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| **Skills/ Asses** | **Abnormal** | **Asses/Treatment** |
| Visual Perception |
| Visual Perception is brain’s ability to make sense of what the eyes see, asses by sorting, puzzles, building blocks, or matching. | Visual Agnosia(familiar objects and people) | -Show the patient several familiar items one at a time (e.g., pencil, eyeglasses, hairbrush, keys, wrist watch) and ask the patient to identify the object |
| Simultanagnosia(visual stimulus as a whole) | -Show the patient photographs of detailed scenes (e.g., a farm with animals, a zoo, a city street, the inside of grocery store) and ask the patient to describe the scene in detail |
| Color Agnosia(colors for specific objects) | -Ask the patient to name the correct color for the following named objects (do not present the actual object but rather only state the object's name): an apple, anocean, a banana, a fire engine |
| Color Anomia(names of colors) | Show the patient flash cards, each having one distinct, simple color (e.g.: red, blue, yellow, green, orange, purple) and ask the patient to name the color |
| Prosopagnosia(people) | Show the patient photographs of familiar people (e.g., world leaders, celebrities, sports figures, family members) and ask the patient to identify the names of thepeople in the photographs or what the famous people are known for |
| Metamorphosia(physical properties of objects) | -Present the patient with a puzzle of simple shapes with differing sizes and ask the patient to put the correctly sized into its corresponding cut-out space-Present the patient with several objects (e.g., a mug, a full grocery bag, a bag of cotton balls) and ask the patient to estimate each object'ssize and weight by observation alone. |
| Visual-Spatial Perception |
| Ability to understand directional concepts that organize externalvisual space, the analysis of forms & patterns in relationships to one’s body & spaceIt includes whether an object is on top of another or underneath, in front or behind, up or down, inside or outside & right or leftWe can use puzzles or blocks to assess | Depth Perception Dysfunction(near or far) | -Place several different size blocks on a table in front of the patient. Ask him to identify which block is the farthest away, which block is closest, and which blocks are at mid-range between the farthest and the closest blocks (or in front of window) |
| Right-Left Discrimination Dysfunction | Ask the patient to point his or her own right and left body parts(Point to your left elbow, right knee) |
| Figure-Ground Discrimination Dysfunction | Ask the patient to pick out forks from kitchen drawer with disorganized multiple utensils (all having silver color) |
| Form Constancy Discrimination Dysfunction | Ask the patient to identify the following by observation alone (do not allow the patient to manipulate the objects with his or her. hands)a plate turned upside down, or a fork placed on its side  |
| Position in Space Discrimination Dysfunction | Instruct the patient to follow at least two of the following directions using up/down, in/out, and behind/in front terms:(Place the key on top of the box. Place the box inside the drawer)(Place the comb in front of the mirror and place the hair brush behind the mirror) |
| Topographical Disorientation | Ask the patient to find his or her way around the treatment facility using verbal directions or a written or a pictorial map |
| Body Scheme Perception |
| The awareness of the spatial characteristics of one's own body inspace | Finger Agnosia | Instruct the patient to show you thumbs, index fingers, or touch index fingers together |
| Unilateral Neglect | Draw a clock, or draw a human figure |
| Anosognosia | Ask the patient to show you his or her affected upper extremity |
| Motor Perception |
| Referred as praxis or motor planning, patients with apraxia have distorted perception of the motor strategies required to negotiate their environment, and you can asses by asking the patient to do a motor planed action | Ideational Apraxia(understand the motor demands of a task involving sequential steps) | Observe the patient carrying out motor sequences, give the patient verbal commands to wave good-bye and touch his left knee, right ear |
| Ideomotor Apraxia(kinesthetic memory of motor patterns) |
| Dressing Apraxia | Observe the patient during morning ADLs |
| Constructional Apraxia(copy or build two- & three-dimensional designs) | Instruct patient to construct a house or a car using Legos (or similar toy construction pieces) |
| Tactile Perception |
| Attach meaning to somatosensory or tactile information, and we can assess by tactile input | Asterognosis(objects by touch alone) | Instruct the patient to identify the **objects** by touch alone (occlude the patient's vision): a key, a coin, a paper clip, a wrist watch, a pencil |
| Abylognosia(different types of materials) | Instruct the patient to identify the **materials** by touch alone (occlude the patient's vision): a cotton ball, a piece of metal, a piece of cloth, a piece of rubber, a piece of wood |
| Amorpbognosia(different forms by touch alone) | Instruct the patient to identify the **forms** by touch alone (occlude patient's vision): a triangle, a square, a circle, a rectangular, a star |
| Two Point Discrimination Dysfunction | Instruct the patient that you are going to touch his or her fingertip with one or two points and ask him to state whether he has been touched by one or two points(occlude patient's vision) |
| Agraphesthesia | Instruct the patient that you are going to write letters on his or her hand with your fingertip (occlude the patient's vision), write five letters on the patient's hand, one at a time and ask the patient to identify each letter |