Assessment scales for upper limb and hand

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Overview

Overview of assessment scales

Fugl-Meyer Assessment(FMA-UE)

Action Research Arm Test(ARAT)

Wolf Motor Function Test(WFAT)

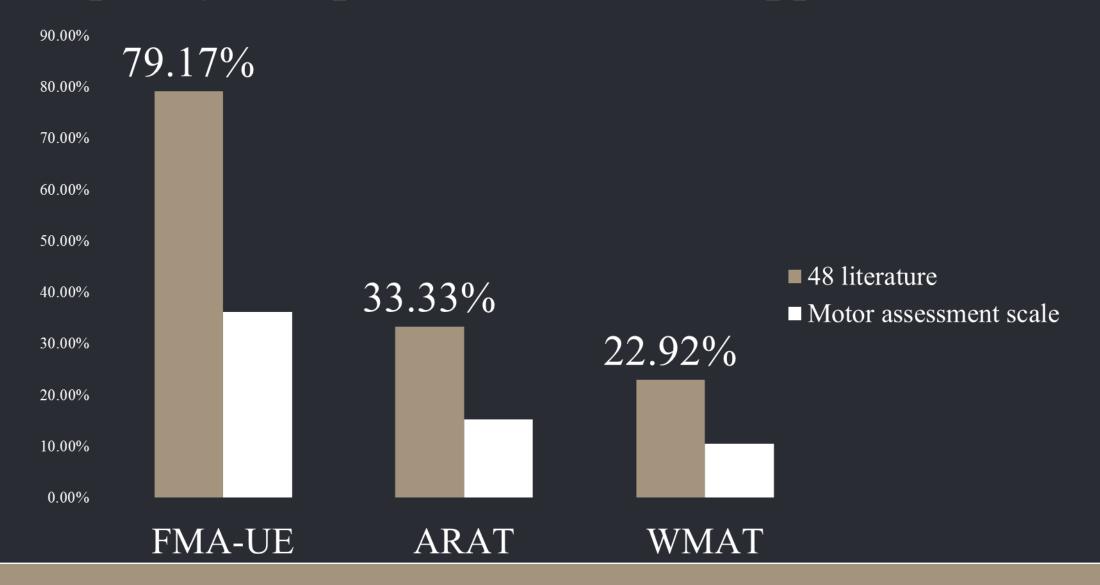
Stroke Rehabilitation Assessment of Movement(STREAM)

Motor Assessment Scale(MAS)

Disabilities of the Arm , Shoulder and Hand (DASH)

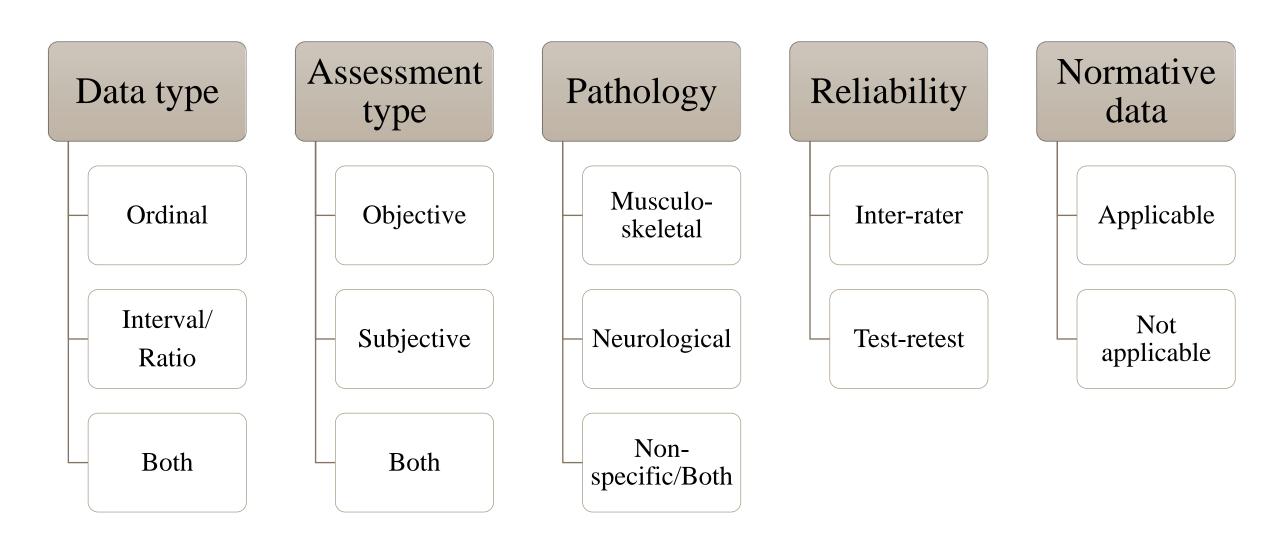
Simple Test for Evaluating Hand Function(STEF)

