

# THE CONVERGENT VALIDITY OF THE UFS IN-HAND MANIPULATION ASSESSMENT INSTRUMENT FOR 3- AND 4-YEAR-OLD CHILDREN IN BLOEMFONTEIN



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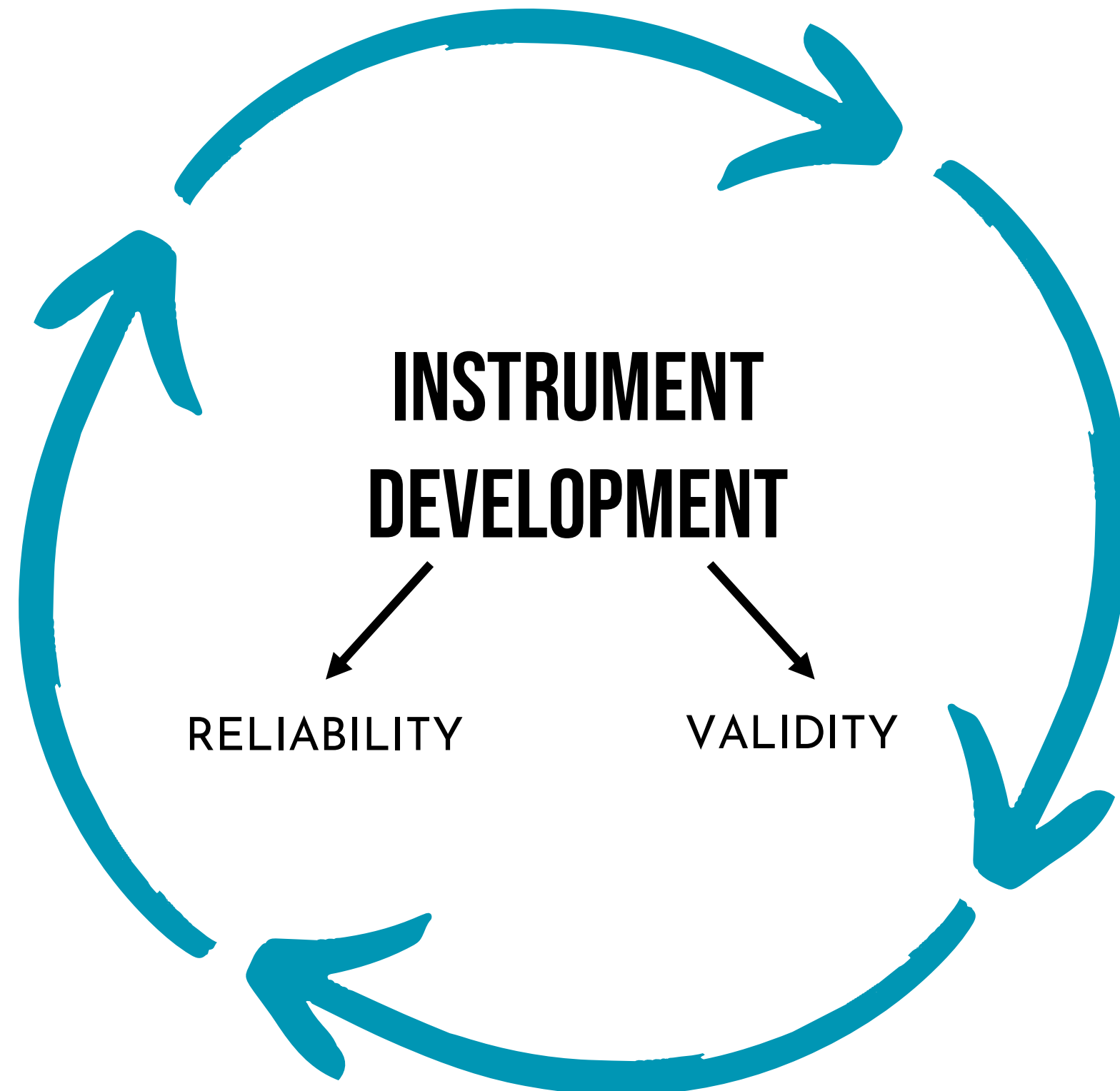
## **Biostatistician:**

