MEDIOTRONICS
PHYSICAL MEDICINE

RT54 – 2020 Transversal Contract

Mental Health Equipment and Tests Brochure

Reg. No. 1996/018140/07
545 Nupen Crescent, Halfway House. Midrand, South Africa
P.O Box 7709, Halfway House, 1685
Tel: +27 11 315 2619 Fax: +27 11 315 2242
Email: contactus@mediotronics.co.za

INDEX:

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P.O Box 7709, Halfway House, 1685
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BaFPE (Bay Area Functional Performance Evaluation)

A two-part, behavorially-anchored assessment designed to assess how a client may function in task-oriented and social interactional settings.

The Task Oriented Assessment (TOA) utilizes five tasks in which twelve functional parameters in cognitive, performance, and affective areas are rated. Observations about specific cognitive and neuropsychological functioning are made during each task.

The Social Interaction Scale (SIS) measures the level of social competency through assessment of seven areas of social functioning via observation in five different social situations. These situations are observed in activities that are generally part of any therapeutic milieu program.

The BaFPE™ has been used in inpatient and outpatient settings to evaluate the functional performance of psychiatric, brain injured, geriatric, or developmentally disabled adults as well as adolescents in treatment or special education settings. It can be used for treatment, discharge planning, documentation and outcome studies.

The manual includes reliability and validity studies as well as a bibliography of over 30 publications or research studies, addressing the continued validation of the BaFPE™ with various populations. The kit includes a loose leaf binder containing a manual of background information, directions for administering the TOA and the SIS, administration forms, rating guides and worksheets. Also includes a set of sea shells, set of design blocks and associated items.

Replacement kit available. Includes 25 copies each of the 11 printed materials (forms, worksheets, rating guides and practice checks). Each set is packaged separately.

Developed by Judith S. Bloomer Ph. D., O.T.R. and Susan Lang M.B.A., O.T.R.

Behavioural Assessment of the Dysexecutive Syndrome (BADS)

Predict everyday problems associated with the dysexecutive syndrome

Author(s): Barbara A Wilson, Hazel Emslie, Jonathan J Evans, Nick Alderman, Paul W Burgess

Publication Year: 1996

Age Range: 16 years to 87 years

Administration: Individual - 40 minutes

Qualification Code: CL1

The term 'Dysexecutive Syndrome' (DES) includes disorders of planning, organisation, problem solving and attention. The DES is one of the major areas of cognitive deficit that may impede functional recovery and the ability to respond to rehabilitation programmes.

BADS specifically assesses the skills and demands involved in everyday life. It is sensitive to the capacities affected by frontal lobe damage, emphasising those usually exercised in everyday situations:

Temporal judgement - This test uses four questions to assess subjects' ability to estimate how long various complete events (such as a dental appointment) last.

Rule shift cards - Tests the ability to change an established pattern of responding, using familiar materials. In part 1 a response pattern is established according to a simple rule. In part 2 the rule is changed and subjects have to adapt their responses, inhibiting their original response set.

Action program - Tests practical problem solving. A cork has to be extracted from a tall tube, a result which can only be achieved by the planned use of various other materials provided.

Key search - A test of strategy formation. In an analogue of a common problem, subjects are required to demonstrate how they would search a field for a set of lost keys and their strategy is scored according to its functionality.

Zoo map - This is a test of planning. It provides information about subjects' ability to plan a route to visit six of a possible 12 locations in a zoo, firstly in a demanding, open-ended situation where little external structure is provided, and secondly in a situation that involves simply following a concrete, externally imposed strategy.

Modified six elements - This is a test of planning, task scheduling and performance monitoring. It is a simplified version of the original Shallice Burgess (1991) test. Subjects have to schedule their time to work on six tasks over a ten minute period.

Dysexecutive Questionnaire

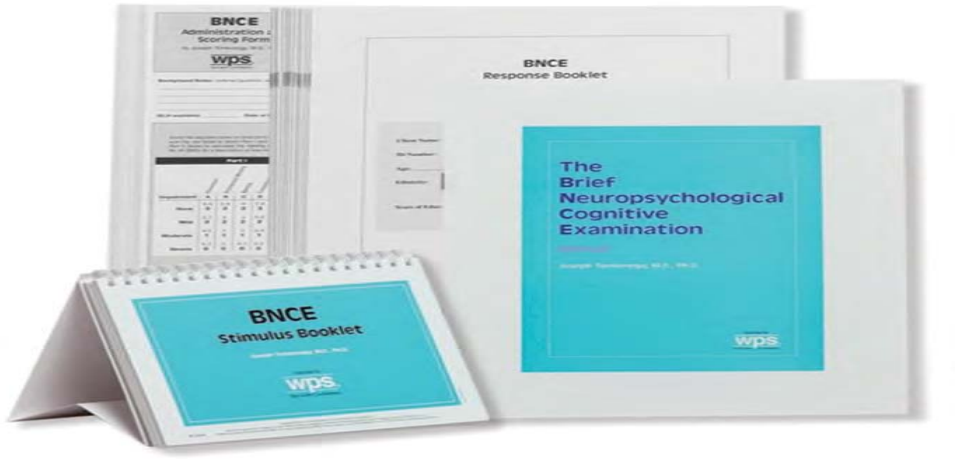
The battery includes a 20-item Dysexecutive Questionnaire (DEX) that samples the range of problems in four broad areas of likely change: emotional or personality changes, motivational changes, behavioural changes and cognitive changes.

Validation

Validation studies show that the BADS is sensitive to the everyday problems experienced by patients with brain injury, and a small study was conducted on people with schizophrenia to identify executive deficits in this group.

