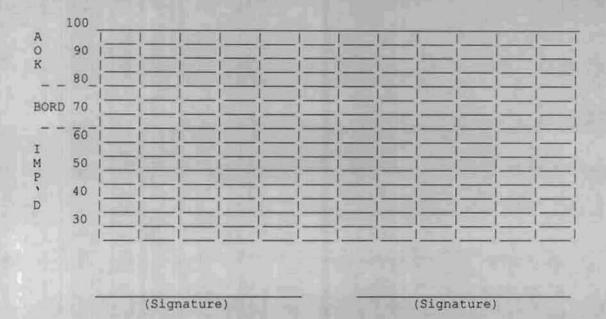
REHABILITATION NEUROPSYCHOLOGY PSYCHOLOGY SERVICE CONCUSSION CARE CENTRE OF VIRGINIA / TREE OF LIFE

MEMORY, ORIENTATION AND ATTENTION TEST

Name:		Sex: Age:	DOB:	DOAdr	miss:	
2. P V 3. I 4 V 5. E V 6 V 7. V 8. T V 9. V 10. V 11. V 12. V 13. I	What is your Name? When were you born? How old are you? (Where do you live? Where are you noww What is this buildin When did you come he What is the year? (1 What is the month? What is the season? What is the date of What is the day of w Is it morning or aft What time is it now?	(4) 2)(4)				P E T
Note: R=Rece	P=Personal E=Enviro	nmental T=Tempor	al S=Situ	ation MO=M	entalOpera	tions
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	ABCDEFGHI		RSTUV	WXYZ	Time:	
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18W	hree Word Recall (4 hy are you here (pur (0=Good Insight)1=Borderl	rpose)?				IRM_ IS_
ORIEN	Total Error (1- TATION: MOAT TOTAL(10					
		THE		Silver I		. v
RANGE:	80-100 = WNL 66-7	9 = Borderline	65 or Be	elow = Imp	aired Orie	ntation
Date:		_111	_11_	_ _		



INTERPRETATIONAL GUIDE: MEMORY, ORIENTATION, ATTENTION TEST

MOAT: adapted from Galveston Orientation and Amnesia Test by M. Howard (1986)

IMPRESSIONS & RECOMMENDATIONS:

ORIENTATION = 90 - 100: WITHIN NORMAL LIMITS level of orientation.

ORIENTATION = 80 - 89 : **BORDERLINE** Disorientation

1}. Serial monitoring of orientation level is indicated. Monitoring, combined with remedial training, will be conducted using the Modified Orientation and Amnesia Test (MOAT). Treatment team members, staff and family members are also encouraged to formally and informally address this patient's weak areas identified through this assessment & observation.
2}. Reinforcement for asking orientation types of questions in weak areas should be provided by staff and family members.

ORIENTATION = 70 - 79 : MILDLY IMPAIRED

- 1}. The patient is mildly confused and disoriented. Caregivers, should continue to orient this patient to time, place and situation, as indicated. Reinforcement and encouragement for asking orientation types of questions should be provided by staff and family members. Adding structure such as daily routines and fixed schedules for activities will help improve mental status and decrease confusion.
- 2}. Patient's mental status will be monitored in a serial manner; remedial training aimed at increasing general orientation and improving deficit areas will be conducted using the MOAT. Treatment team members, staff and family members are also encouraged to address this patient's weak areas as identified through this assessment and other observations. When mental status improves to an approximately normal level, a more thorough neuropsychological evaluation will be conducted.

ORIENTATION = 60 - 69 : MILD/MODERATE IMPAIRMENT

- 1}. The patient is at least mildy confused and disoriented. Caregivers should continue to orient the patient to time, place, and situation, as indicated. Adding structure such as daily routines and set schedules for activities will help improve mental status and decrease confusion.
- 2}. Patient's mental status will be monitored serially, and training aimed at increasing general orientation and improving deficit areas will be conducted using the MOAT. When patient's mental status improves to approximately normal, a more thorough neuropsychological evaluation will be conducted. Treatment team members, staff and family members are also encouraged to address this patient's weak areas as identified through this assessment and other observations.
- 3}. Structured, consistent, repetitious orientation training conducted by all treatment staff is recommended. Such training should begin with orienting patient to staff member's names, type of therapy being conducted, type of current activity, the date, time and location. This information should be reviewed at the beginning and end of therapy sessions, with more frequent repetition as indicated.
- 4}. Reinforcement and encouragement for asking orientation types of questions should be provided by staff and family members.

