**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: Frontal Assessment Battery

Author: Dubois, B., Slachevsky, A., Litvan, I., Pillon, B.

Publisher: N/A

Time required to administer: 10 minutes

Cost of the Test: Free at http://www.dementia-assessment.com.au/.../Frontal_FAB_Scale.pdf

II. Description of Test

Type/Purpose of Test: FAB is a tool that differentiates between frontal executive type dementia and Dementia of Alzheimer's Type (DAT). Other uses for the FAB include: evaluating progression of neurologic disorders over time, identifying the presence of frontal lobe dysfunction (i.e., parkinsonian disorders, vascular dementias), and evaluating the severity of brain injury.

Population: People with impaired executive function due to neurologic disease

Focus of measurement: This executive function battery consists of 6 subtests: conceptualization, mental flexibility, motor programming, sensitivity to interference, inhibitory control, and environmental autonomy.
X Organic systems ___ Abilities ___ Participation/life habits ___ Environmental Factors

III. Practical Administration

Ease of Administration: Very simple. It would take a few practice trials to master the tapping sequence while grading errors on the "sensitivity to interference" subtest.

Clarity of Directions: Other than learning that Luria's "fist-edge-palm" test is completed with the palm down, all 6 subtests were easy to comprehend.

Scoring Procedures: Each subtest is scored 0-3 based on specific criteria and added up at the end to find a total score (max. = 18). A score of 12 is the cutoff for distinguishing between frontal executive type dementia and DAT, but the instructions are not clear on what that means.

Examiner Qualification & Training: Can be used by any practitioner

IV. Technical Considerations

Standardization: ____ Norms **X Criterion Referenced** ____ Other _____

Reliability: ***Interrater reliability*** (kappa value= .87, $p < 0.001$) was based on ratings from two independent, blind raters who administered the FAB on 17 patients. The kappa value shows optimal interrater reliability. ***Internal consistency*** (Cronbach's coefficient of alpha= .78) indicates an acceptable degree of consistency between the 6 items' in regards to how well they truly identify executive dysfunction.

Validity: ***Concurrent validity*** was measured using a correlation between FAB total scores and two other neuropsychological evaluations proven to be sensitive to executive dysfunction. The FAB total scores correlated well with both the Wisconsin Card Sort Test (r = .77, p < 0.001) and Mattis Dementia Rating Scale (r = 82, p < 0.001). The ***stepwise multiple regression analysis*** indicated that age and MMSE scores did not significantly influence the patients' FAB performance. Discriminant ***validity*** was determined using the Mattis DRS scale, in order to discriminate between normal control subjects and those with cognitive impairments. The FAB correctly identified 89.1% of the 95 cases known to have cognitive impairments, which indicates a good discriminator. However, a ***stepwise discriminant analysis*** showed the FAB was not reliable when it comes to differentiating between cortical (patients with frontotemporal dementia) and subcortical (patients with progressive supranuclear palsy) lesions with a correct classification of only 69.7% of the patients.

Manual: ____ Excellent **X Adequate** ____ Poor

The author states that this test can be used to differentiate between two different types of dementia, but if not clear as to how that is accomplished. The psychometrics data does not support the use of the FAB for this purpose, so it is not a significant weakness at this time.

What is (are) the setting/s that you would anticipate using this assessment?
The FAB can be used "at bedside or in a clinic setting", which offers several options for OT. Most likely used in skilled nursing facility, inpatient rehabilitation, home health, or outpatient clinic.

Summary of strengths and weaknesses
Weakness:

- Test-retest reliability was not assessed.
- Instructions were unclear on meaning of the cutoff score.

Strength:

- Quick and easy to use tool
- More comprehensive than CLOX (a clock drawing test) and more sensitive to executive function than EXIT 25 (interview used to detect frontal lobe dysfunction).
- Convenient: can be used almost anywhere
- Well accepted by patients
- Good psychometric properties