(BNCE™) Brief Neuropsychological Cognitive Examination™

BY JOSEPH M. TONKONOGY, MD, PHD



This convenient test assesses the cognitive functions targeted in a typical neuropsychological exam. In less than 30 minutes, it gives you a general cognitive profile that can be used for screening, diagnosis, or follow-up. More efficient than a neuropsychological battery and more thorough than a screener, BNCE is an ideal way to evaluate the cognitive status of patients with psychiatric disorders or psychiatric manifestations of neurological diseases.

Measure Processing Skills Needed for Everyday Functioning

Appropriate for individuals 18 years of age and older, the BNCE assesses:

1. Working memory
2. Gnosis
3. Praxis
4. Language
5. Orientation
6. Attention
7. Executive functions

It is composed of 10 subtests, none requiring more than minimal reading skills. Five of these subtests measure the ability to process conventional, frequently used information, while the remaining five measure the ability to process novel or incomplete information. The test focuses on processing skills needed for everyday functioning, and is sensitive to mild impairment often missed by other brief cognitive screeners.

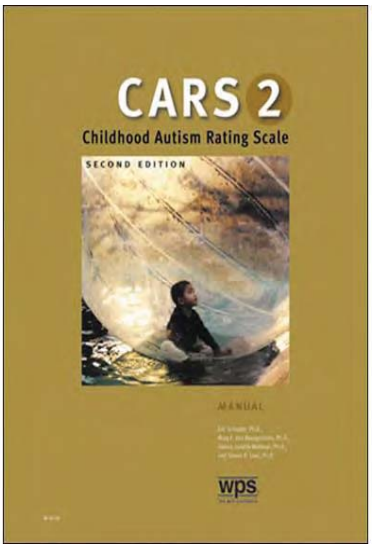
Find Out How the Patient Processes Novel Versus Conventional Information

The BNCE gives you subtest scores, a total score indicating overall severity, and two aggregate scores for the simple and complex subtests—so that you can look at the patient's ability to process conventional versus novel information. Results can help you differentiate problems caused by subcortical lesions from those caused by cortical lesions and those caused by primary psychiatric disorders. The BNCE Manual is unique in that it provides extensive guidance in interpreting test results.

Quickly Uncover Cognitive Abnormalities

The BNCE is an excellent way to start a process-oriented neuropsychological exam—it quickly reveals specific cognitive abnormalities that may warrant more detailed evaluation. And it can be used to monitor the course of both psychiatric and neurological disease. It has been found especially useful in evaluating patients with sequelae of head injury, stroke, encephalitis, and primary degenerative disorders such as Alzheimer's, Huntington's, Parkinson's, and Pick's diseases, and those suffering from seizure disorders, schizophrenia, mood disorders, and alcohol and drug abuse.

CHILDHOOD AUTISM RATING SCALE - SECOND EDITION (CARS-2)



Benefit: Helps to identify children with autism and determine symptom severity through quantifiable ratings based on direct observation

Ages: Over 2 years

Administration Time: 5 to 10 minutes

Format: Two 15-item rating scales completed by the clinician (each designed for a different population); and an unscored Parent/Caregiver Questionnaire

Scores: Cutoff scores

Since its original publication, the CARS has become one of the most widely used and empirically validated autism assessments. It has proven especially effective in discriminating between children with autism and those with severe cognitive deficits, and in distinguishing mild-to-moderate from severe autism.

Now a revised Second Edition expands the test's clinical value, making it more responsive to individuals on the "high-functioning" end of the autism spectrum--those with average or higher IQ scores, better verbal skills, and more subtle social and behavioral deficits. While retaining the simplicity, brevity, and clarity of the original test, the CARS2 adds forms and features that help you integrate diagnostic information, determine functional capabilities, provide feedback to parents, and design targeted intervention.

The CARS2 includes three forms:
1) Standard Version Rating Booklet (ST)
Equivalent to the original CARS; for use with individuals younger than 6 years of age and those with communication difficulties or below-average estimated IQs

2) High-Functioning Version Rating Booklet (HF)
An alternative for assessing verbally fluent individuals, 6 years of age and older, with IQ scores above 80

3) Questionnaire for Parents or Caregivers (QPC)
An unscored scale that gathers information for use in making ST and HF ratings

1 & 2) The Standard and High-Functioning Forms
The Standard and High Functioning Forms each include 15 items addressing the following functional areas:
Relating to People

- Imitation (ST); Social-Emotional Understanding (HF)
- Emotional Response (ST); Emotional Expression and Regulation of Emotions (HF)
- Body Use
- Object Use (ST); Object Use in Play (HF)
- Adaptation to Change (ST); Adaptation to Change/Restricted Interests (HF)
- Visual Response
- Listening Response
- Taste, Smell, and Touch Response and Use
- Fear or Nervousness (ST); Fear or Anxiety (HF)
- Verbal Communication
- Nonverbal Communication
- Activity Level (ST); Thinking/Cognitive Integration Skills (HF)
- Level and Consistency of Intellectual Response
- General Impressions

Continued pg2

Items on the Standard Form duplicate those on the original CARS, while items on the HF form have been modified to reflect current research on the characteristics of people with high functioning autism or Asperger's Syndrome.

The clinician rates the individual on each item, using a 4-point response scale. Ratings are based not only on frequency of the behavior in question, but also on its intensity, peculiarity, and duration. While this more nuanced approach gives you greater flexibility in integrating diagnostic information, it still yields quantitative results.

The Rating Booklets for both the Standard and HF versions are particularly convenient. They include space for clinical note-taking and documentation. They briefly describe each area rated, providing a reminder of rating criteria and a framework for explaining results to parents. And they list cutoff values so that you can see at a glance whether further evaluation is warranted.

