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The Comparative Analysis of Performance (CAP-M): An Occupation-Embedded Method of Assessing Motor Capacity

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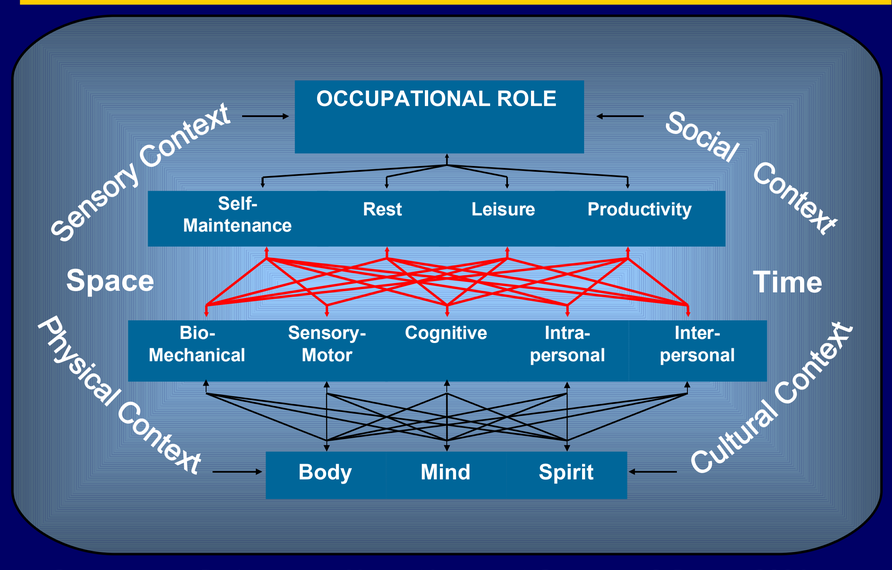
Occupational therapists aim to enhance the occupational performance of clients. A need remains for occupational therapy assessments and observational tools that are congruent with the espoused occupational focus of practice and are ecologically valid. In particular, therapists require structured methods of identifying the impact of motor impairment on task performance in situ. Such tools will assist therapists in targeting the specific motor impairments that impact on task performance as performance occurs. What follows is an illustration of a criterion-referenced assessment approach that embeds the observation and recording of motor impairment within everyday task performance. This method is one approach that has evolved out of the Occupational Performance Model (Australia) (Chapparo, & Ranka, 1997).

STAGE ONE: ASSESSMENT OF TASK MASTERY

STAGE ONE is a procedural task analysis method adapted from the PRPP System Stage One (Chapparo & Ranka, 1997). Stage One focuses on assessing task mastery, identifying errors in mastery and establishing occupation-focused goals.

