

OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Disability Rating Scale

Author: Jerry Wright

Publisher: none

Time required to administer: Up to 15 minutes, if given and scored by someone unfamiliar to the test.

Cost of the Test: Free. The test can be copied as many times as needed.

II. Description of Test

Type/Purpose of Test: This test helps to measure general changes of function that occur over time. The questions on the test measure things such as eye opening response, communication ability, if they are oriented, if they can obey a simple command, if they are able to feed, toilet and groom themselves independently, and their overall level of functioning. It also looks at if they would be able to become employed and fulfill their duties if so. Each item is scored and then added together to get an overall score (Wright, 2000).

Population: This assessment was developed for adults with moderate to severe TBI. It is able to measure people that are on a wide span of functioning from being in a coma to being able to be in the community.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: This assessment is very easy to administer. It can be self-administered or scored by family member.

Clarity of Directions: This assessment is fairly easy to give, and the instructions are easy to understand. There is a training on youtube, or you can watch a powerpoint. I liked that there were different ways that the information was given, so that it is effective to whoever wants to administer it.

Scoring Procedures: The range of scores are from 0 to 29. If you were to score a 29 it would mean that you are in an extreme vegetative state, and 0 means no disability. The lower the score, the more independent you are able to be.

0 None

1 Mild

2-3 Partial

4-6 Moderate

7-11 Moderately severe

12-16 Severe

17-21 Extremely severe

22-24 Vegetative state

25-29 Extreme vegetative state

30 Death

Examiner Qualification & Training- No training is needed to administer this test, but training is highly recommended. It can even be administered over the phone and given by family members. There are training videos that can be used if people are going to administer the test. They are located on youtube. There are also power points and examples of completed tests. There is also a case study that can be viewed

IV. Technical Considerations

Standardization: ___ Norms **X** Criterion Referenced ___ Other

Reliability: Inter-rater reliability (r) was found to be in the range of .95- .98 based on the study. Test-retest reliability had an rho correlation of .95

Validity: Concurrent validity found an rho correlation at .92 when compared to the Stover Zeiger Scale. This assessment was found to be a strong predictor of future disability as shown by Fryer and Haffey (1987), when they found that after 6 months r was .77

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

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

This assessment could be used in any setting. It can be used in a medical setting while the person is in a coma, and it can be used in a community setting to look at the client's overall level of functioning

Summary of strengths and weaknesses:

Weakness:

- It can be given by anyone, so sometimes the results may be skewed by the person's understanding.
- It is not as in depth in regards to the ability to complete occupations as needed for understanding in intervention.

Strength:

- The test can be administered very quickly
- It can be given by anyone
- It is free
- It can measure functioning in a very wide range of people
- It looks at both cognitive and physical functioning
- It is well researched and used by many professions; so many people can understand the results.

References:

Fryer L, Haffey W: Cognitive rehabilitation and community readaptation: Outcomes from two program models. *J Head Trauma Rehabil* 1987;2(3):51-63.

Wright, J. (2000). The Disability Rating Scale. *The Center for Outcome Measurement in Brain Injury*. <http://www.tbims.org/combi/drs>