Rating values for all items are summed to produce a Total Raw Score. Each form includes a graph that allows you to quickly convert the Total Raw Score to a standard score or percentile rank (based on a clinical sample of 1,034 individuals with autism spectrum disorders). The Manual provides guidelines for score interpretation, suggestions for intervention, and case examples.

The Questionnaire for Parents or Caregivers (QPC)
The QPC is an unscored form completed by the parent or caregiver of the individual being assessed. Its purpose is to give the clinician more information on which to base the ST or the HF ratings. Often the questionnaire serves as the framework for a follow-up interview, during which the clinician can clarify and interpret the responses provided by the parent or caregiver.

The areas covered by the QPC include the individual's early development; social, emotional, and communication skills; repetitive behaviors; play and routines; and unusual sensory interests.

The Best Way to Inform and Support Diagnosis
The new CARS2 is extremely useful in identifying symptoms of autism.

- It covers the entire autism spectrum, as defined by empirical research.
- It is based on decades of use with thousands of referred individuals.
- It assesses virtually all ages and functional levels.
- It provides concise, objective, and quantifiable ratings based on direct behavioral observation.
- Scores show a consistent, strong, positive, and specific relationship with autism diagnosis.
- Ratings are reliable across time, settings, sources of information, and raters.

With a new form for higher-functioning individuals, a structured way to gather caregiver information, and guidelines linking scores to intervention, the CARS2 remains one of the best autism assessments available.

Cognitive Assessment of Minnesota

Measure the cognitive abilities of adults with neurological impairments
Author(s):
Ann M Wanttie, Karen S Freeberg, Laureen G Borowick, Margaret L Jungkunz, Ruth A Rustad, Terry L DeGroot
Publication Year: 1993
Age Range: Adult

Administration: Individual - less than 60 minutes

Qualification Code: CL3

Product description

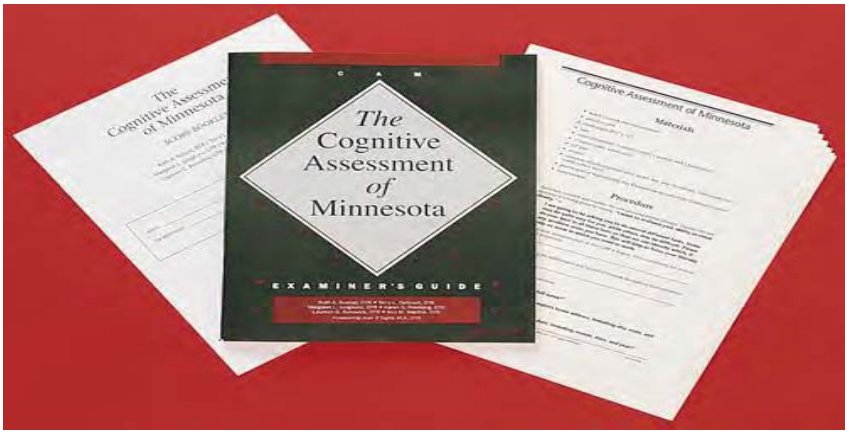
The *Cognitive Assessment of Minnesota* provides an understanding of the theoretical framework to assess significant areas of cognition. It can be used to establish a base line as well as to validate treatment. The assessment goals include:

- Screening and evaluating a variety of cognitive skills in a short amount of time
- Producing easy documentation of cognitive skills and problems.

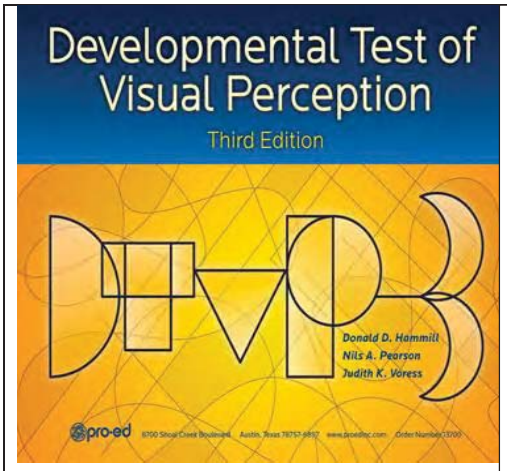
The assessment is an objective measure that helps standardise the evaluation of clients with cognitive dysfunction.

Within the hierarchy are 17 subtests to measure:

- Attention span
- Memory orientation
- Visual neglect
- Temporal awareness
- Recall/recognition
- Auditory memory and sequencing
- Simple maths skills
- Safety and judgement.



Developmental Test of Visual Perception, Third Edition (DTVP-3)



Assess visual perception and visual-motor integration skills in children from 4 years to 12 years 11 months. Shown to be unbiased relative to race, gender and handedness

Author(s): Donald D Hammill, Nils A Pearson, Judith K Voress

Publication Year:
2013
Age Range:
4 to 12 years 11 months
Administration:
Individual - 30 minutes

The DTVP-3 is the most recent revision of Marianne Frostig's popular Developmental Test of Visual Perception. Of all the tests of visual perception and visual-motor integration, the DTVP-3 is unique in that its scores are reliable at the .80 level or above for all subtests and .90 or above for the composites for all age groups; its scores are validated by many studies; its norms are based on a large (N = 1,035), representative sample; it yields scores for both visual perception (no motor response) and visual-motor integration ability; and it is shown to be unbiased relative to race, gender, and handedness.

New Features of the DTVP-3

- New normative data were collected in 2010 and 2011
- Norms were extended upward to age 12 years, 11 months
- The composite scores have no floor or ceiling effects
- Numerous eligibility and validity studies, including studies of the test's sensitivity, specificity, and ROC/AUC, have been provided
- The study of item bias has been expanded
- The overall look of the test was updated

DTVP-3 Subtests

The DTVP-3 has five subtests.