Ms R. Nel



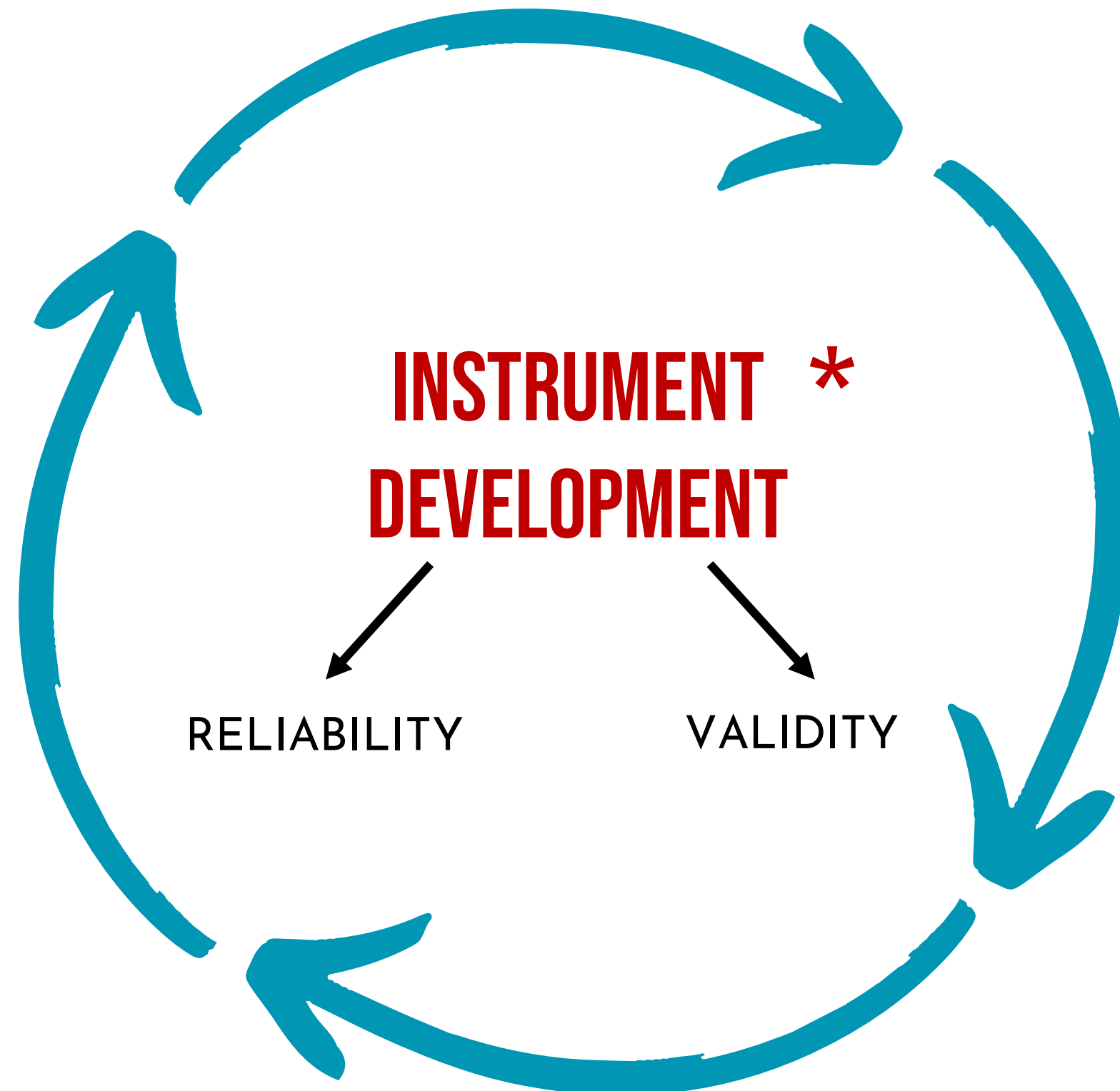
# INTRODUCTION

- Use of standardized instruments within occupational therapy 



(Rudman & Hannah, 1998)

