**Assessment**

**By: Caitlyn Martens**

**Hello! I am the Measurable Assessment in Recreation for Resident-Centered Care (MARRCC)**



What is the purpose of the assessment?

1. To acquire pertinent statistical data about the occupant

2. To evaluate the occupant's over a wide span of time recreation interests and needs

3. To evaluate the utilitarian degree of four areas as they identify with entertainment interest

4. To make an inhabitant database that empowers the RT expert to bunch occupants as indicated by their relaxation advantages, useful capacity, wellbeing concerns, statistic information, and unique needs

5. To decide the effect of offered benefits on the inhabitant's utilitarian level

6. To help the entertainment proficient on creating care designs that are explicit to the occupant's evaluated needs, interests, and practical levels

7. To empower the progressing evaluation of changes in inhabitants’ practical level, needs, and interests

8. To encourage the assessment of the propriety of the endorsed relaxation plan for the inhabitant

9. To empower the improvement of suitable advancement noticed that give an exhaustive assessment of the inhabitant's advancement towards the achievement of care plan objectives

What does it measure?

1. Beginning evaluation incorporates inhabitant statistic data, relaxation intrigue stock, and occupant practical capacity in four areas as identified with amusement cooperation’s

- Cognitive Domain-incorporates things identified with momentary memory, long haul memory, capacity to focus, direction, capacity to pursue heading, and etc.

- Physical Domain-incorporates things identified with versatility, useful scope of movement, exercises of day by day living, exhaustion, fine engine abilities, and etc.

- Social Domain-incorporates things identified with dynamic versus aloof investment designs, support from relatives, enormous or little gathering inclinations, social separation, prerequisites of 1:1 visit, and etc.

- Emotional Domain-incorporates things identified with learned weakness, enthusiastic steadiness, misery, fomentation, sentiments if decision and capability, otherworldliness, and etc.

2. Care Plan Library explicit to diversion cooperation, objectives, and intercessions

3. Progress Note Section explicit to diversion investment and to guarantee the inhabitant's advancement towards the achievement of care plan objectives is reliably recorded

4. Yearly Change of Condition, and Re-concede Assessment empowers the RT expert to track and screen change in occupant working, interests, and needs

5. Occupant Grouping search highlight empowers the RT expert to assemble inhabitant as indicated by recreation intrigue, utilitarian capacity, objective achievement, security precautionary measures, birthday celebrations. 1:1, and etc.

What is the intended population?

The MARRCC was grown explicitly for use in long term care settings. It very well may be utilized for inhabitants with serious dementia as well as the individuals who are not intellectually weakened

How long will it take to administer and score?

Time needed to administer is between 45 minutes and an hour

Time needed to score is less than five minutes

Other important features or special considerations:

Supplies Needed-MARRCC Manual and a score sheet if utilizing the paper form or access to a PC if utilizing the product variant

Reliability and Validity-MARRCC has had broad psychometric assessment. Interrater Reliability from .97 to .99 and interrater reliabilities from .95 to .99 are accounted for. Validity correlation with the Multidimensional Observation Scale for Elderly Subjects was measurably critical and underpins the legitimacy of the MARRCC.

Measuring Outcome-MARRCC is explicitly intended to measure the results required by Medicare.

Skill Required to Administer and Score-The MARRCC requires the ability of a recreation proficient with preparing in appraisal and perception

MARRCC is one of the five valid and reliable evaluation grew explicitly for use in long term care setting

There are three forms of the evaluation: single facility, multiple facility, and network

**Hello! I am the Leisure Assessment Inventory**



What is the purpose of the assessment?

To measure the recreation, conduct of adults

What does it measure?

This assessment has 4 subscales that measure various things. These include: LAP, L-PREF, L-INT, and L-CON.

LAP: Leisure Activity Participation- measures activity of leisure involvement

L-PREF: Leisure Preference- measures activities in which the participant would like to increase their participation in

L-INT: Leisure Interest- measures what they are interested in, what they have done/not done, and what have been benefits/barriers to completing it

L-CON: Leisure Constraints- measure the barriers of such leisure activities

What is the intended population?

The expected populaces incorporate adults/older adults with formative disabilities. It also works for moderately aged/older adults with mild to no cognitive disability

How long will it take to administer and score?

This assessment takes 20-30 minutes to administer

This assessment takes 10 minutes or less to score

Other important features or special considerations:

LAI was one of the primary government-sanctioned testing devices utilized in recreation therapy with pictures for individuals more than 50 years of age

Measures changes in client’s attitudes and leisure behaviors

Utilizations picture cards

Degree of skill required to administer and score-LAI requires clinical judgment identified with testing addresses used to more readily comprehend the client's thinking for decisions, a therapist is required to control and interpret the LAI

Improvement Level-Older Adults

Reality Orientation Level-Moderate to No Impairment

**Hello! I am the** **MDS 3.0**



What is the purpose of the assessment?