1. **Eye-Hand Coordination**. Children are required to draw precise straight or curved lines in accordance with visual boundaries.

2. **Copying**. Children are shown a simple figure and asked to draw it on a piece of paper. The figure serves as a model for the drawing. Subsequent figures are increasingly complex.

3. **Figure-Ground**. Children are shown stimulus figures and asked to find as many of the figures as they can on a page where the figures are hidden in a complex, confusing background.

4. **Visual Closure**. Children are shown a stimulus figure and asked to select the exact figure from a series of figures that have been incompletely drawn. In order to complete the match, children have to mentally supply the missing parts of the figures in the series.

5. **Form Constancy**. Children are shown a stimulus figure and asked to find it in a series of figures. The targeted figure will have a different size, position, and/or shade, and it may be hidden in a distracting background.

Developmental Test of Visual Perception, Third Edition (DTVP-3)

DTVP-3 Composites

The results of the five DTVP-3 subtests are combined to form three composites: Motor-reduced Visual Perception, Visual-Motor Integration, and General Visual Perception (combination of motor-reduced and motor-enhanced subtests). Subtests were assigned to a particular composite on the basis of the amount of motor ability required by their formats.

Complete kit:

Includes: Examiner's Manual, Picture Book, 25 Response Booklets, 25 Examiner Record Booklets, and a Copying scoring template, all in a sturdy storage box.

ISBN: 9780749166489

DTVP-A: Developmental Test of Visual Perception – Adolescent and Adult

Cecil R. Reynolds+ Nils A. Pearson+ Judith K. Voress

A comprehensive measure of visual perception that reliably differentiates visual-perceptual problems from visual-motor integration deficit!

Ages: 11-0 through 74-11
Testing Time: 25 minutes
Administration: Individual

The DTVP-A is a battery of six subtests that measure different but interrelated visual-perceptual and visual-motor abilities. The battery has empirically established reliability and validity. The normative sample consists of 1,664 adolescents and adults residing in 19 states; demographic characteristics approximate the current census data. Evidence is provided to show that the test is unbiased with respect to gender and race.

The DTVP-A is the latest test based on the work of Marianne Frostig. It can be administered by psychologists, neuropsychologists, occupational therapists, physical therapists, regular and special educators, and diagnosticians who are interested in examining the visual-perceptual status and visual-motor integration skills of adolescents and adults.

The DTVP-A is especially useful in the evaluation of the neuropsychological integrity of TBI and stroke patients where right-hemisphere function may be at issue. Normed through age 75, the DTVP-A has sufficient floor or easy items to allow accurate assessment of even individuals with severe TBI and other neurologically impaired individuals. The reliability of the various subtests and index scores indicates that the DTVP-A will be sensitive to improvement over the course of treatment.

The subtests and indexes also will suggest areas of emphasis in cognitive and fine motor rehabilitation. The DTVP-A is particularly useful in distinguishing true visual-perceptual deficits from problems solely with complex eye-hand or perceptual-motor actions. The DTVP-A may also assist in differential diagnosis of various of the dementias in elderly patients, providing a baseline for normal aging changes in perception and perceptual-motor skills against which the referred patient may be referenced.

Subtests

Subtest 1-Copying: Individuals are shown a simple figure and asked to draw it on a piece of paper. The figure serves as a model for the drawing.

Subtest 2-Figure-Ground: Individuals are shown stimulus figures and asked to find as many of the figures as they can on a page where the figures are hidden in a complex, confusing background.

Subtest 3-Visual-Motor Search: The individual is shown a page covered in numbered circles, randomly arranged on the page. The individual connects the circles with a line, in numerical sequence, as quickly as possible.

Subtest 4-Visual Closure: Individuals are shown a stimulus figure and asked to select the exact figure from a series of figures that have been incompletely drawn.

Subtest 5-Visual-Motor Speed: Individuals are shown (a) four different geometric designs, two of which have special marks in them, and (b) a page filled completely with the four designs, none of which have marks in them.

Subtest 6-Form Constancy: Individuals are shown a stimulus figure and asked to find it in a series of figures. In the series, the targeted figure will have a different size, position, and/or shade, and it may be hidden in a distracting background.

Composite Scores or Indexes The most reliable scores for the DTVP-A are the indexes. These scores are found by adding the standard scores of the subtests that comprise a composite and converting the sum to an index.

General Visual-Perceptual Index: The GVPI is the best measure of what the majority of people mean when they say "visual perception." Data from six subtests, each of which measures a different type of visual perception in a different manner, contribute to the GVPI. When GVPIs are below 90, examiners need to pay more attention to the clinically important indexes- the Motor-Reduced Visual Perceptual Index (MRPI) and the Visual-Motor Integration Index (VMII). Examination of these indexes may help explain the causes for low GVPIs.

Motor-Reduced Visual Perception Index: Of all of the DTVP-A indexes, the MRPI is the "purest" and most direct measure of visual perception in that only minimal motor skills (e.g., pointing) are required to show perceptual competence. This index is formed by combining the standard scores from the Figure-Ground, Visual Closure, and Form Constancy Subtests.

Visual-Motor Integration Index: To do well on this composite, individuals must perform complex eye-hand coordination tasks. Low scores do not necessarily indicate poor visual perception; they may mean that the individuals have awkward hand movements or that they have difficulty coordinating hand-to-eye movements. This index is formed by combining the standard scores of the Copying, Visual-Motor Search, and Visual-Motor Speed Subtests.

Special Features of the DTVP-A

Subtests were developed to be appropriate for adolescents and adults.

The normative sample reflects the current population characteristics of the United States relative to race, ethnicity, gender, geographic region, parent education, and income.

