

*\*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:** Wolf Motor Function Test

**Author:** Original author was Dr. Steven L. Wolf, Emory University School of Medicine. The original was later modified by Edward Taub, Ph.D., Paul Blanton, Ph.D., Karen McCulloch, M.S.P.T. The current version of the test was written by David Morris, M.S.P.T., Jean Crago, M.S.P.T., and Edward Taub, Ph. D.

**Publisher:** None. Can contact the author directly to obtain manual.

**Time required to administer:** 15-20 minutes depending on the individual.

**Cost of the Test:** Not available to buy, can be created by the therapist.

## II. Description of Test

**Type/Purpose of Test:** The purpose of this test is to quantify upper extremity UE motor ability through a series of timed and functional tasks.

**Population:** Used primarily for stroke patients but could be used for people with impaired UE motor ability. \*Limited usefulness for patients with chronic stroke and TBI who are lower functioning in motor deficit. Or for acute or sub-acute stroke before spontaneous recovery has completed.

**Focus of measurement:**

Organic systems  Abilities  Participation/life habits  Environmental Factors

## III. Practical Administration

**Ease of Administration:**

General Description of the WMFT

All tasks are performed as quickly as possible and are truncated at 120 seconds. Tasks are as follows:

1. Forearm to table (side): Subject attempts to place forearm on the table by abduction at the shoulder.
2. Forearm to box (side): Subject attempts to place a forearm on the box by abduction at the shoulder.
3. Extend elbow (side): Subject attempts to reach across the table by extending the elbow (to the side).
4. Extend elbow (to the side), with weight: Subject attempts to push the sandbag against outer wrist joint across the table by extending the elbow.
5. Hand to table (front): Subject attempts to place involved hand on the table.
6. Hand to box (front): Subject attempts to place hand on the box.
7. Reach and retrieve (front): Subject attempts to pull 1-lb weight across the table by using elbow flexion and cupped wrist.
8. Lift can (front): Subject attempts to lift can and bring it close to lips with a cylindrical grasp.
9. Lift pencil (front): Subject attempts to pick up pencil by using 3-jaw chuck grasp
10. Pick up paper clip (front): Subject attempts to pick up paper clip by using a pincer grasp.
11. Stack checkers (front): Subject attempts to stack checkers onto the center checker.
12. Flip cards (front): Using the pincer grasp, patient attempts to flip each card over.
13. Turning the key in lock (front): Using pincer grasp, while maintaining contact, patient turns key fully to the left and right.
14. Fold towel (front): Subject grasps towel, folds it lengthwise, and then uses the tested hand to fold the towel in half again.
15. Lift basket (standing): Subject picks up basket by grasping the handles and placing it on bedside table.

**Clarity of Directions:**

Very clear and easy to follow directions for the administrator of the test and the test taker.

**Scoring Procedures:**

The speed at which functional tasks can be completed is measured by performance time and the movement quality when completing the tasks is measured by functional ability.

Speed is measured by timing the task with a stopwatch from start to finish.

Movement quality during the task is measured by functional ability using a 6-point ordinal scale, where 0 = does not attempt with the involved arm and 5 = arm does participate/movement appears to be normal.

**Examiner Qualification & Training**

No qualification or training required.

**IV. Technical Considerations**

**Standardization:** \_\_\_ Norms \_\_\_ Criterion Referenced \_\_\_ Other None were mentioned in the manual.

**Reliability:** The inter-test and inter-rater reliability, and internal consistency and stability of the test is high for both the performance time and Functional Ability rating scale measures, ranging from .88 to .98, with most values  $\approx$  .95

**Validity:** Construct validity, criterion validity

**Manual:** \_\_\_ Excellent (X) Adequate \_\_\_ Poor

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

I could see this used in any setting where a person with a stroke or UE motor impairment is being treated. Inpatient, outpatient, home health, related research, etc. (acute rehab might be a little premature for this type of test.)

**Summary of strengths and weaknesses:****Weakness:**

I think that it is very easy for interraters to be consistent with the timing part of the test but I think there could be some difference of opinion for the movement quality assessment. A patient could become very frustrated if they were not able to do well in a timed test environment.

**Strength:**

There are mostly functional measurements of UE use. It is something that can be used to track progress of a patient. Very easy to learn and administer. Not expensive to simulate in a clinic or wherever you want to use it.