

## OCTH 6260-Spring- Assessment Rating Form

### I. General Information

**Title of the test:** Reintegration to Normal Living Index

**Author:** S.L.Wood-Dauphinee, M.A. Opzoomer, J. Ivan Williams, B.Marchand & W.O. Spitzer

**Publisher:** N/A

**Time required to administer:** This is a self- administered outcome measure that takes up 10 minutes to complete.

**Cost of the Test:** Email author for a copy of the assessment: [Sharon.wood.dauphinee@mcgill.ca](mailto:Sharon.wood.dauphinee@mcgill.ca) or from the CD-Rom in Finch et al. (2002), some versions also available online.

### II. Description of Test

**Type/Purpose of Test:** The Reintegration to Normal Living Index (RNLI) was developed to qualitatively assess the ability of individuals with traumatic or incapacitating illnesses to reintegrate into normal life. The RNL is a questionnaire that is comprised of 11 questions that assesses mobility, self-care, daily activity, recreational activity, and family roles. Reintegration to normal living was defined by the authors as the "reorganization of physical, psychological, and social characteristics of an individual into a harmonious whole so that one can resume well-adjusted living after incapacitating illness or trauma" (Wood-Dauphinee and Williams, 1987).

**Population:** This assessment is appropriate for individuals with a variety of conditions including heart disease, CNS disorder, arthritis, amputations, traumatic brain injuries, fractures, spinal cord injuries, and also with the elderly. This assessment may not be appropriate for individuals with attentional deficits or visual impairments, as the visual analog scale might be difficult to read and comprehend.

**Focus of measurement:**

Organic systems     Abilities     Participation/life habits     Environmental Factors

### III. Practical Administration

**Ease of Administration:** Very easy to administer, requires no training

**Clarity of Directions:** The instructions are very short and succinct

**Scoring Procedures:** Each domain contains a visual analogue scale (VAS). On one end: "does not describe my situation" (1 or minimal integration) and "fully describes my situation" (10 or complete integration). Individual item scores are summed to provide the total score. The higher the score, the better the patients perceived integration.

Examiner Qualification & Training: None

#### IV. Technical Considerations

Standardization: \_\_\_ Norms  X  Criterion Referenced \_\_\_ Other

##### Reliability:

- test-retest reliability: adequate to excellent
- Internal consistency: excellent
- Interrater reliability:
  - Poor agreement on RNLI total scores and daily functioning subscale

##### Validity:

- Criterion validity: excellent
- Construct validity:
  - Excellent between RNL and Quality of Life Index
  - Adequate between RNL and FIM

Manual: \_\_\_ Excellent \_\_\_ Adequate \_\_\_ Poor  
(no manual, brief instructions provided with the assessment)

What is (are) the setting/s that you would anticipate using this assessment? Inpatient settings, skilled nursing facilities, long term acute care, nursing homes, etc.

##### Summary of strengths and weaknesses:

###### Weakness:

- Not recommended for individuals with cognitive or visual impairments
- It is not recommended that healthcare professionals answer as a proxy for their patients
- Significant others are allowed to answer, but research shows poor reliability between patient and significant other scores. Patients usually rate themselves higher (having good community reintegration) than their significant others who typically rate them lower (poorer community reintegration outcomes) (Tooth, Smith, & O'rourke, 2003) .
- No generally accepted standards for interpretation
- Multiple variations of the assessment, limited information on when to use which assessment

###### Strength:

- The assessment is free, short and simple to administer
- No training required
- The results are not impacted by age or gender

## References

- Finch, E., Brooks, D., Stratford, P.W., & Mayo, E.N. (2002). Reintegration to normal living (RNL) index. In: *Physical rehabilitation outcome measures* (2<sup>nd</sup> ed.), (pp.201 - 203). Ontario: Lippincott, Williams & Wilkins.
- Tooth, L., McKenna, K., Smith, M., & O'rourke, P. (2003). Reliability of scores between stroke patients and significant others on the Reintegration to Normal Living (RNL) Index. *Disability & Rehabilitation*, 25(9), 433.
- Wood-Dauphinee SL, Opzoomer MA, Williams JI, Marchand B, Spitzer WO. Assessment of global function: The Reintegration to Normal Living Index. *Arch Phys Med Rehabil* 1988;69:583-590.
- Wood-Dauphinee S, Williams JI. Reintegration to Normal Living as a proxy to quality of life. *J Chronic Dis* 1987;40:491-502.