- Use of standardized instruments within occupational therapy 

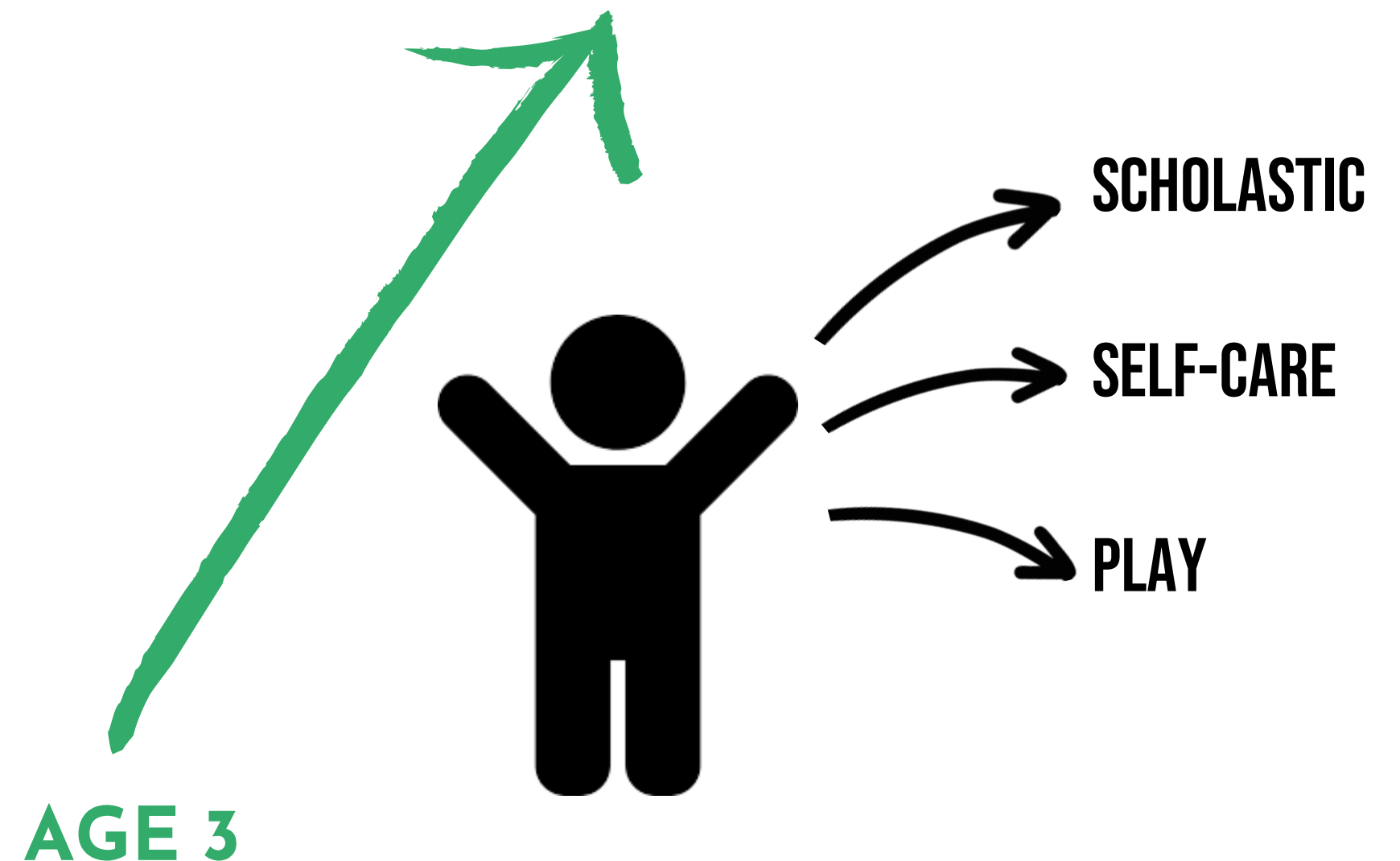


University of the Free  
State In-hand  
Manipulation  
Assessment Instrument

- **In-hand manipulation (IHM)** = "Ability of the hand to perform precise refined movements while also being able to adjust an object after grasping it."

- **IHM Components:**

- 1) Simple shift
- 2) Complex shift
- 3) Finger-to-palm translation
- 4) Palm-to-finger translation
- 5) Simple rotation
- 6) Complex rotation



(Exner & Case-Smith, 2014; Kruger et al., 2021; Pont et al., 2009)



# LITERATURE REVIEW

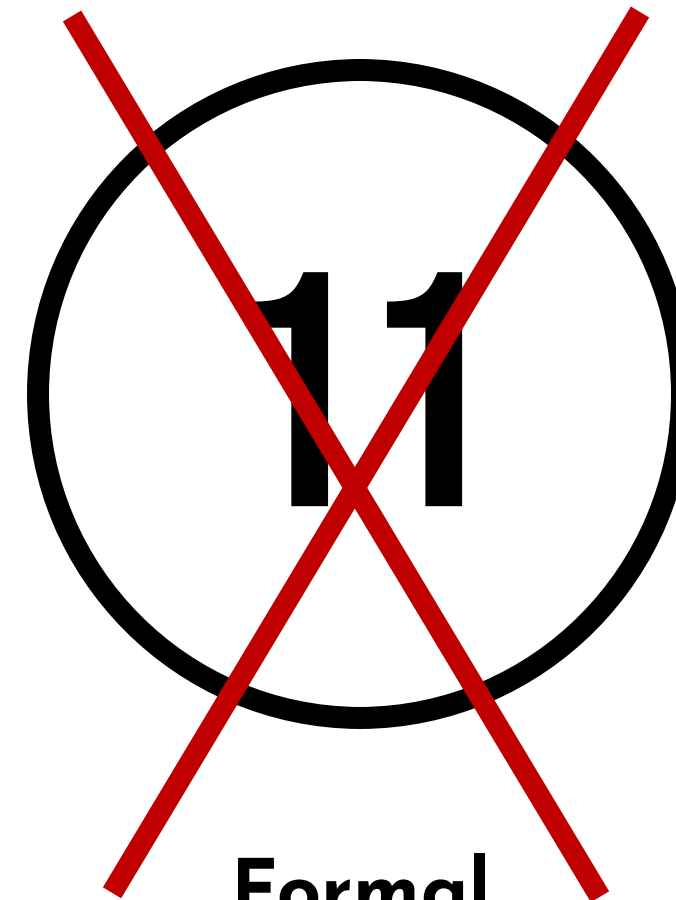
## UFS IHM-AI



Informal  
screening  
methods



Need = Gold  
standard IHM  
instrument  
RSA preferences



Formal  
instruments

# DEVELOPMENT OF UFS IHM-AI: UFS



**FUTURE  
STUDIES**

- **Norms on scale:** Establish norms per age.

