WHY THE EXPERTS LOVE PTBI™

“PTBI is a gift! We finally have a comprehensive and easy to administer tool with which to obtain information . . . PTBI will be our ‘go-to’ test for pediatric brain injury from now on.”
—Mary Warburton, M.A., CCC-SLP, Lead Speech–Language Pathologist, St. Louis Children’s Hospital, St. Louis, MO

“A classic, must have assessment tool for clinicians working in a variety of settings . . . provide[s] valued direction for intervention over the developmental years. This test includes valid and reliable evidence-based interpretation parameters.”
—Roberta DePompei, Ph.D., School of Speech-Language Pathology and Audiology, The University of Akron, Ohio

“Finally, we have a test for children and teens based on a strong cognitive-linguistic developmental framework with scientifically valid items designed to systematically evaluate skills vulnerable to brain injury.”
—Julie Haarbauer-Krupa, Ph.D., CCC-SLP, Speech Pathologist and ABI Researcher, Children’s Healthcare of Atlanta, GA

“Significantly advances clinical practice, a much-needed tool to monitor recovery. PTBI is distinctive from all other single measures in that it is an efficient, informative, easy to administer, and a comprehensive screening tool.”
—Sandra Bond Chapman, Ph.D., Chief Director, Center for BrainHealth; Dee Wyly Distinguished Professor, The University of Texas at Dallas

Pediatric Test of Brain Injury™ (PTBI™)
By Gillian Hotz, Ph.D., CCC-SLP; Nancy Helm-Estabrooks, Sc.D., CCC-SLP; Nickola Wolf Nelson, Ph.D., CCC-SLP; & Elena Plante, Ph.D., CCC-SLP

WHAT TO ORDER
To use PTBI™, you need the complete set:
• Stimulus Book with visual stimuli needed to conduct PTBI™
• Examiner’s Manual with administration and scoring directions and technical data
• Test Forms for recording information and scoring


Test Forms also available for re-order separately:
Test Forms (package of 10) | US$49.95 | Stock Number: 1291A-71097
2010 • 20 pages • 8.5 x 11 • saddle-stitched • ISBN 978-1-59857-109-7

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Open here for an informative Q&A with the developers of PTBI™!
other acquired brain injury (ABI), the clinician administers the Pediatric Test of Brain Injury™ (PTBI™) to assess levels of performance and track changes for those injured children serve a different function for this test than for norm-referenced test. Therefore, the data from TBI, ABI, and non-ABI... administration and discharge from rehab. For continued monitoring, you may wish to administer it again if a child is seen in an outpatient setting and then when returning to school.

Q: PTBI makes use of item response theory (IRT), an advanced method of weighting items based on their relative difficulty. What is the advantage of this method?

A: IRT produces scores that more accurately convey skill level (than more typical scoring methods). Knowing that children can pass items that are twice as hard as items they could pass before is more informative than just knowing they passed, say, 3 more items than before. By using these scores to track change, you get a fact more accurate estimate of how much change has occurred because the relative difficulty of each item has been taken into account.

Q: What is the sample size, and can you describe the process/reasoning behind the size of the sample?

A: During standardization, the final version of PTBI was administered to children with TBI, ABI, and ABI, and 77 who are typically developing. It is important to note that the PTBI is a criterion-referenced rather than a norm-referenced test. Therefore, the data from TBI, ABI, and non-injured children serve a different function for this test than for a non-referenced test. Specifically, they serve to validate the criterion categories of the test. If the PTBI criterion categories communicate different levels of functioning than two things, should be true. 1) Non-injured children should primarily be categorized as high functioning with progressively fewer falling into the lower performance categories. Table 6.1 in the Examiner’s Manual indicates that this is the case. 2) Children with TBI and ABI should score below non-injured children on the test. Table 6.2 addresses this issue.

Q: Can PTBI be used with children after concussions?

A: PTBI is designed only for use with children and adolescents ages 6-16 years who have sustained a traumatic or acquired brain injury and who represent all levels of severity. The test is designed to be used in acute care settings and in rehabilitation facilities. It can also be used to assess levels of performance and track changes for those who are in school.

PTBI was not designed to evaluate neurocognitive deficits that may result from a concussion, which is a complex pathological process involving the brain, induced by traumatic biomechanical forces. The items for the most part would be too easy and scored at full ability, and the test would not pick up more subtle issues typically seen following a concussion. A better test to administer after a concussion would be IMPACTpro.com, a computerized neurocognitive exam that should be administered as a baseline pre-season and then used again if person is suspected of sustaining a concussion.

Q: Can you provide an example of a case in which PTBI was used?

A: In the PTBI examiner’s manual, we provide the case example of “J.D.,” a 14-year-old boy who was in the 10th grade when he had a motor bike accident. He was not wearing a helmet. J.D. sustained a traumatic brain injury and required surgery and rehabilitation. J.D. was tested for the first time about a month after the accident, once he was medically stable. He scored poorly in all areas except for short-term numerical recall. Activities were recommended to improve J.D.’s attention and concentration, as well as short- and long-term memory and comprehension of stories.

From the time of initial testing, J.D. received occupational, physical, and speech therapy on a daily basis in an inpatient rehabilitation program. Five months later, when he transferred to outpatient therapy, the PTBI was re-administered. The re-test showed significant improvement in all areas except for immediate and global auditory and picture recall. It was recommended that J.D. be provided with listening and reading comprehension activities with opportunities to discuss personally relevant texts in a non-testlike manner. It was also recommended that J.D. have a full neuropsychological evaluation to assist in plans for school reentry and for recommendation of appropriate classroom accommodations, such as extra help, breaks, and note taking. J.D. continued to contact regularly to monitor his recovery and to refine treatment plans.

Q: How did you come to develop PTBI?

A: (Elena Plante) I have had a longstanding interest in how the brain supports behavior. My role in this project has centered around my interest in test development and the procedures for ensuring that the evidence needed to support good diagnostic practices is available to clinicians.

Find out more about Pediatric Test of Brain Injury™ (PTBI™) in this exclusive Q&A with the developers!