ORIENTATION = 50 - 59 : MODERATE IMPAIRMENT

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- 1}. The patient is at least moderately confused and disoriented. Caregivers should continue to orient the patient to time, place, and situation, as indicated. A routinized daily schedule is indicated, with standard times for daily activities {e.g. bathing, dressing, grooming, eating, individual therapies, resting, etc.} to help improve orientation and decrease confusion.
- 2}. Structured, consistent, repetitious orientation training conducted by all treatment staff is indicated. Such training should begin with orienting patient to staff member's names, type of therapy being conducted, type of current activity, the date, time and location. This information should be reviewed at the beginning and end of therapy sessions, with more frequent repetition as indicated.
- 3}. Patient's mental status will be monitored and training aimed at increasing general orientation and deficit areas identified through testing will be provided. When patient's mental status improves to an approximately normal level, a more thorough neuropsychological evaluation will be conducted.
- 4}. Consistent, structured and repetitious external memory aids could also be kept nearby and visible to patient {e.g. calender, board with date, location, daily schedule, topographical map of unit}.
- 5}. Patient's environment {e.g. location of room and therapies, furniture in room, etc.} can also be organized in a structured, consistent manner that minimizes changes.
- 6}. The same personnel should ideally work with the patient daily, with the same familiar substitutes filling in on off days.
- 7}. Reinforcement and encouragement for asking orientation types of questions should be provided by staff and family members.
- 8}. Encourage family contact and request that the family bring personal items to the patient to make the environment more familiar. These steps will decrease the patient's anxiety.

ORIENTATION = 35 - 49 : MODERATE/SEVERE IMPAIRMENT

- 1. Patient is at least moderately confused and disoriented. Caregivers should continue to orient the patient to time, place, and situation, as indicated. A routinized daily schedule is indicated, with standard times for daily activities {e.g. bathing, dressing, grooming, eating, individual therapies, resting, etc.} to help improve orientation & decrease confusion. Levels of visual, auditory and social stimulation should be monitored to ensure they do further confuse or overwhelm this patient.
- 2. Patient's environment {e.g. location of room and therapies, furniture in room, etc.} can also be organized in a structured, consistent manner that minimizes changes.
- 3. The same personnel should work with the patient daily, with the same familiar substitutes filling in on off days.
- 4. Consistent, structured and repetitious external memory aids should also be kept nearby and visible to patient {e.g. calender, board with date, location, daily schedule, topographical map of unit}.
- 5. Consistent, structured and repetitious orientation training conducted by all treatment staff is indicated. Such training should begin with orienting patient to staff member's names, type of therapy being conducted, type of current activity, the date, time and location. This information should be reviewed at the beginning and end of therapy sessions, with more frequent repetition as indicated.

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- 6. Patient's mental status will be monitored and training aimed at increasing general orientation and deficit areas identified through testing will be provided. When patient's mental status improves to an approximately normal level, a more thorough neuropsychological evaluation will be conducted.
- 7. Reinforcement and encouragement for asking orientation types of questions should be provided by staff and family members.
- 8. Encourage family contact and request that the family bring personal items to the patient to make the environment more familiar. These steps will decrease the patient's anxiety.