**2023**

**2022**

**2019**

**2016**

**2014**

- **Define concepts** **UFS In-hand Manipulation Checklist in children (ages 4-to-5)**

(Streiner et al, 2015)

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# DEVELOPMENT OF UFS IHM-AI: UFS



## FUTURE STUDIES

- **Norms on scale:** Establish norms per age.

2023

2022

- **Item analysis:** Modifications to UFS IHM-AI.  
Construct validity (6-to-7 years)

2019

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# DEVELOPMENT OF UFS IHM-AI: UFS



**FUTURE  
STUDIES**

**2023**

- **Norms on scale:** Establish norms per age.

- **Validity & reliability:** 1) Test-retest reliability  
2) **Convergent validity**  
3) Intra- & inter-rater reliability

**2022**

- **Item analysis:** Modifications to UFS IHM-AI.  
: Construct validity (6-to-7 years)

**2019**

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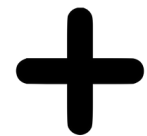
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# RESEARCH AIM



## EXCLUSION CRITERIA

**No** 1) hand, 2) visual, 3) auditory, 4) cognitive pathologies.



**No** 5) therapy for such pathologies.

“determines the extent to which two or more instruments measure the same characteristic or outcome.”

= To determine the **convergent validity** of the University of the Free State In-hand Manipulation Assessment Instrument in **'typical'** children aged 3-4 years, in Bloemfontein.

**UFS IHM-AI**

\*University of the Free State In-hand  
Manipulation Assessment Instrument

**VS**

**FDT**

**\*Functional Dexterity Test**



## UFS IHM-AI

- 13 items (Part A & B)
- Assesses all 6 components of IHM
- Quality indicators & compensation strategies

(Tremblay et al., 2019; Aaron & Jansen, 2003)







## FDT

- Assesses hand **dexterity**
- Accuracy & speed of task performance
- 2 IHM components: 'simple shift' and 'complex rotation w/o stabilization'

(Tremblay et al., 2019; Aaron & Jansen, 2003)

A circular inset image on the left shows a child's hands interacting with the UFS IHM-AI instrument. The child is wearing an orange long-sleeved shirt and is using a small blue and red tool to manipulate a wooden pegboard with various colored tabs and holes.

UFS  
IHM-AI

## Justification for FDT use :

- 1) standardized
- 2) provides paediatric norms
- 3) psychometrically sound
- 4) commonly used by SA OTs
- 5) assesses two IHM components
- 6) resembles UFS IHM-AI test item 10A

A circular inset image on the right shows the FDT instrument. It is a wooden board with a grid of 20 circular holes, each containing a small white peg. A person's hands are visible at the top, holding the board.

FDT



- **OVERARCHING MASTER'S DISSERTATION** = Bornman (2023)
- **STUDY DESIGN** = Quantitative methodological study design.

## POPULATION

331 ECDs in  
Bloemfontein

**'Typical'  
child:**



Estimated 3 972  
children aged 3-  
4 years

Bornman  
proposed to  
sample 300  
children

**Factor analysis method:**  
'10 respondents should be sampled per  
test item.'

Our objective:  
50% of  
Bornman's  
sample

# SAMPLING: ECD centers

**331** ECDs in  
Bloemfontein

## **Convenience sampling:**

‘Schools with a minimum of 10 children included. Data is feasible and inclusive.’

**40** ECD centers  
sampled (20  
registered and 20  
unregistered)

## **Probability cluster sampling:**

‘Each participant has equal chance of being selected. Participants selected from ECD clusters.’

Only **19** ECD  
centers provided  
consent



This study = **11/19**  
ECD centers  
sampled

7 registered, 4  
unregistered

# SAMPLING: PARTICIPANTS



19 ECD centers  
provided consent

**Non-probability, non-proportional quota sampling:**  
'Applied to ECD centers to select participants.'

Round 1 sampling:  
102 participants

Only **68%** of proposed target (Bornman, 2023).  
Hence, round 2 sampling was approved by  
HSREC.

**Reasons for  
ineligibility:**



1) no assent, 2) no consent, 3)  
does not meet inclusion criteria,  
4) absenteeism

