

THE biVABA (Brain Injury Visual Assessment Battery for Adults)

Designed by Mary Warren PhD, OTR/L, SCLV, FAOTA

Based on 30 years of clinical practice and research; and, field tested in clinics, the **biVABA** provides therapists with a practical tool for completing a quick, accurate, and useful assessment of visual processing ability following adult brain injury. It is not a diagnostic battery, but rather a tool designed to provide therapists with the information needed to develop effective interventions and document functional changes.

What advantage does the biVABA have over traditional visual perceptual tests?

☐ The biVABA GUIDES INTERVENTION PLANNING

Where other tests merely label the perceptual deficit, the **biVABA** guides intervention planning by showing **how** the perceptual process has changed as a result of brain injury, **how** occupational performance may change because of the visual perceptual deficit and **which** interventions will be effective.

☐ THE biVABA ASSISTS IN IDENTIFYING REHABILITATION POTENTIAL

The **biVABA** enables therapists to determine if the client will benefit from cuing, structure or practice, and assists to identify the client's rehabilitation potential and the number of required treatment sessions.

☐ THE biVABA ENABLES EARLY DETECTION AND REMEDIATION OF VISUAL DEFICITS MAXIMIZING FUNCTIONAL OUTCOMES AND SAVING MONEY

The **biVABA** includes instructions for modifying the subtests for clients with limited cognition, language and attentional capabilities so that visual processing deficits can be identified early in the client's recovery. This ensures that treatment dollars will not be wasted in working with clients whose unidentified visual deficits prevent them from fully participating in and benefiting from therapy.

☐ THE biVABA INCLUDES ALL OF THE TESTS NEEDED TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE CLIENT'S VISUAL PROCESSING

While other tests often measure one aspect of visual perceptual processing requiring the purchase of several different tests, the **biVABA** contains all of the tests needed to complete a comprehensive assessment of the client's visual function.

☐ THE biVABA IS QUICK AND EASY TO ADMINISTER AND INTERPRET

The evaluations included in the **biVABA** are easy to administer, and score. Interpretation of test performance is provided in the test manual making it easy to summarize results.

☐ THE biVABA EQUIPS THERAPISTS TO EXPLAIN VISUAL PERCEPTUAL DEFICITS TO THE CLIENT, FAMILY, PHYSICIANS, INSURANCE COMPANIES AND OTHER TEAM MEMBERS

While other test kits provide a brief booklet of instructions, the **biVABA** provides a comprehensive 150 page manual. The manual includes detailed test instructions, a rationale for evaluation and intervention, a description of visual impairments from brain injury and their effect on occupational performance, instructions on how to interpret evaluation results to clients and family and consult with optometrists and ophthalmologists, and how to develop interventions based on evaluation results.

☐ THE biVABA CAN BE USED TO EVALUATE CLIENTS WITH BOTH BRAIN INJURY AND LOW VISION

The **biVABA** contains 4 subtests that measure visual function in persons with low vision from macular degeneration, diabetic retinopathy, glaucoma, and other conditions, enabling the test to be used for both populations.

☐ THE biVABA CD PROVIDES 25 DEMONSTRATION VIDEOS OF HOW TO GIVE THE ASSESSMENTS

The battery includes these standardized assessments :

- **visual acuity (distant and reading)**
- **contrast sensitivity function**
- **visual field (central and peripheral)**
- **pupil response**
- **binocular eye movements**

- **diplopia testing**
- **near space search strategies**
- **extrapersonal search strategies**
- **visual attention**
- **eye dominance**

The comprehensive, easy to read, test manual provides:

- **detailed instructions on how to give and interpret each subtest**
- **the occupational limitations expected if the visual function is impaired**
- **how to use test results to write intervention goals and**
- **design effective interventions**
- **alternative methods for evaluating persons with limited capability to respond**

Along with the test manual the test material includes:

Assessment Forms:

Clinical Observations Indicating Visual Impairment
Basic Visual Function Assessment
Damato 30 Point Campimeter Recording Form Template
Oculomotor Function Assessment
Visual Attention Assessment

Test Charts:

Intermediate Acuity Chart
Warren Text Card
LeaNumbers Low Contrast Screener
Damato 30 Point Multifixation Campimeter
ScanBoard
Design Copy Figures

Visual Attention Subtests:

Single Letter Search-Simple
Single Letter Search-Crowded
Word Search
Structured Complex Circles Search
Random Plain Circles-Simple
Random Plain Circles-Crowded
Random Complex Circles Search
Telephone Number Copy

Scoring Templates:

Single Letter Search-Simple
Single Letter Search-Crowded
Word Search
Structured Complex Circles Search
Random Complex Circles Search

Miscellaneous:

penlight black eye patch black plastic occluder hand held occluder carrying case

Examples from the Test Manual:

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Example Test Interpretations from Section 5

On the Visual Attention Subtests:

The client demonstrates a random search pattern. Observation of a random, unpredictable search pattern is the strongest indicator of the presence of visual inattention and creates the most disruption in the search pattern. Clients who display random search patterns generally have very limited ability to complete visual processing and will demonstrate significant perceptual deficits. The old adage of “garbage in-garbage out” applies in this case. Without organization to the search pattern, the incoming visual information does not make sense. It would be as though one tried to comprehend a novel by reading one sentence on page 34, another on page 67, and another on page 23. If the random search pattern occurs in conjunction with an abbreviated scanning pattern and/or an asymmetrical scanning pattern it may indicate the presence of VFD and/or hemi-inattention. The severe disruption of information processing will often result in difficulty locating and analyzing visual information and cause significant limitations in daily living tasks.

