

**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: Cognitive Assessment of Minnesota (CAM)

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Publisher: Therapy Skill Builders: San Antonio, TX (1993)

Time required to administer: Either one 40-minute session, or two 20-minute sessions

Cost of the Test: \$145.26 from <http://pearsonassess.com>. Includes Examiner's Manual, 8 Test Cards, 25 Score Booklets, in a vinyl carrying case. Objects for the subtest that must be purchased separately are a clock with a second hand, pencil, blank paper, tape, coins, 1" cubes, 12" ruler, scissors, and duplicate sets of common objects (nickel, key, pen, toothbrush, large paper clip, comb, rubber band).

II. Description of Test

Type/Purpose of Test: The CAM is a screening tool that assesses a wide range of cognitive skills. It covers a variety of cognitive skills which are organized into a hierarchy from simple to complex. In order to perform higher level cognitive functions, the more basic functions must first be achieved. The hierarchy is divided into four areas: store of knowledge, manipulation of old knowledge, social awareness and judgment, and abstract thinking. The specific subtests are attention span, memory /orientation, visual neglect, following directions, immediate memory, temporal awareness, matching, object identification, visual memory and sequencing, recall/recognition, auditory memory and sequencing, simple money skills, simple math skills, foresight and planning, safety and judgment, concrete problem solving, and abstract reasoning. The assessment was designed by OTs, so functional tasks and outcomes are emphasized throughout the test.

Population: This test is designed to be used for adult clients who have cognitive impairments due to a CVA or a TBI (Level IV through Level VII on the Rancho Los Amigos Scale of Cognitive Functioning).

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: The CAM has standardized administration procedures. The subtests must be given in the order shown because of the hierarchical nature of the skills being tested. The directions are written in the examiner's guide and on each subtest sheet. They must be administered exactly with no deviation. The administration is simple and straightforward, but requires preparation to make copies of worksheets and to become familiar with the directions in order to give them without variation.

Clarity of Directions: Each subtest has specific directions on the purpose, materials, administration procedures, test instructions, scoring, and areas to rule out. The directions are clear and easy to follow, and can be found in both the examiner's guide and the quick reference subtest sheets. The verbal directions that must be given exactly are bolded for easy reference. Also included in the examiner's guide are guidelines for administering the test (pp. 14-15), such as "Do not give the individual nonverbal cues unless instructed to do so."

Scoring Procedures: The CAM comes with a Score Booklet. Scores are recorded as either 3= mild to no impairment, 2=moderate impairment, 1=severe impairment, or 2=intact, 1=impaired. Each subtest gives the specific criteria for a given score.

Examiner Qualification & Training: The CAM is an assessment that should be administered by occupational therapists because they have a knowledge base of cognition and are the members of the treatment team that usually perform cognitive evaluations. In addition, the examiner needs to become familiar with the administration of the CAM because it must be given in a specific manner.

IV. Technical Considerations

Standardization: X Norms ___ Criterion Referenced ___ Other

Reliability: Test-Retest, Internal Consistency, Iner-rater

Validity: Concurrent, Construct

Manual: Excellent

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

This assessment can be used in any adult setting where occupational therapists would need to assess cognition in clients with CVA or TBI. Some examples of settings include hospitals, acute settings, outpatient rehab, inpatient rehab, community settings, SNFs, and private practice.

Summary of strengths and weaknesses:

| Strengths | Weaknesses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Developed by occupational therapists • Functional based activities • Theoretical basis for the hierarchical nature of the cognitive skills • Assesses a vast amount of cognitive skills • Development is backed by research • Validity and reliability are well established • Relatively inexpensive for the kit • Items needed for the subtests are common items that are also inexpensive • Instructions for administration can be found in both the examiner's guide and on the subtest sheets | <ul style="list-style-type: none"> • Requires items not included in the kit that need to be gathered and/or purchased • Worksheets have to be copied for each administration • Only to be used in clients with CVA or TBI (not psychological diagnoses) • Standardized administration may be difficult with cognitive clients and may seem rote. |