Round 2 sampling:  
81 participants

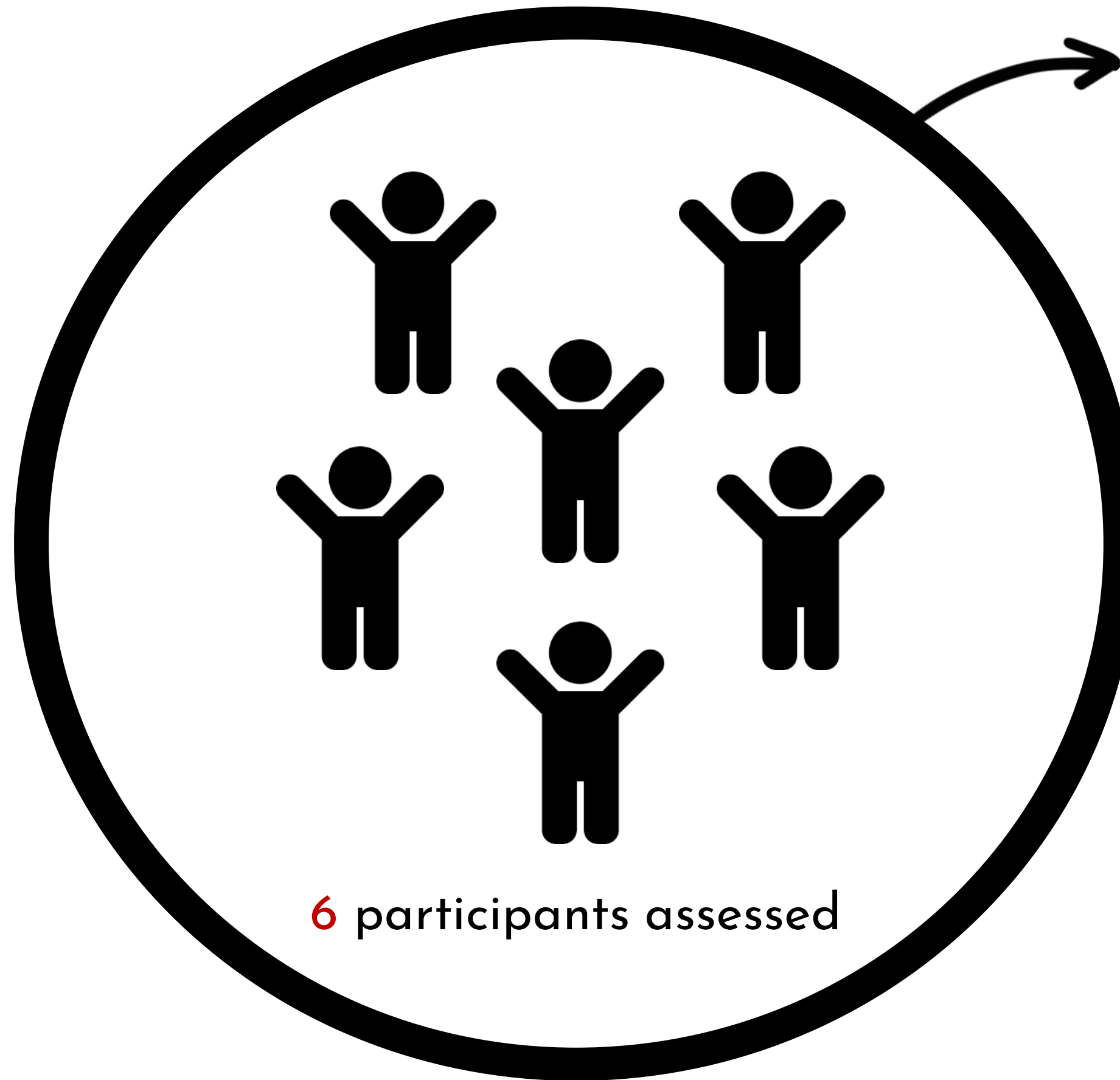


152 participants  
sampled for this

(Bornman, 2023; Maree et al., 2016)



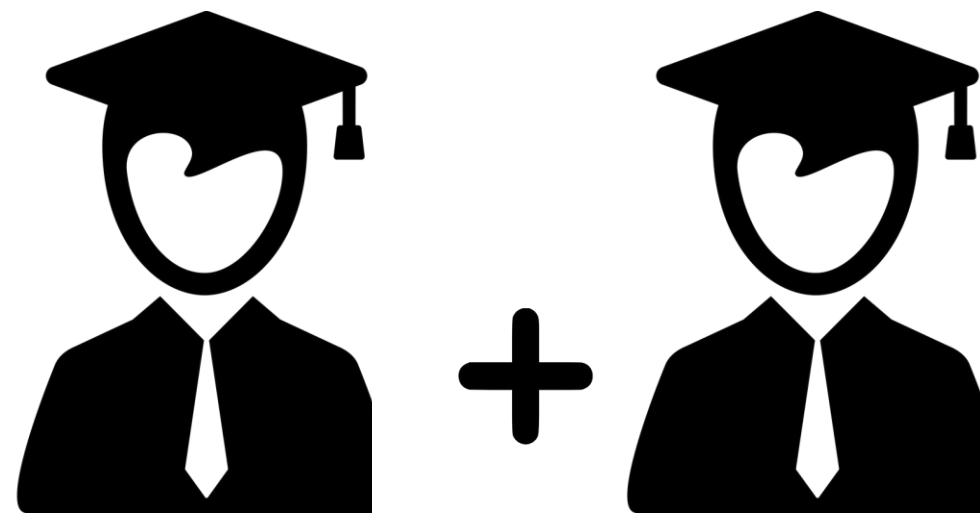
# PILOT STUDY



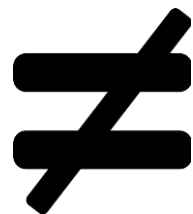
Data not included due to changes made:

- Scoring sheets - 'Unable to perform' option.'
- Administration instructions.