On the Pupillary Responses Subtest:

Presence of a dilated pupil on observation. This may indicate blindness in the eye (amaurosis), optic atrophy, or a 3rd cranial nerve lesion. If the client has vision, and the pupil remains dilated during accommodation, he or she may experience blurring of vision in the eye when focusing at a near distance causing difficulty reading and completing other near vision tasks. Increased sensitivity to light also may be present.

Additional Information about the biVABA:

What diagnoses are appropriate for evaluation with the biVABA ?

The biVABA can be used to assess visual processing in teenagers and adults with acquired brain injury including traumatic brain injury, CVA, brain tumor, encephalopathies, anoxia, and degenerative neurological conditions.

What ages can be evaluated with the biVABA ?

The biVABA can be used without modification for ages 14 years and older.

In what settings can the biVABA be used ?

Lightweight and completely portable, the biVABA is designed for use in acute and long term care, home health, and inpatient and outpatient programs. The biVABA measures abilities from simple to complex and can be used to assess low and high functioning clients. Components of the battery also can be used to evaluate low vision conditions associated with macular degeneration, diabetic retinopathy, glaucoma and cataract.

About the Author of the Test:

Mary Warren PhD, OTR/L, SCLV, FAOTA, is an Associate Professor of Occupational Therapy at the University of Alabama Birmingham and is the Director of the Graduate Certificate in Low Vision Rehabilitation. She regularly presents workshops on visual perceptual dysfunction following acquired brain injury and is an internationally recognized authority in this area. She has numerous peer-reviewed publications and has contributed chapters to several rehabilitation textbooks. In 2006, she was named a Fellow of the American Occupational Therapy Association (FAOTA) for her contributions to the field of visual rehabilitation.

Ordering Information: Questions?: Contact Craig with visABILITIES toll free @ (888) 850-5416.

By Mail: Send completed form with payment to visABILITIES. (see order form for address)

By Fax: Fax completed order form with credit card information or PO# to (205) 823-6657.

Purchase Amount: A total retail value over \$700, available for only **\$495**.

Payment Methods: Check, credit card (VISA or Mastercard only), or PO# must accompany order. Multiple purchase discount is available. For information contact visABILITIES.

Purchase Orders: Terms: net 30 days.

International Customers: Please fax or mail the completed form with the preferred method of shipping indicated.

Shipping and Handling: Within the US and Canada, UPS or FedEx ground service is added to purchase amount. Customers are also responsible for shipping charges abroad or if Overnight or 2nd Day Delivery is requested.

Sales Tax: Please add 9.0% sales tax on orders within Alabama, unless you have a exemption, then please submit the tax exempt documentation.

THE biVABA ORDER FORM

vis**ABILITIES** Rehab Services
 1634-A Montgomery Hwy / #195
 Hoover, AL 35216-4902
 Federal ID 48-1156507

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Facility _____

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Phone (_____) _____ Fax (_____) _____

QUANTITY	DESCRIPTION	PRICE	TOTAL
_____	Brain Injury Visual Assessment Battery for Adults	\$495	_____
ALABAMA RESIDENTS ONLY ADD 9.0% SALES TAX TO ABOVE TOTAL OR INDICATE EXEMPT			_____
SPECIAL SHIPPING CHARGES (ABROAD, OVER NIGHT OR 2ND DAY)			_____
TOTAL ORDER			_____

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AMOUNT TO BE CHARGED _____ EXP DATE _____

PRINT CARD HOLDER'S NAME _____

CVV2 CODE _____ APPROVAL SIGNATURE _____

Look inside for the answer

until now...

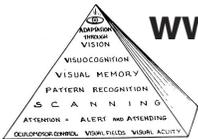
Traditional visual perceptual tests measure the **outcome** of visual perceptual processing but don't allow the evaluator to **observe** the process of how the client obtains the answer. This is similar to observing that a client is unable to pick up a cup but not being able to measure muscle strength, coordination or motor planning skills to find out **why** he can't pick up the cup! Visual perceptual tests have never provided therapists with the necessary information for treatment planning

Because you know that the perceptual tests you give the client may label the deficit but won't provide you with the information you need to devise a treatment plan or identify functional changes!

GETTING THE CLIENT WITH VISUAL PERCEPTUAL DEFICITS ??

DREAD

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The biVABA has arrived!!