

**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: The Cognitive Assessment of Minnesota

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Publisher: Therapy Skill Builders a division of The Psychological Corporation

Time required to administer: 40 minutes

Cost of the Test: \$145.00

II. Description of Test

Type/Purpose of Test: This is a screening test that uses question-and-answer and performance tasks. It provides a screening for a broad range of cognitive skills in order to identify general problem areas and guide the selection of specific treatment activities. It can be used as a baseline of the individual's deficits and abilities, to measure change, and to indicate areas for in-depth investigation.

Population: Adults who have sustained a brain injury or CVA and who are at Level IV and above on the Rancho Los Amigos Cognitive Scale. Normative sample consisted of 200 subjects, ages 18 to 70, without impairment or neurological history.

Focus of measurement: measure the cognitive abilities of adults with neurological impairments.

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: The CAM has 17 subtests ranging from simple to complex and covering a wide variety of abilities. Each subtest has written instructions and scoring procedures are provided in addition to purpose, materials, administration and areas to rule out. The written out instructions are very helpful and are bolded for the administrator to follow. To avoid fatigue, you are able to administer the CAM in one or two sessions.

Clarity of Directions: The directions on how to administer are very clear and concise. It tells the administrator exactly what to say and what to look for during each subtest. The scoring booklet is also very clear on how to mark correct and incorrect answers.

Scoring Procedures: Each subtest has a line to write in the score according to the scoring column information for each subtest listed on the right side of the scoring area. Then the number of correct answers in each subtest is change into a point score and marked on the scoring profile. Once they are marked onto the scoring profile, the plotted scores show what category the each score is in, either: none to mild (deficit), moderate, and severe.

Examiner Qualification & Training: An occupational therapist would be the most qualified to administer this test. Occupational therapists that have a general knowledge of cognition would be able to administer and score this test for evaluations.

IV. Technical Considerations

Standardization: Norms Criterion Referenced Other _____

Reliability: Internal consistency by inter-item analysis indicated all items measure the same construct. Interrater reliability for 39 impaired subjects scored by two raters simultaneously showed statistically significant agreement on all items as well as on the total score (.94). Test-retest reliability with impaired and nonimpaired subjects over a 1-week interval demonstrated consistent total score (.96), although total score of CVA group increased slightly.

Validity: Items were selected by occupational therapists experienced in cognitive rehabilitation. Total CAM score discrimination between 95% of impaired and nonimpaired subjects, establishing a cut-off score for probable impairment. Concurrent validity is supported by agreement to total CAM scores with clinical appraisal of cognitive skills and with scores on the Porteus Maze Test and Mini-Mental Status Exam in the impaired population.

Manual: Excellent Adequate Poor

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

Information for the CAM suggests that the setting or position should be bedside or clinic with few distractions, examiner sitting directly opposite of the subject at a table or writing surface.

Since this is a screener, I agree with this suggestion due to the fact that most screening for cognitive impairments will most likely happen in acute settings or during initial rehab treatments. This can be used in inpatient rehab, outpatient, and transitional care facilities.

Summary of strengths and weaknesses:

Weakness:

- It takes 40 minutes to administer
- Those who are administering for the first time will have difficulty managing all of the materials at once (Score booklet, administration instructions with directions on what to say and other objects used)
- This is meant to be a screening tool and if more in depth information is needed in one area of cognition, the therapist may have to administer another assessment.

Strength:

- Comes with all of the required materials
- Very quick way to look at a broad range of cognitive deficits and hone in on the problem areas
- Very good analysis for finding areas of concern in cognition for individuals with brain injury or CVA