- 3 weeks



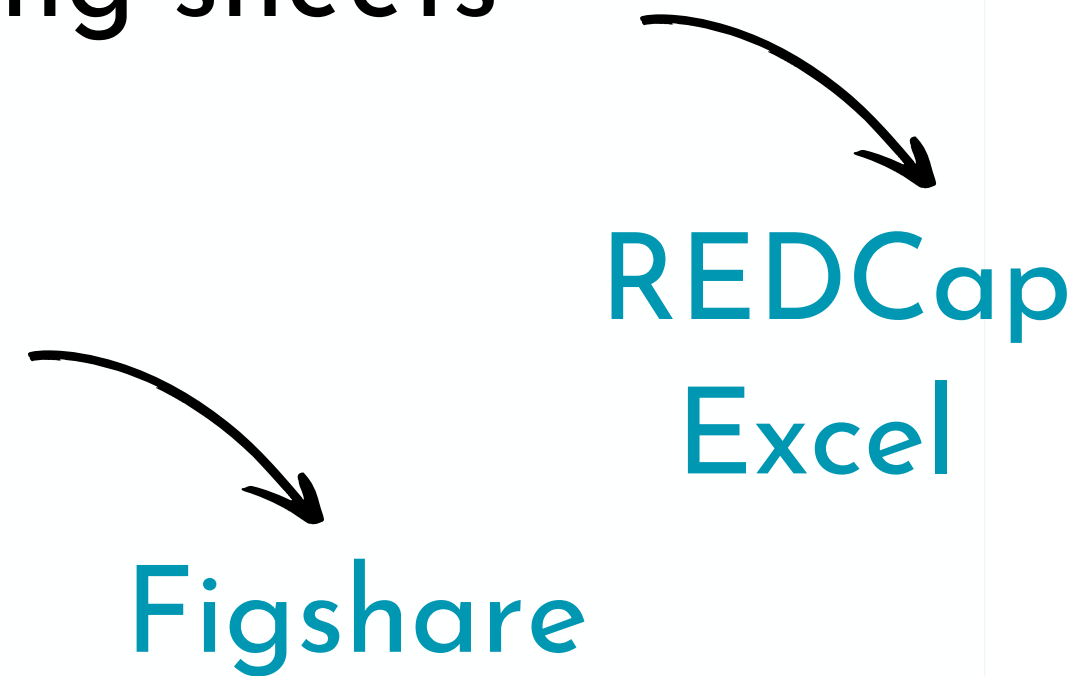
Trained researchers worked in  
**multilingual pairs**



Combat **measurement errors**

- Hardcopy scoring sheets

- Video footage



# ETHICAL CONSIDERATIONS

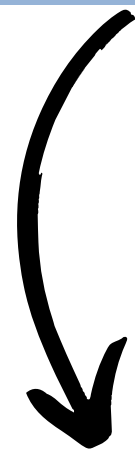


- ✓ Health Science Research Ethics Committee approval (number: UFS-HSD2022/1166/2305)
- ✓ Department of Education approval
- ✓ Informed consent & information letter (parental & principal)
- ✓ Child assent forms (voluntary participation)
- ✓ Confidentiality [POPIA] (participant code)

# DATA ANALYSIS

- Descriptive statistics for categorical data were measured by the biostatistician.
- Median and interquartile range used (**skewed** data).
- **Paired analysis:** data of same child was compared in FDT & UFS instrument.
- **Signed-Rank test:** P-values to draw associations.

P-VALUE  $\leq$  0.05



= no association  
(**X** convergence)

P-VALUE  $>$  0.05



= association  
(**✓** convergence)

# RESULTS AND DISCUSSION

## Demographic profile



VARIABLES		FREQUENCY n (%)
Gender	Male	67 (44.08)
	Female	85 (55.92)
ECD centers	Registered	7 (63.64)
	Unregistered	4 (36.36)
Hand dominance	Right	130 (87.84)
	Left	18 (12.16)
	Missing frequency	4 (2.63)
Ages (years, months)	3,0 - 3,11	75 (49.34)
	4,0 - 4,11	77 (50.66)
Languages of preference	Afrikaans	41 (26.97)
	English	11 (7.24)
	Sesotho and other	91 (59.87)



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# TEST ASPECTS COMPARED

FDT Penalty	UFS IHM-AI
Other hand to adjust	Stabilize against body
Touch board	Other (e.g., stabilize against surface)
Drop peg	Drop
Switch hand	Other body parts
Supination	Spatial orientation
Drop	Control and grading of force
Time without penalty	Item 10A - 'Pegboard: Flipping pegs A'

