

**This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

I. General Information

Title of the test: Action Research Arm Test (ARAT) <http://www.aratest.eu/>

Author: VU Medical Center: Kuiters, E. and Migchelsen, L.

Publisher:

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Time required to administer: approximately 30 minutes.

Cost of the Test: Price € 845, excl. tax (BTW). Transport within The Netherlands is included in the price.

II. Description of Test

Type/Purpose of Test: To evaluate UE motor function and status in standardized format using 19 tests of UE motor function across 4 subsets: grasp, pinch, grip, and gross movement, both distally and proximally, following a stroke. The results can be used to evaluate treatment progress, to communicate information between specialists and for correspondence, and be used as an assessment tool in scientific studies.

Population: People that have experienced a stroke with hemiparesis

Focus of measurement: Arm motor status after stroke

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: Easily administered, video provides set up and instructions, administration and standardized scoring.

Clarity of Directions: The distance of the box is to be positioned so that the subject can reach the back of the box with their fingers, the back stays at the back of the chair, promote a comfortable pace, begin timing after you count to three and state "yes" to cue the subject to begin, stop timing when subject's hand is placed back on the table. The baseline to complete the task is 60 seconds. When administering the test: If the subject passes the first task then no more tasks need to be administered and he or she scores top marks for that subtest; if the subject fails the first and fails the second, subject scores zero, and again no more tests need to be performed in that subtest; otherwise subject needs to complete all tasks within the subtest. Visual demonstration of task is authorized in the instance that the subject has aphasia or difficulty understanding the examiner.

Scoring Procedures: Standardized method scored ordinal 4 point scale → 0 to 3 points. 0= no movement, 1= the movement task is partially performed, 2= the movement task is completed but takes "abnormally long", 3= the movement is performed normally.

Examiner Qualification & Training: Recommended physical and occupational therapists to conduct exam

IV. Technical Considerations

Standardization: ___ Norms ___ **X** Criterion Referenced ___ Other

Reliability: Intra- and Inter reliability, high according to Spearman's ρ , as assessed within a single institution

Validity: excellent according to Pearson correlation, as well as sensitivity to spontaneous and therapy-related gains

Manual: **X** Excellent ___ Adequate ___ Poor

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

Hospital setting: Inpatient and outpatient, research

Summary of strengths and weaknesses:

Weakness:

Reliance on human examiner, limited information available to guide ARAT administration and scoring, Most studies using ARAT cite Lyle's original article that introduced scale vs. current article thus omitting many operational definitions and critical details, in scoring → few specifics are available to clarify "abnormally long" or "greater difficulty"

Strength: Excellent reliability and validity ratings, standardized, as sensitivity to spontaneous and therapy-related gains → allows for guidance in transferring data from subjective to objective score, allows for visual demonstration if client has difficulty understanding examiner or aphasia, provides specific scoring instructions per each subscale