Internal consistency, stability, and interscorer reliability for all indexes are high.

Validity evidence shows that all DTVP-A subtests and indexes are useful for measuring visual-perceptual and visual-motor integration skills.

Evidence is provided to show that the test is unbiased with respect to gender and race.

COMPLETE DTVP-A KIT INCLUDES: Examiner's Manual, Picture Book, 25 Profile/Examiner Record Forms, and 25 Response Booklets, all in a sturdy storage box. (©2002)

DYNAMIC LOEWENSTEIN OCCUPATIONAL THERAPY COGNITIVE ASSESSMENT FOR GERIATRIC *USE (DLOTCA-G)*

The Dynamic LOTCA is a series of cognitive tests that enables a therapist to evaluate clients with neurological deficits in order to obtain a detailed cognitive profile, enabling intervention planning for management and maintenance. DLOTCA builds off the research used to develop the original LOTCA series and incorporates a dynamic component providing the ability to measure learning potential and recognize thinking strategies through the use of mediation. In addition, it enables the therapist to identify the level of awareness the client has to his/her condition and cognitive disability.

DLOTCA-G Designed to be used with clients aged 70 and over and specifically addresses physical and mental factors that can accompany aging by offering larger components, reduced pictorial detail, multiple choice questions, and shorter administration time. Consists of 24 subtests in 8 cognitive areas: Orientation, Awareness, Visual Perception, Spatial Perception, Praxis, Visuomotor Construction, Thinking Operations and Memory.

It was designed to provide standardized testing procedures and established norms for systematic data collection in cognitive assessment. Published studies are available upon request.

DYNAMIC LOEWENSTEIN OCCUPATIONAL THERAPY COGNITIVE ASSESSMENT (DLOTCA)

The Dynamic LOTCA is a series of cognitive tests that enables a therapist to evaluate clients with neurological deficits in order to obtain a detailed cognitive profile, enabling intervention planning for management and maintenance.

DLOTCA builds off the research used to develop the original LOTCA series and incorporates a dynamic component providing the ability to measure learning potential and recognize thinking strategies through the use of mediation. In addition, it enables the therapist to identify the level of awareness the client has to his/her condition and cognitive disability.

DLOTCA.

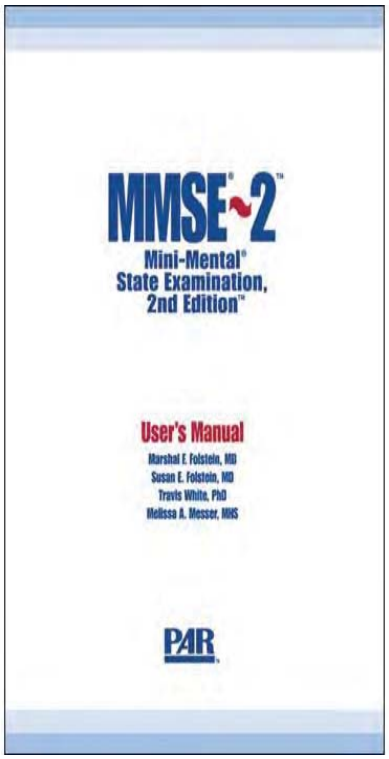
Designed to be used with clients aged 18-69 years old.

It consists of 28 subtests in 7 cognitive areas: Orientation, Awareness, Visual Perception, Spatial Perception, Praxis, Visuomotor Construction and Thinking Operations.

Designed to provide standardized testing procedures and established norms for systematic data collection in cognitive assessment. Published studies are available upon request.

Author: Malka Itzkovich, OTR, Sara Averbuch, M.A., OTR, Betty Elazar, OTR and Naomi Katz, Ph.D., OTR

Mini-Mental State Examination, 2nd Edition (MMSE-2) KIT



Purpose: Screen for cognitive impairment

Age: 18 years and older

Admin: Individual

Time: 10-15 minutes fir the MMSE-2:SV;
20 minutes for the MMSE-2:EV

With a new standard version that is equivalent to the original MMSE and new and expanded forms, the MMSE-2 retains clinical utility and efficiency while expanding the original's usefulness in populations with milder forms of cognitive impairment, including subcortical dementia.

The original MMSE is one of the most frequently used brief assessments of cognitive impairment. It can be used to track patients' progress over time, to screen large populations for cognitive impairment, and to select patients for clinical trials research in dementia treatment. In revising the the MMSE, the authors sought a variety of improvements, to better standardize its administration, some of the original MMSE items have been altered. Despite these changes, the MMSE-2: Standard Version (MMSE-2:SV) demonstrates high equivalency with the original MMSE. Thus, it is possible to switch from the original MMSE to the MMSE-2:SV without compromising longitudinal data and without any change of the normal range of scores.

An even briefer version, the new MMSE-2: Brief Version (MMSE-2:BV), is designed for rapid assessment in a variety of settings. Available in convenient tear-off pads, the MMSE-2: BV Blue and Red Forms require no stimuli for administration. The MMSE-2: Expanded Version (MMSE-2:EV), a slightly longer version , is more sensitive to subcortical dementia and changes associated with aging; it is sufficiently difficult that it does not a ceiling effect. Equivalent, alternate forms (Blue and Red) of each MMSE-2 verion have been developed to decrease the possibility of practice effects that can occur over serial examinations. Finally, the Pocket Norms Guide has been updated to include norms for versions of the MMSE-2 by age and education level and includes reliable change scores to facilitate serial testing with any of the MMSE-2 versions.

Standardization and Development

A new normative sample of more than 1,500 individuals was used to establish reliability and the normal range of scores.A clinical sample consisting of patients with Alzheimer's disease and patients with sucortical dementiawas tested to establish validity. Raw score means and standard deviations by age and education level, as well as age- and education-corrected *T* scores are provided.