Compensatory strategies

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Quality indicators

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**7** items

Time



# RESULTS AND DISCUSSION



FDT penalty	UFS IHM-AI Compensation strategy	UFS IHM-AI Item	Signed-Rank Test P-value
Touch board	Other (Stabilize on surface)	Item: 1A, 1B, 4A, 5A, 6A, 10A & 12A	<.0001
Other hand to adjust	Stabilized against body	Item: 1A, 1B, 4A, 5A, 6A, 10A & 12A	<.05
Drop peg	Drop	Item: 1A, 1B, 4A, 5A, 6A, 10A & 12A	<.0001
Switch hand	Other body parts	Item: 1B	0.2085 *
		Item: 5A	0.5293 *
		Item: 6A	0.0996*
		Item: 10A	0.3824*
		Item: 1A, 4A & 12A	<.05

## Key: UFS IHM-AI Items

1A = Stringing beads; 1B = Stringing beads; 4A = Piggy bank; 5A = Pencil game; 6A = Ruler game; 10A = Pegboard: Flipping pegs; 12A = Dressing game

TABLE 1

= dissociation/  
no convergence



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TABLE 1



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# RESULTS AND DISCUSSION



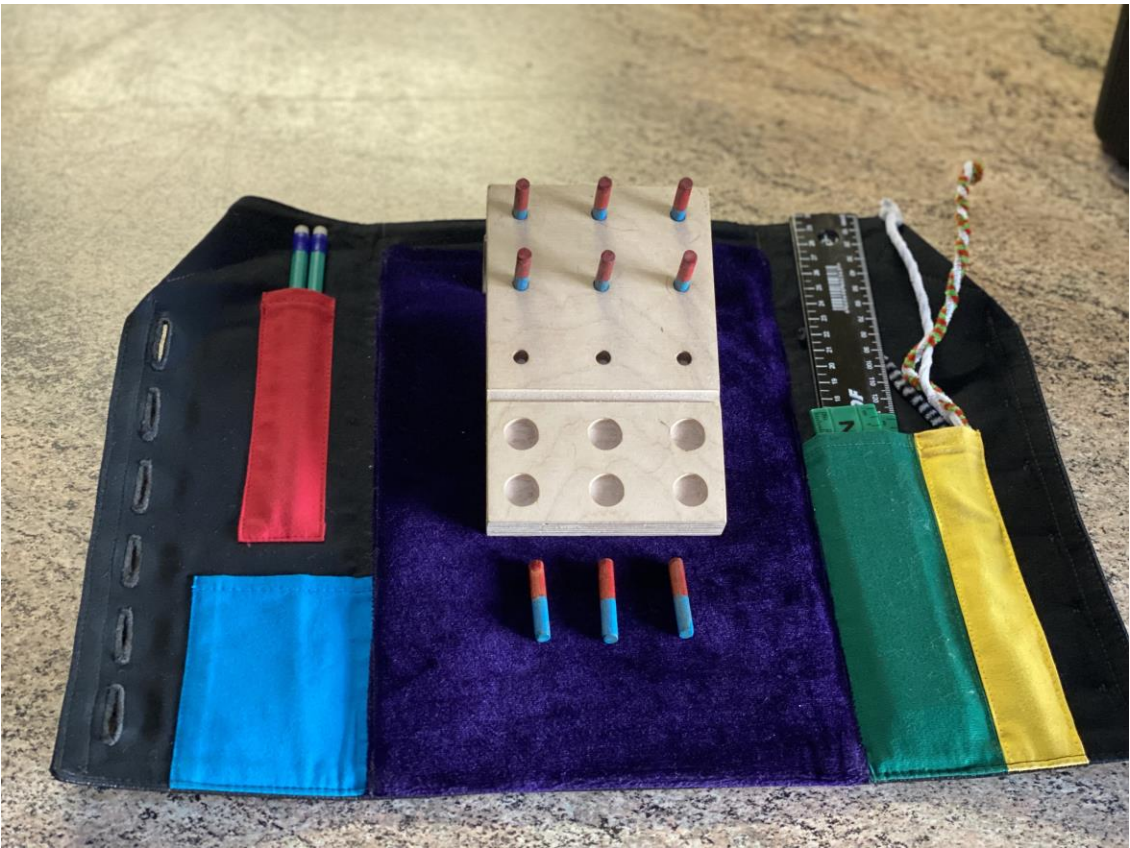
FDT penalty	UFS IHM-AI Quality indicator	UFS IHM-AI Item	Signed-Rank Test P-value
Supination	Spatial Orientation	Item: 1A	0.1230 *
		Item: 10A	0.1759 *
		Item: 1B, 4A, 5A, 6A & 12A	<.05
Drop peg	Control and grading of force	Item: 12A	0.1035 *
		Item: 1A, 1B, 4A, 5A, 6A & 10A	<.005

TABLE 2

**\* = association/  
convergence**

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# RESULTS AND DISCUSSION

FDT	UFS IHM-AI	Signed-Rank Test P-value
Time without penalty	Item: 10A	<.0001

= dissociation/  
no convergence



TABLE 3


**Key: UFS IHM-AI Items**

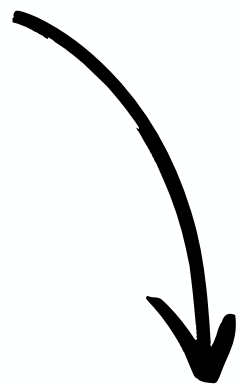
10A = Pegboard: Flipping pegs

- Due to differences in:**
- 1) administration
  - 2) scoring
  - 3) size and number of pegs
  - 4) size of pegboards



# LIMITATIONS + RECOMMENDATIONS UFS

- Dexterity  IHM.
- Size of equipment, scoring and administration methods influence test outcomes.
- FDT provides numerical data vs. UFS IHM-AI provides categorical data.