It is the establishment of the occupant care plan or Tx plan

What does it measure?

Physical, mood, personal satisfaction, recreation, life care wishes, mental status, medicinal, utilitarian status, dietary status

What is the intended population?

Long term care facilities ensured to get assets from Medicare and Medicaid

How long will it take to administer and score?

The administer takes up to no less than 15 mins

The score takes up to number of hours the client has spent occupied with RT in the course of recent days within the 7 days

Other important features or special considerations:

Depends more on occupant meet versus record survey

Finished upon affirmation and afterward on every far-reaching eval. (yearly or sig. change)

Furnish the resident with a duplicate of decisions for inquiries during the meeting

In the event that the resident can't address questions, you ought to ask: relative, critical other, or staff part.

A standardized assessment tool that is multidisciplinary and extensive

Just report benefits that have a physician request, are recorded, and care arranged.

**Hello! I am the Mini-Mental State Examination (MMSE)**



What is the purpose of the assessment?

The purpose of Mini- Mental State Examination is to generally utilize arrangement of inquiries for screening cognitive capacity.

What does it measure?

The MMSE gives measure of direction, enrollment, transient memory (however not long-term memory) just as language working.

What is the intended population?

The intended population is older adults.

How long will it take to administer and score?

It takes between 5 and 10 minutes for the administer.

It takes the maximum MMSE score is 30 points. A score of 20 to 24 suggests mild dementia, 13 to 20 suggests moderate dementia, and less than 12 indicates severe dementia for the score.

Other important features or special considerations:

The MMSE is a fast and simple measure that evaluates seven territories of cognitive functioning, and it was appeared to have both great test-retest reliability (0.80–0.95) [2–5] and adequate affectability and explicitness to recognize gentle to direct phases of dementia [2–7].

Dr D. William Molloy and Timothy I. M. invented the mini mental state examination

The clock-drawing test is utilized for screening for cognitive disability and dementia and as a proportion of spatial brokenness and disregard

The MMSE may be repeated to check for changes in cognition over time. A deterioration in an MMSE score might prompt your doctor or healthcare provider to ask more questions or arrange other tests.

The MMSE can be used to assess several mental abilities. For example, short- and long-term memory, attention span, concentration, language and communication skills, ability to plan, or ability to understand instructions.

The MMSE is definitely more delicate in identifying intellectual impairment than the utilization of casual addressing or in general impression of a patient's direction

**Hello! I am the BCRS (Brief Cognitive Rating Scale)**



What is the purpose of the assessment?

The purpose of BCRS is to utilize to assess utilitarian and intellectual capacities in both typical maturing and dynamic dementia.

What does it measure?

BCRS measures five different domains related to cognition containing concentration, impairment of recent memory, impairment of past memory, orientation, and functioning & self-care.

What is the intended population?

The intended population is long-term care or clinical setting.

How long will it take to administer and score?

With the administer it varies relying upon rater's familiarity with patient and time required to decided.

With the score with each axis is scored from 1-7. The higher the score, the greater the impairment.

Other important features or special considerations:

Used in conjunction with the Global Deterioration Scale.

The equipment required is a duplicate of the test, scoring rules, and a composing utensil to score the test.

Despite the fact that BCRS has been utilized for a long time it has been additionally investigated as of late and would profit by later examination.

BCRS would profit by further testing to arrange the MDC, SEM, and MDIC.

The test gives off an impression of being progressively receptive to individuals who have significant signs and symptoms of dementia.

Axes 1 through 4 can be controlled on various occasions around the same time for continuous estimations. Axes 5 requires a resting interval of several days between administration for proper scoring.

**Hello! I am the Global Deterioration Scale (GDS)**



What is the purpose of the assessment?

The purpose of Global Deterioration Scale is to give caregivers an outline of the phases of intellectual capacity for those experiencing an essential degenerative dementia

What does it measure?

The movement of Alzheimer's disease is the measure of Global Deterioration Scale.

What is the intended population?

The intended population is for Long-term care institutions

How long will it take to administer and score?

Variable, contingent upon the time required for perception of the patient is the administer.

The score is the higher the stage, the more severe the cognitive decline. Stage 1: No cognitive decline (normal function; Stages 2-3: Mild cognitive decline; Stage 4: Moderate cognitive decline; Stage 5: Moderate-severe cognitive decline; Stages 6-7: Severe cognitive decline.

Other important features or special considerations:

Global Deterioration Scale was developed by Dr. Barry Reisberg

Interrater reliability for the GDS was revealed to be high, ranging from 0.87 to 0.97 in numerous reports

The Global Deterioration Scale which portrays seven phases from typicality to extreme Alzheimer's disease

Global Deterioration Scale evaluates various areas such as cognition, function, and behavioral symptoms.

Global Deterioration Scale is protected under the National Health Insurance for prescription drugs for dementia

GDS is a progressively significant tool for assessing cognitive function, and it has the advantage of easy administration.