Frequency comparison between 3 upper limb scales



林淑芳,徐颖,叶晓倩,等.脑卒中上肢运动功能评价量表在康复中的应用[J].中国康复,2015,30(6):424-427.

Analysis method framework





Introduction of the assessment scales

Introduction of the assessment scales

Fugl-Meyer Assessment of the Upper Extremity

O2 Action Research Arm Test

Wolf Motor Function Test



Fugl-Meyer Assessment of the Upper Extremity(FMA-UE)

- 1. It's the most commonly used, was developed to evaluate upper extremity motor impairments after stroke. and it's focuses on multijoint upper extremity function.
- 2. It's reliability and validity has been certified.so in scientific research the FMA often used as a GOLD STANDARD.



Fugl-Meyer Assessment of the Upper Extremity(FMA-UE)

Disadvantages

- 1.It has only three levels of assessment for each item. therefore, a majority of patients get an intermediate score in most items, and remain so for a long time.
- 2. The test is difficult to use and examines synergy patterns that no longer form the basis for many functionally oriented treatments.
 - 3. The Fugl Meyer assessment is time consuming.

Action Research Arm Test

The ARAT is a responsive and valid measure of upper limb functional limitation and is a useful measure for use in upper limb rehabilitation and clinical research.



Rinske Nijland, Erwin van Wegen, Jeanine Verbunt et al. A COMPARISON OF TWO VALIDATED TESTS FOR UPPER LIMB FUNCTION AFTER STROKE: THE WOLF MOTOR FUNCTION TEST AND THE ACTION RESEARCH ARM TEST[J]. Journal of rehabilitation medicine: official journal of the UEMS European Board of Physical and Rehabilitation Medicine, 2010, 42 (7 TN. 12): 694-696.

Advantages

- 1. The ability to discontinue testing after failure of the least demanding items without sacrificing a valid score.
 - 2. It's items were truly hierarchical.
- 3.ARAT is the possibility of videotaping assessment for scoring at a later date, or by another tester, without affecting reliability.



Disadvantages

The scoring of the ARAT appears complex and the scoring is subjective.



General Description of the WMFT

Time

- 1. Forearm to table
- 2. Forearm to box
- 3. Extend elbow
- 4.Extend elbow with weight
- 5. Hand to table
- 6. Hand to box

Strength

- 7. Weight to box
- 8. Reach and retrieve
- 9. Lift Can
- 10. Lift Pencil
- 11. Lift paper clip
- · 12. Stack Checkers
- 13. Flip Cards
- 14. Grip Strength

Functional ability

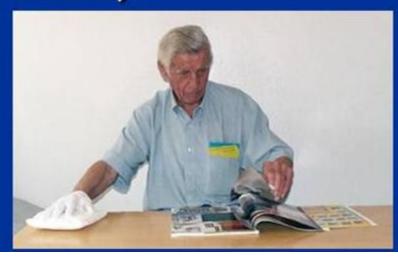
- 15. Turn Key in Lock
- 16. Fold towel
- 17. Lift Basket

Quantitative measure of upper extremity motor ability through timed and functional tasks.

Clinical Application of the WMFT

Examiner should test the less affected upper extremity followed by the most affected side.

Constraint Induced Movement Therapy (CIMT)





Strengths and Weaknesses

Insensitivity for severe patients

Applicable object

Tools and time requirement

Functional assessment



Demonstration

Volitional movement within synergies

Volitional movement mixing synergies

Volitional movement with little or no synergy

Normal reflex activity

Assessed only if full score of 6 points is achieved in part IV

Compare with the unaffected side

WRIST

Hand mass flexion/extension

GRASP

COORDINATION/ SPEED

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Thank You