= **lack of convergence** between  
FDT and UFS IHM-AI.

- Adapt UFS scoring sheet to incorporate numerical data.
- Follow-up convergent validity study on older population using Bruininks-Osretsky Test of Motor Proficiency (BOT-2) test.
- Revise instruction manual
- Investigate other psychometric properties.



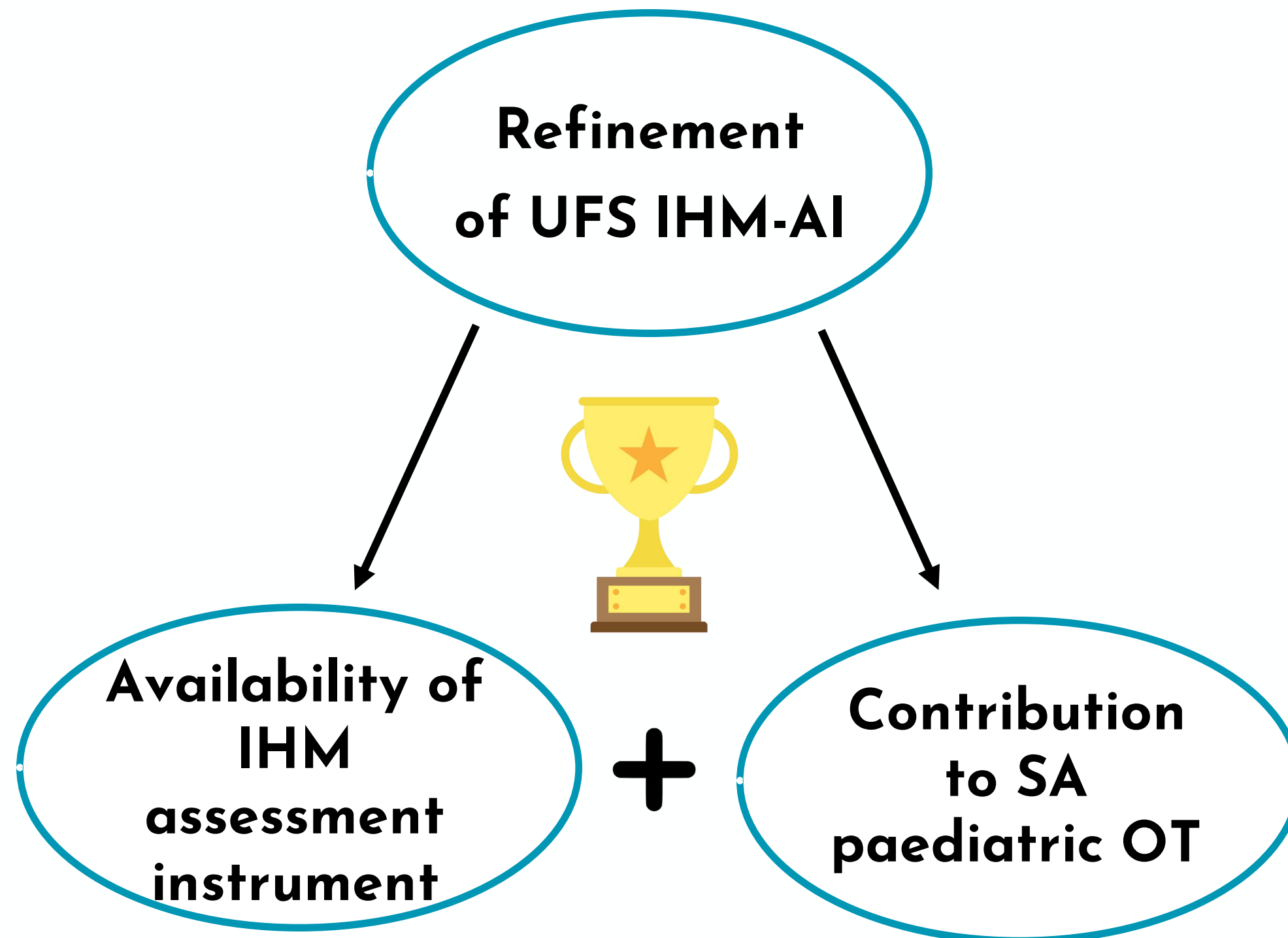
(Carmosino et al., 2014).

# CONCLUSION

- Lack of convergence = no suitable IHM instrument to compare UFS IHM-AI against.



**Underscores unique attributes of UFS IHM-AI**



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- The relevant **schools, teachers, guardians, and child participants** should be acknowledged for their time and patience.

