task, 4 items will be rated: overall independence, initiation, execution, and control.

Type/Purpose of Test: To assess the presence of disabilities resulting from apraxia in tasks of everyday living, to understand the type of errors made, and to prepare treatment goals for specific intervention.

Population: Adults living with apraxia i.e. stroke patients. Often accompanies aphasia (most common in L hemisphere).

Author's definition of apraxia: "When cognitive impairments cause restrictions in the ability to carry out purposeful activities of daily living, the patient is considered to have apraxia. Apraxia refers to a spectrum of deficits affecting the meaningful execution of activities, this not being the result of primary motor or sensory impairments, nor of deficits of comprehension, motivation or memory. Problems of apraxia in ADL functioning are the result of the absence of or a disturbance in the plan of action. Other impairments may be present in the stroke patient, but these deficits are not the cause of the inability to perform purposeful acts (van Heugten et al., 2000)."

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: Fairly simple with OT experience and knowledge of cognition.

Clarity of Directions:

Leaves it up to the assessor to really understand apraxia and keep in mind that apraxia is what all item scores should be based off, rather than other issues such as primary motor impairments or cognitive problems other than apraxia.

It is helpful that on some items, examples are given to help the assessor select level of independence.

Scoring Procedures: For each task, 4 items are rated: overall independence, initiation, execution, and control. Possible scores on each item are 0-3, with a lower score indicating more independence. No cutoff point is given for a score to say whether a person has a problem with apraxia or not, so the examiner will need to interpret their observations and can compare scores to apraxic vs. nonapraxic study participant scores by averaging item scores (see table 3, van Heugten et al.).

Examiner Qualification & Training: Not given, but the examiner should have experience with levels of assistance and working with people who have apraxia. This test is occupation-based and it would make sense for OTs to administer it due to their skills and knowledge, and for the examiner to interpret findings.

IV. Technical Considerations

Standardization: ___ Norms X Criterion Referenced Other _____

Reliability: interrater: .98 internal consistency- Cronbach's alpha: .94

Validity:

Discriminative: able to differentiate between people with and without apraxia.

Construct: highly associated with impairment tests of apraxia and the Barthel Index.

Clinically valid for stroke survivors.

Manual: ___ Excellent ___ Adequate ___ Poor NA- there's not a manual, but the test form is on p. 122 in Cognitive and Perceptual Rehabilitation by Gillen (2009) and in the journal article (van Heugten et al., 2000).

What is (are) the setting/s that you would anticipate using this assessment?

Hospitals, rehabilitation centers, SNF

Summary of strengths and weaknesses:

This can be useful for an OT who has experience and knowledge in working people with apraxia.

Weakness:

-Note that dressing difficulties can sometimes be due to visuo-spatial deficits.

-Item C (control) scoring criteria is confusing when deciding whether to score a 1 or 2.

-Requires assessor's understanding of apraxia versus other barriers.

Strengths:

-Occupation-based.

-Because this is an observation assessment, the form doesn't need to be in the client's language as long as the assessor is able to communicate with the client.

-free

-Reliable and valid.

Gillen, G. (2009). Cognitive and perceptual rehabilitation: optimizing function. St. Louis: Mosby.

van Heugten, C., Dekker, J., Deelman, B.G., van Dijk, A., Stehmann-Saris, J.C., & Kinebanian, A. (2000). Measuring disabilities in stroke patients with apraxia: A validation study of an observational method. *Neuropsychological Rehabilitation*, *10*, 401-414.