Reliability and Validity

Internal consistency ranged from .66 to .79 for the clinical sample. Test-retest stability was calcualted using genralizability (G) coefficients. Convergent validity of the MMSE-2 was examined in termsof its correlations with several tests that purport to measure specific aspects of cognitive function.

MMSE-2: Standard Version Kit includes: MMSE-2 User's Manual, 25 MMSE-2:SV Blues Forms, 25 MMSE-2:SV Red Forms, 10 MMSE-2: BV Blue Forms, 10 MMSE-2: BV Red Forms, and Pocket Norms Guide.

MMSE-2: Expanded Version includes: MMSE-2 User's Manual, 25 MMSE-2:EV Blues Forms, 25 MMSE-2:EV Red Forms, 2 Processing Speed Scroing Templates [Blue and Red], and Pocket Norms Guide.

MMSE-2: Brief Version: A Kit is not available. If Examiner wants to use the Brief Version, the Brief Version Blue Forms, the Brief Version Red Forms, User's Manual and Pocket Norms Guide should be purchased.

Grooved Pegboard Manipulative Dexterity Test

The Grooved Pegboard Test includes:

- 1 x Testing board with 25 holes
- 25 x Pegs with a key along one side
- 1 x Grooved Pegboard Full Manual
- 1 x Grooved Pegboard Quick Start Guide

The Grooved Pegboard is a manipulative dexterity test consisting of 25 holes with randomly positioned slots. Pegs with a key along one side must be rotated to match the hole before they can be inserted. This test requires more complex visual-motor coordination than most pegboard tests. Some common uses are student labs, screening procedures in industry and evaluating lateralized brain damage. The pegs are conveniently stored under the nameplate.

Grooved Pegboard Replacement Peg Set - 30 Pegs

Purdue Pegboard Test Scoring Forms - Pack of 25

The Purdue Pegboard Test measures the dexterity of the hands, arms, and fingers as well as fingertips. Test results are normally recorded on a scoring form that allows therapists to enter patient data and score results.

This product includes 25 scoring blanks attached to a pad. Each blank includes at the top of the form a quick reference to test norms. There are sections on the form to enter patient and test administer information as well as three test results for right hand, left hand, and both hands along with the average among the three test trials.

QUICK NEUROLOGICAL SCREENING TEST-3R (QNST-3R)

Author(s): Margaret Mutti, MA / Nancy A. Martin, PhD / Harold Sterling, MD / Norma Spalding, EdD

Purpose: Documents the presence of neurological soft signs which are thought to indicate delays or reduced cortical neural connectivity.

- Individual Administration
- Ages 4 through 80+
- Criterion-Referenced
- Testing/Scoring Time: 20-30 minutes

The QNST-3R includes updated norms (based on a nationally representative sample), along with revisions and clarifications to the Record Form, administration procedures, and scoring guidelines.

The QNST-3R is an individually administered, empirically based assessment of the development of motor coordination and sensory integration (both of which have been shown to relate to learning as well as to general daily functioning), seen as neurological soft signs (NSS). NSS are minor irregularities that include poor motor coordination, sensory perceptual changes, and difficulty sequencing complex motor tasks. The presence of NSS can indicate neural trauma and are often harbingers of learning difficulties (without history of trauma).

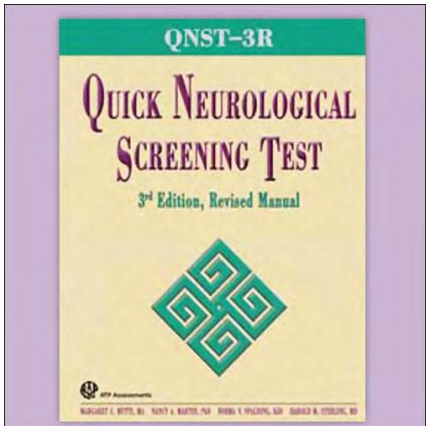
The QNST-3R provides an easy and reliable way to quantify, over time, the presence and extent of behaviors that may be of clinical importance.

1. motor maturity and development
2. sensory processing
3. gross and fine muscle control
4. motor planning and sequencing
5. sense of rate and rhythm
6. spatial organization
7. visual and auditory perception
8. balance and vestibular function
9. disorders of attention

The Manual's updated literature includes information about NSS seen in sports related concussion (child and adult), and neurodegenerative diseases (such as Alzheimer's and Parkinson's diseases). The expanded norms now cover ages 4 through geriatrics (80+).

QNST-3R tasks are commonly used in traditional neurologic exams and require no specific equipment, just a pencil.

Task 1: Hand Skill
Task 2: Figure Recognition and Production
Task 3: Palm Form Recognition
Task 4: Eye Tracking
Task 5: Sound Patterns
Task 6: Finger to Nose
Task 7: Thumb and Finger Circle
Task 8: Rapidly Reversing Repetitive Hand Movements
Task 9: Arm and Leg Extension
Task 10: Tandem Walk
Task 11: Stand on One Leg
Task 12: Skipping
Task 13: Left-Right Discrimination
Task 14: Behavioral Irregularities



NOTE: The QNST-3 Forms are NOT compatible with the QNST-3R
TEST Kit includes: Manual, 25 Record Forms, 25 Remedial Guidelines Forms (developmental activities) all neatly stored in a vinyl folder.

Rivermead Behavioural Memory Test | Third Edition

Barbara A. Wilson , Eve Greenfield, Linda Clare, Alan Baddeley Janet Cockburn, Peter Watson, Robyn Tate, Sara Sopena and Rory Nannery

The Rivermead Behavioural Memory Test Third Edition (RBMT-3) is an internationally renowned, highly sensitive, ecological test of gross memory impairment.