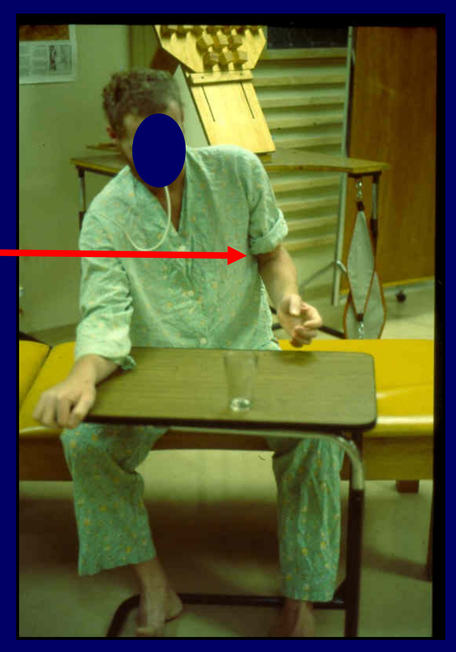


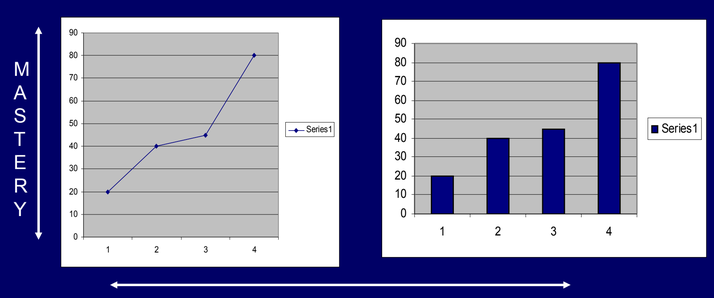
Occupational Performance Model (Australia),Chapparo & Ranka, 2004

PROCEDURAL TASK ANALYSIS

TASK STEPS	OK	ERROR
Align body		x
Reach for glass		x
Open hand		x
Grasp glass		x
Lift to mouth		x
Tilt to drink		x
Replace glass		x
Release glass		x
Total Score	0	8

MASTERY 0/8 = 0%





OCCUPATIONAL PERFORMANCE GOALS

for example

Client will drink from a glass without error (100% mastery)

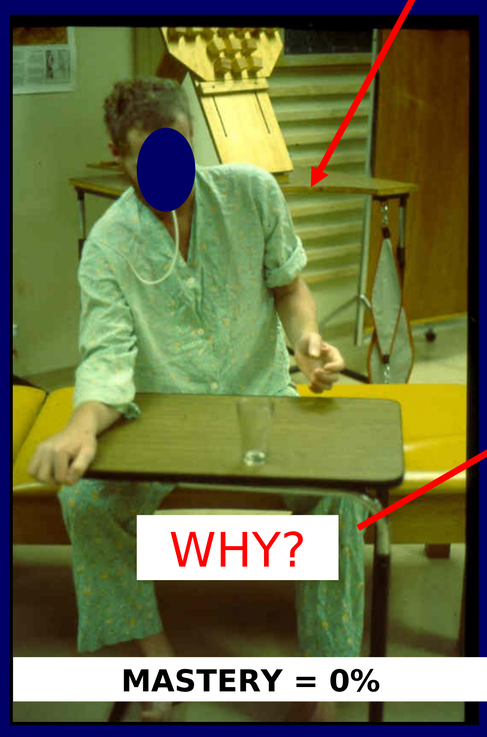
Client will reach for glass without error (12.5% mastery)

Client will master 30% of the task of drinking

STAGE TWO: COMPARATIVE ANAYSIS OF PERFORMANCE – MOTOR

STAGE TWO is a comparative method of observation that is based on the concepts of positive and negative symptoms applied to spasticity (Katz & Rymer, 1989) and excessive and missing components (Carr & Shepherd, 1982). It was originally presented in a structure similar to this by Chapparo & Ranka (1987). Recently, variations of this approach were developed for use in observing the impact of sensory, cognitive, intrapersonal and interpersonal impairments during task performance (Ranka, 2006).

Reach for glass | | x



MASTERY = 0%

EXPECTED ACTION	OBSERVED ACTION	POSITIVE SYMPTOMS, EXCESSIVE, A TYPICAL ACTIONS	NEGATIVE SYMPTOMS, MISSING, DEFICIENT ACTIONS
What motor action does task performance require?	What motor action does the person demonstrate?	What action was demonstrated but is excessive, unwanted or unnecessary for task performance?	What action is required for task performance but deficient or missing from performance?
← (Compare) →			
Shoulder flexion Elbow extension Forearm neutral Wrist extension	Shoulder adduction Shoulder extension Elbow flexion Forearm supination Wrist extension	Shoulder adduction Shoulder extension Elbow flexion Forearm supination	Shoulder flexion Elbow extension Forearm neutral
THERAPY AIMS →		Decrease Reduce Eliminate Inhibit Suppress Compensate for	Increase Strengthen Develop Facilitate Restore Compensate for

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