ORIENTATION = 0 - 34 : SEVERE IMPAIRMENT

- 1. The patient is at least moderately confused and disoriented. Caregivers should continue to orient the patient to time, place, and situation, as indicated. A routinized daily schedule is indicated, with standard times for daily activities {e.g. bathing, dressing, grooming, eating, individual therapies, resting, etc.} to help improve orientation and decrease confusion. Attempts should also be made to limit the amount of visual, auditory and social stimulation to within limits tolerable to this patient.
- 2. Patient's environment {e.g. location of room and therapies, furniture in room, etc.} should be organized in a structured, consistent manner that minimizes changes.
- 3. The same personnel should ideally work with the patient daily, with the same familiar substitutes filling in on off days.
- 4. Consistent, structured and repetitious external memory aids should also be kept nearby and visible to patient {e.g. calender, board with date, location, daily schedule, topographical map of unit}.
- 5. Structured, consistent, repetitious orientation training conducted by all treatment staff is indicated. Such training should begin with orienting patient to staff member's name, type of therapy being conducted, type of current activity, and location. As patient begins to master this information, date and time can be added. More information can be added in a step-wise fashion, but care must be given to avoid overwhelming oroverstimulating this patient. Information should be reviewed at beginning & end of therapy sessions, with more frequent repetition as indicated, tolerated.
- 6. Patient's mental status will be monitored and training aimed at increasing general orientation and deficit areas identified through testing will be provided. When patient's mental status improves to an approximately normal level, a more thorough neuropsychological evaluation will be conducted.
- 7. Reinforcement and encouragement for asking orientation types of questions should be provided by staff and family members.
- 8. Encourage family contact and request that the family bring personal items to the patient to make the environment more familiar. These steps will decrease the patient's anxiety.

MOAT

In Howard, Michael (1986). Interdisciplinary Neurobehavioral Management. Association for Rehabilitation of the Brain Injured, Calgary. http://www.arbi.ca/

MEMORY, ORIENTATION AND ATTENTION TEST: RECOGNITION FORMAT

Name: DX(1):	Sex: A	ge: l Addres	OOB:		DOAdmis	s:		
I. ORIENTATION (GOAT-R, modonly.)	d.recog.fm	t: Cred	it only	y for +	resp. t	to cor	rect item	n
1. What is your Name? 2. When were your born 3. How old are you? (2) 4. Where do you live?	n? (4) 2) (4)_	a)ao a)Ao a)ao	ctual-2 ctual-2 ctual	2 b)Ac 2 b)Ac b)exam)actua: Actual d c)13		12)
5. Where are you now- 6. What is this bldg?	city? (5)_ (5)	_ a)R: a)R:	ichmond estaura	d b)Pit ant b)H	tsburgh ospital	c)Nor	folk cery Sto	re(10)
7. When did you come 1 8. What Year? (10-30 of 10) 9. What Month? (1-5 @ 10) 10. What Season? (1-2) 11. What Date of Mo? 12. What Day of Week?	here? (5)_ @ 10/yr) 1/mo) @ 1each)_ (5) (1-3 @ 1e	_ a)A0 _ a)19 _ a)W3 _ a)w3 _ a a) a	ctual+1 968 b) ctual k inter k)Act-2)Actual	lwk b)A Actual b)Act+2 b)sprin b)Actu l b)Act	ct+2wk (c)1990 (c)Act-2 g c)summal+9 c)2 +2 c)Act	c)Actual 1)1989 2 c)Actual mer d): Act+4 d	t-3 fall d)Actual	
13. Morning or Afterno 14. What Time now? (1 =======Temporal=								(60)
Why are you here?							Visit son	nebody
3 S Tulip Gasoline WORD M Chevrolet Zebra MEMORY T Paper Auction W Contract Lion ====================================	Robin a Purple Yellow Buckle	H News F Light S Sofa (Recog	paper S bulb T Ruby (Streetc Tractor Giraffe	ar Turqı Sparrov	uoise V		
15. Alphabet (1-2 @ 1 eac A B C D E F G H I	ch)		S T U	V W X	 Y Z T:	 ime:		
16Backward Counting(1-20 19 18 17 16 15 ======Mental Operations=	14 13 12	11 10 9	8 7 6		 2 1 T:	 me:	MO	(6)
173-Word Recognition(4 ====Recent Memory - Recognition=	per miss)		 				RM_	(12)
18Why are you here (pu: (0=Good Insight;1=Border)							S	(2)
Tot Error Pts X : 10 0 - AdjError = Or:	Da 1.0 =AdjEr					 		
RANGE: 80-100 = WNL 70-	79 = Borde	rline	65 or	Below	= Impai	red Or:	ientatio	n
80								
40_							_30	