

Approaches to Assessment:

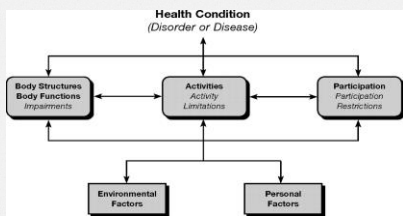
↓ Top Down

vs.

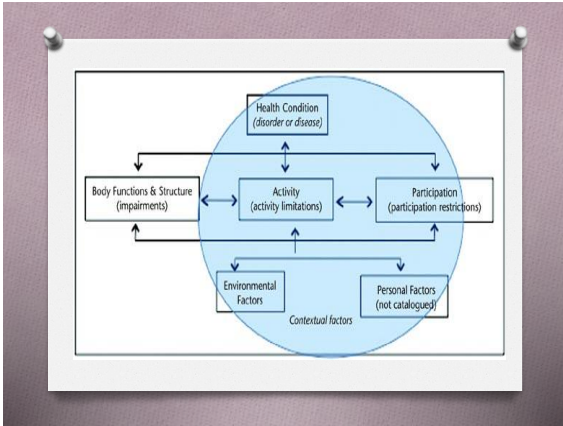
Bottom Up ↑

Bottom Up

- Evaluate the parts
- Evaluate the systems
- Connect to function (?)



International Classification of Function and Disability, WHO, 2001



Top Down

- Start with participation
- Explore activity limitations
- Evaluate the environment
- Elicit personal factors
- Less initial direct emphasis on body structures and function

Process

• What a person **DOES**

With who, where, when, why, how

Body structures, Functions

• What we **KNOW** about conditions

• **IMPACT** on the person

• Interventions to support **PARTICIPATION**

Recommendations

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Where to begin?

WHO-DAS 2.0
World Health Organization
Disability Assessment
Schedule

WHO-DAS 2.0

- A generic assessment instrument for health and disability
- A tool to produce standardized disability levels and profiles
- Applicable across cultures, in all adult populations
- Used across all diseases, including mental, neurological and addictive disorders

http://www.who.int/classifications/icd/more_whodas/en/

WHO-DAS 2.0 continued

- Short, simple and easy to administer (5 to 20 minutes)
- Applicable in both clinical and general population settings
- A tool to produce standardized disability levels and profiles

Covers 6 Domains of Functioning

- Cognition – understanding & communicating
- Mobility– moving & getting around
- Self-care– hygiene, dressing, eating & staying alone
- Getting along– interacting with other people
- Life activities– domestic responsibilities, leisure, work & school
- Participation– joining in community activities

Full Version:

36-item version

- Provides most detail
- Allows to compute overall and 6 domain specific functioning scores
- Available as interviewer-, self-, and proxy-administered forms
- Average interview time: 20 min.

Shorter Version

12-item version

- Useful for brief assessments of overall functioning in surveys
- Allows to compute overall functioning scores
- Explains 81% of the variance of the 36-item version
- Available as interviewer-, self-, and proxy-administered forms
- Average interview time: 5 min.

Sample Questions

In the past 30 days, how much difficulty did you have in:

Taking care of your household responsibilities ?

Washing your whole body?

Concentrating on doing something for 10 minutes?

Walking a long distance such as 1000 feet?

Rating Scale

Simple scoring:

0= none

1= mild

2= moderate

3= severe

4 =extreme

Suggested Approach

“Walk me through your typical day”

Explore:

o Activities done (and not done)

o Roles

o Habits

o Routines

Strategies for assessment in each domain

- o Cognition – understanding & communicating
- o Mobility– moving & getting around
- o Self-care– hygiene, dressing, eating & staying alone
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Cognition

- o Can they follow the “walk me through your day” concept without cues?
- o Can they recall new information given?
- o Can they demonstrate a new skill taught without cuing?
- o Use Occupational Therapists (OT) to help formally assess- Cognitive Performance Test
- o Speech Therapists also can assess cognitive linguistic function

KEY with Cognition:

Verbal skills can remain intact even when cognitive processing is declining.

Need to see people use objects, encounter difficulties and problem solve in real time

Environment can support or hinder performance

Habits and routines can support performance

Mobility-moving & getting around

Timed Up and Go Test (TUG)-

Mathias S, Nayak US, Isaacs B. Balance in elderly patients: the "Get-up and go" test. Arch.Phys.Med.Rehabil. 1986;67:387-389

Tinetti Balance Assessment Tool

Tinetti ME. Performance-oriented assessment of mobility problems in elderly patients. J.Am.Geriatr.Soc. 1986;34:119-126.

Berg Balance Scale

Berg K, Wood-Dauphinee S, Williams JI. The Balance Scale: reliability assessment with elderly residents and patients with an acute stroke. Scand.J.Rehabil.Med. 1995;27:27-36.

KEY with Mobility:

Ask about falls and near misses: What was the person doing or trying to do?

Assistive Devices: Ask "what does using your walker (or cane) keep you from doing?"

Bring in Physical and Occupational Therapy

Self-care— hygiene, dressing, eating & staying alone

- o **Grooming** (note back of head)
- o **Oral care**- especially if there are upper extremity mobility issues
- o **Eating**-food choices give clues
- o **Clothing**- also provides clues

KEY with Self Care

- o Avoid asking "Do you _____ by yourself?"
- o Ask instead "Tell me how you _____"
- o If possible, ask family members/caregivers for their observations
- o Ask family/caregivers if their loved one ever calls THEM

Getting along— interacting with other people

- o Activity Configuration "How do you pass the time in a day?"
- o Consider life changes—ask about moves; loss of loved ones or pets; giving up driving
- o Geriatric Depression Scale
web.stanford.edu/~yesavage/GDS.html

KEY with Getting Along:

- o Don't make assumptions!
- o If possible, ask family members/caregivers for their observations

Life activities– domestic responsibilities, leisure, work & school

- Use same questions re: social interactions
- Ask also: "How do you get your groceries? How do you get your laundry done?" etc.
- Whenever possible, watch the person perform at least some of the task, e.g. "Show me how you do _____"
- Bring in OT

Participation– joining in community activities

- Ask about past participation
- Ask person to finish this sentence: "If I could go anywhere or do anything I wanted, I would _____".
- Follow up: "What stops you from doing _____?"

Final Thoughts:

Observe actual performance whenever possible

Performance in context is best

Home Care- ideal setting for functional assessment

