

**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: Brain Injury Visual Assessment Battery for Adults (biVABA)

Author: Mary Warren MS, OTR/L, SCLV, FAOTA

Publisher: visABILITIES Rehab Services, Inc. www.visabilities.com

Time required to administer: It is comprised of several subtests that can be administered individually, some of which only take a few minutes (this allows it to be used in acute care and determine dysfunction before it can impact other cognitive tests). Lengthy to administer whole battery.

Cost of the Test: \$495.00 + shipping

II. Description of Test

Type/Purpose of Test: Designed to be a quick, accurate, reliable, and useful screening of the client's visual processing following brain injury. Subtests are primarily used for screening, as opposed to the entire battery. It is not for diagnosing. It identifies how visual perceptual processing has changed secondary to brain injury and how it affects the client's ability to complete valued daily occupations. It describes how impairment is affecting performance rather than labeling the impairment. It assesses acuity, pupillary responses, eye dominance, intermediate acuity, reading acuity, confrontation, functional performance, effectiveness of strategy used by client to compensate for visual field deficit, visual history, general appearance, corneal reflections, eye movements, diplopia testing, visuo-vestibular dysfunction, visual attention, search strategies for near space, attention to visual detail, search strategies for extrapersonal space, oculomotor function, visual field, contrast sensitivity function, and attentional functions.

Population: Those with brain injury who may have visual processing deficits that impact occupational performance, including CVA, TBI, brain tumor, anoxia, degenerative neurological diseases (Alzheimers), encephalopathy, and multiple sclerosis. It can also be used for those with eye trauma or age-related eye disease (macular degeneration or glaucoma) or secondary effects of diabetes or hypertension. It can also be used with any condition that affects the central nervous system and/or the anterior (ocular) structures of the eye. The skills tested are present in typically developing 8 year old children, but the language of the assessment was designed for adults/those with at least a 5th grade education. It can be used with any modification for ages 14 and older.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: This assessment is not very easy to administer in its entirety. In order to accurately assess where dysfunction occurs in visual processing, the sub tests in the book have to be followed in specific order, or in order of the hierarchical nature of visual perceptual processing. Ways to modify the tests, in order to allow observation of performance, are described in each subtest section.

Clarity of Directions: The directions are very thorough and detailed, but they are also very lengthy and I had a hard time following them. The therapist administering this test needs to be very familiar with it before administering it; it cannot just be administered as you go along following the directions

Scoring Procedures: Results are explained to client and family in terms of condition's impact on occupational performance. Scoring/interpretation for each subtest depends on what is being tested and is different for each area. For example, pupillary responses are measured and measurement for each test is indicative of function. Another example measures the client's accuracy in copying a phone number; the score is based on accuracy and attempts to correct mistakes. That score is then converted into a percentage.

Examiner Qualification & Training: Licensed occupational therapist and familiarity with the test and with the structures/processes involved in visual processing

IV. Technical Considerations

Standardization: Norms Criterion Referenced Other

Reliability: Not reported

Validity: Not reported

Manual: Excellent Adequate Poor

What is (are) the setting/s that you would anticipate using this assessment? In acute care, inpatient rehab, skilled nursing facilities, outpatient clinic

Summary of strengths and weaknesses:

Weakness: Instructions/manual is incredibly lengthy and I found it hard to follow. Requires consultation with other professionals to fully understand results. A number of the materials needed to administer the test are not included in it, such as a bookstand easel or black 1 inch stick on letters/numbers. The testing kit also comes in a huge box that would be a pain to carry around.

Strength: Based on observation of occupational performance. The manual contains detailed background information about each of the structures being tested and how they work. Encourages collaboration and assessments provide insight into appropriate referrals to other professionals, i.e. ophthalmologists, which improves potential outcome from therapy/intervention. Provides detailed considerations for each subtest, to make sure it is administered correctly. Provides list of intervention goals and strategies for each deficit discovered. The manual also provides information on modification of tests for those with cognitive and language issues.