**Hello! I am the** **Idyll Arbor Activity Assessment**



What is the purpose of the assessment?

The purpose is to acquire enough data about a client, in a sensible measure of time, to have the option to build up a treatment plan

What does it measure?

With the measure it is the IA3 appraisal report from the five areas:

1. Personal and medical history
2. Leisure interests,
3. Leisure history,
4. Individual performance/ social strengths, and
5. Maladaptive behaviors

What is the intended population?

Nursing homes and long-term care is the intended population.

How long will it take to administer and score?

Administer and the score happens at the same time so IA3 is intended to be utilized something like three sorts on every client. The first appraisal takes around 40 minutes to an hour including the time expected to peruse the medicinal diagram. The therapist will need to plan 15 minutes for the second and third appraisal

Other important features or special considerations:

One of the most significant parts of the IA3 is the recreation history network since it enables the expert to graphically diagram the client's typical relaxation designs

The IA3 was composed to permit a person with restricted preparing in exercises or treatment to round out the evaluation report structure

IAAA id is basically an admission appraisal to take a look at the present status of the customer so the suitable programming can be given

You need a manual and score sheet

This is an admission appraisal that was created in light of OBRA guidelines.

It gives a helpful and significant comprehension of the status and interests of the resident.

Each structure might be utilized on different occasions with a similar resident

**Hello! I am the** **FOX**



What is the purpose of the assessment?

To assess the client's general degree of skills in the social/emotional area. Most skills included for this appraisal are significant structure blocks to the advancement of developing recreation way of life

What does it measure?

The FOX measures six subjects in the social areas:

1. Client's reaction to others

2. Client's reaction to objects

3. Client's seeking attention from others to manipulate the environment

4. Client's interaction with objects

5. Client's concept of self

6. Client's interactions with others

What is the intended population?

The intended population are “individuals with a primary or secondary diagnosis of dementia, mental retardation, developmental disability, or brain injury”

How long will it take to administer and score?

The administer uses 20 minutes or fewer per client

The score 15 minutes or less.

Other important features or special considerations:

A therapist should figure out which leveled of FOX to direct to persevere through that the entirety of the necessary items are close by. Plus, the therapist will require the FOX manual and score sheet

FOX can give a helpful measure to deciding the accomplishment of intercessions.

Because of the absence of set up reliability and validity, the evaluation is best scored and explained by a prepared therapist

This assessment started in 1970’s.

This is extremely valuable for reporting little client’s in a customer's social abilities

Rodney Patterson and the team worked with the Fox Developmental Center

**Hello! I am the** **Mini COg**



What is the purpose of the assessment?

The purpose of Mini Cog is often used to evaluate **cognition** in older adults in various settings

What does it measure?

The measure of Mini- COg is short term memory with three items short term memory test and long-term memory with drawing a clock

What is the intended population?

The intended population are “individuals with a primary or secondary diagnosis of dementia, mental retardation, developmental disability, or brain injury”

How long will it take to administer and score?

The administer and the score takes about five minutes.

Other important features or special considerations:

Cognitive impairment is an important cause of clinical outcomes but is often unrecognized till a crisis develops

Cognitive loss and dementia reveal weakened cerebrum work.

Numerous constant therapeutic issues, including diabetes, kidney illness, interminable obstructive pneumonic sickness, and heart illness are related with huge intellectual deficits that influence results of treatment.

Essential consideration patients can be regularly screened for intellectual impairment as a component of the Medicare Annual Wellness Visit

The Mini-Cog has been utilized in other clinical settings, involving for examines identified with cardiovascular breakdown, medical procedure, health literacy, and drug store.

The Mini-Cog has been utilized in different network settings.

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Another word for Global Deterioration Scale is Reisberg Scale

GDS represented more than double the change throughout AD more than five years mean interval

The GDS is accepted to be valuable in making a brisk and exact determination of dementia whenever utilized as a screening test in the form of an abridged version consisting of explicit things for an efficient finding.

The GDS assesses different areas, for example, cognitive, work, and conduct indications.

**Hello! I am the BANDI-RT**



What is the purpose of the assessment?

The BANDI-RT purpose is to line up with MDS 3.0 to furnish recreational therapist with additional top to bottom survey of patient's practical capacities and to address medical issues that avoid dynamic take part in important recreational and leisure.

What does it measure?

The measure reexamines patients to guarantee an exact appraisal and a successful arrangement for a treatment and has the same areas as the MDS 3.0.

What is the intended population?

The intended population is long-term care facilities.

How long will it take to administer and score?

The administer and score take between 30-45 minutes.

Other important features or special considerations:

It utilizes information from MDS 3.0

Guides the therapist with identified problems, care plan, physician’s orders, RT treatment, and flow sheet.

RT would use APIE process

An RT flow sheet was invented for use after each RT session to track days and minutes of therapy as well as with viewed results

RT focuses on evidence-based practice

There are six sections in BANDI-RT