Age range: 16:0-96:0 years
Qualification level: B
Completion time: 25-30 minutes
Forms: Four parallel versions
Norms: 118 UK controls aged from 14-69 years and 119 people aged 70-96 years; 176 people with brain injury

RBMT-3 is designed to predict everyday memory problems in people with acquired, non-progressive brain injury and to monitor their change over time.

Features

Updated stories assess a person's ability to absorb verbal information.

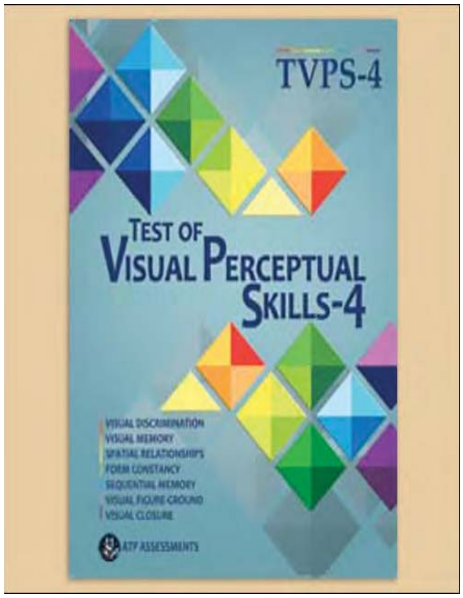
Enhanced user-friendliness with easy-to-use record forms provide visual representation of a participant's strengths and needs.

Expanded clinically utility, with the inclusion of case studies and an Intervention chapter, aid in interpretation.

New Novel Task subtest assesses the ability of a person to learn a new skill, an accomplishment critical for everyday functioning.

Pictures in the Face Recognition subtest are expanded to ensure better representation of a multi-racial society.

TEST OF VISUAL PERCEPTUAL SKILLS-4TH EDITION (TVPS-4)



Author: Nancy Martin, PhD

Purpose: To determine the visual perceptual strengths and weaknesses of students

Age: 5 to 21 years

Administration Time: 25 minutes

The TVPS-4 is the latest update of the standard comprehensive assessment of visual analysis and processing skills. The TVPS is used by many professionals, including occupational therapists, learning specialists, optometrists, and school psychologists.
The TVPS-4 remains an easy-to-use assessment for determining visual-perceptual strengths and weaknesses. Norms are based on a nationally representative sample. Additional lower-level items were added to address the needs of younger or more impaired individuals, and norms now extend through 21 years of age, making the TVPS-4 useful for a wider range of examinees

.The TVPS-4 utilizes black-and-white line drawings, bound in a convenient easel-style booklet. The items are still presented in a multiple-choice format, requiring only minimal verbal or motor (pointing) responses. This format is ideal for use with individuals who have impairments in motor, speech, neurological, or cognitive functions.
The TVPS-4 now includes 18 items in each of the following seven perceptual areas:

- **Visual Discrimination:** the individual is asked to find the one image, in a field of five similar images, that exactly matches the presented target image.

- **Visual Memory:** the individual is presented with a target image for five seconds, is asked to remember it and then find the image, in a field of four images, on the following page.

- **Spatial Relationships:** the individual is asked to find the one image, in a field of five images, that is different from the rest.

- **Form Constancy:** the individual is asked to find the one image, in a field of four or five images, that matches the presented target image. The matching image may be larger, smaller, rotated, and/or embedded within a larger design.

- **Sequential Memory:** the individual is presented with an image of a sequence of elements for five seconds, is asked to remember it and then find the image with the same sequence, in a field of four images, on the following page.

- **Visual Figure-Ground:** the individual is asked to find a target image that is embedded in one of a field of four complex designs.

- **Visual Closure:** the individual is asked to match an incomplete target image to the correctly completed image in a field of four.

The TVPS-4 is consistent with current methods of visual information processing used in occupational therapy and optometry. The TVPS-4 also measures the following Cattell-Horn-Carroll theory narrow abilities:

- Visualization

- Flexibility of Closure

- Visual Memory

- Memory Span

Administration and Scoring
The TVPS-4 is individually administered, is untimed, and takes about 25 minutes to complete. Scoring is quick and uncomplicated. Raw scores are reported as scaled scores and percentile ranks for each subtest; the overall total score is reported as a standard score and percentile rank. Age equivalents are also provided for the subtest and overall scores.

THE BEERY-BUKTENICA DEVELOPMENTAL TEST OF VISUAL-MOTOR INTEGRATION, 6TH EDITION (BEERY VMI) contd.

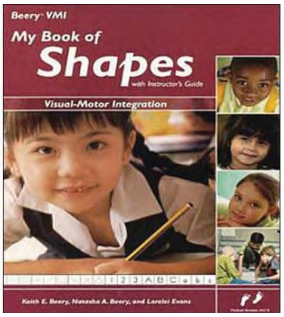
Teaching Materials

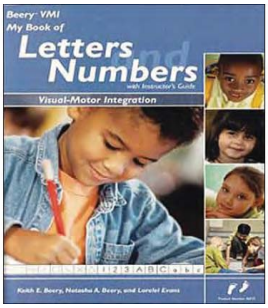
In response to teachers' and parents' requests, authors Keith and Natasha Beery have developed visual, motor, and visual-motor teaching activities, and other material for use with children from birth to elementary school age.

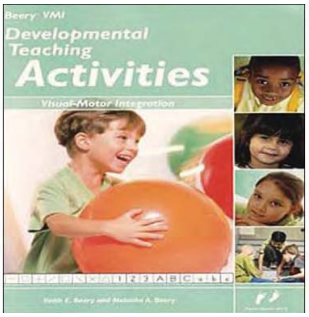
New CD format enables quick, convenient and free reprinting of teaching activities and worksheets.

1. **Developmental Teaching Activities** - A booklet of more than 250 activities for teachers nad parents to use with children from birth through age 6 to help develop solid foundations for art, academics (including pre-reading and pre-writing), and athletic skills. At each level, activities are included for gross motor, fine motor, visual, and visual-motor development.
2. **My Book of Shapes** - Contains 100 gemetric paper and pencil exercises that preschool and kindergarten teachers and parents may use with children to refine motor, visual, and visual-motor activities development. The exercises help support early prevention of problems and provide an important foundation for the teaching of letter and numeral shapes in the first semester of kindergarten.
3. **My Book of Letters and Numbers** - Provides 100 exercises for use with students in the second semester of kindergarten. The exercises use numeral and letter shapes so that the motor, visual, and visual-motor skills children learn with geometric shape exercises can be successfully transferred to numeral and letter shapes thry will use in school.
4. **Beery VMI Stepping Stones Parent Checklist** - A consumable checklist of more than 200 key developmental "stepping stones" designed to help parents note observations of children from pre-kindergarten through early elementary age in non-school settings. Parents may then share this information with teachers to help track developmental progress and design learning programs.
5. **Developmental Wall Chart for Visual-Motor Integration** - A laminated full-color wall chart of basic gross, fine motor, visual, and visual-motor developmental "stepping stones" from birth to age 6. Serves as a handy reminder for parents and professionals.

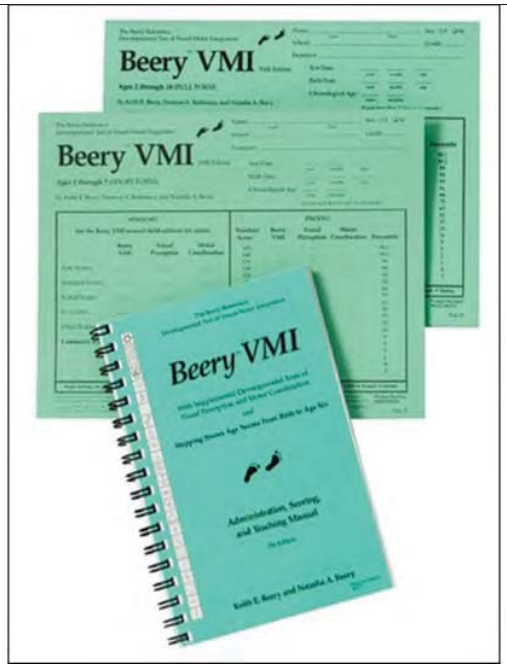
Teaching Materials Starter Kit: Includes My Book of Shapes, My Biook of Letters and Numbers, Developmental Teaching Activities, Developmental Wsll Chart and Stepping Stones Parent Checklist (25 per package).
Author: Keith E. Beery & Natasha A. Beery







THE BEERY-BUKTENICA DEVELOPMENTAL TEST OF VISUAL-MOTOR INTEGRATION, 6TH ED (BEERY VMI)



Purpose:
Identifies significant difficulties in integrating or coordinating visual perceptual and motor (finger and hand movement) abilities.
Ages: Full Form: 2 to 100 years; Short Form: 2 to 7 years
Administration Time: Short Format and Full Format tests: 10 - 15 minutes each; Supplemental Visual Perception and Motor Coordination tests: 5 minutes each
Scores: Standard scores, percentiles, age equivalents

The new 6th Edition of this highly acclaimed test measures visual-motor integration in children and adults. Backed by decades of research and clinical use, the Berry VMI offers a convenient and economical way to screen for visual-motor deficits that can lead to learning, behavior, and neuropsychological problems. While it is used primarily with young children, it can also be administered to adolescents and adults.

New in the 6th Edition

The 6th Edition remains focused on early childhood education, offering new norms for ages 2 through 18. (Adult norms for ages 19 and older, have not been updated) While test content has not changed, the child and adult test forms have been combined, making the VMI more convenient for clinicians who work with people of all ages. You may continue to use your remaining 5th Edition test forms, but you will need the new 6th Edition Manual to access updated norms and new research on medical, neuropsychological, and educational applications of the VMI.

A Simple Design-Copying Task Appropriate for Young and Old

The VMI helps assess the extent to which individuals can integrate their visual and motor abilities. The test presents the examinee with drawings of 24 geometric forms, arranged in a developmental sequence, from less to more complex. The examinee simply copies these forms in the Test Booklet. The test can be individually or group administered in just 10 to 15 minutes. A Short Form, composed of 15 drawings, is often used with 2- to 8-year-old children.

Optional Supplemental Tests for More Detailed Evaluation

Two supplemental tests-the VMI Visual Perception Test and the VMI Motor Coordination Test- can each be administered in 5 minutes or less. They are generally given if full- or short-form VMI results indicate a need for futher testing. The supplemental tests use the same VMI stimulus forms, so it easy to compare results from all 3 tests, using a profile form provided in the Test Booklet.

Standardization

The 6th Edition was standardized, in 2010, on a national sample of 1,737 children aged 2 to 18. Adult norms, collected in 2006, are based on a sample of 1,021 individuals from 19 to 100 years of age. In addition, the Manual includes approximately 600 age-specific norms, from birth through age 6. These norms reflect developmental "stepping stones" identified by research. They have proven useful in helping parents understand their child's current level of development.

Beery VMI 6th Edition Starter Kit includes: Manual, 10 Full Forms, 10 Short Forms, 10 Visual Perception Forms, and 10 Motor Coordination Forms.