Executive Function Performance Test (EFPT)

OVERVIEW
The EFPT is a performance-based, standardized assessment that examines cognitive function within the context of performing a entire task. EFPT examines the execution of four basic tasks: simple cooking, telephone use, medication management, and bill payment. Allow 30-45 minutes to complete testing.

PURPOSE
To determine which executive functions are impaired.
To determine an individual’s capacity for independent functioning.
To determine the amount of assistance necessary for task completion.

VALIDITY & RELIABILITY
The EFPT has been validated and established as reliable in studies with the elderly, individuals who have experienced CVA and TBI, and people with schizophrenia and multiple sclerosis.

USE IN PRACTICE
Executive function impacts length of stay and can be used to predict functional status at discharge. The EFPT provides the rehab team information about deficits that may impact someone’s ability to live safely at home. With the results, OTs can more effectively make recommendations, plan for discharge, and address issues that might hinder someone from returning home.

EXECUTIVE FUNCTIONING: DEFINING THE COMPONENTS
Initiation: The start of motor activity that begins a task
Execution: Proper completion of each step. Consists of 3 requirements:
  - Organization: Physical arrangement of the environment, tools, & materials to facilitate efficient & effective performance steps
  - Sequencing: Coordination & proper ordering of the task’s steps. Requires proper allotment of attention to each step
  - Judgement & Safety: Use of reason & decisions-making capabilities to intentionally avoid physically, emotionally, or financially dangerous situations.
Completion: Inhibition of motor performance driven by knowledge that the task is finished. The person does not perseverate or keep going.

CUING SYSTEM
EFPT uses a standardized cuing system that directly relates to an individual’s degree of impairment and needed level of assistance. For this reason, it is important to not over-cue. Allow the person time to process, but do not let them make errors. Cues support the individual’s performance and should not be given until it is clear a cue is needed for the individual to progress to the next step.

Give two cues of each type before progressing to the next cuing level. Score the highest level of cue needed to complete the task. If direct verbal cues are needed for one component, give the verbal cues to finish the task without starting over with indirect verbal, then gestural cues, each time.
<table>
<thead>
<tr>
<th>CUE TYPE</th>
<th>CUE DESCRIPTION</th>
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<tbody>
<tr>
<td>No cues required</td>
<td>Requires no help or reassurance, does not ask questions for clarification.</td>
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<tr>
<td>Indirect Verbal Guidance</td>
<td>Requires verbal prompting, such as open-ended question or affirmation to continue. Come in the form of a question; avoid direct phrases (“turn on the stove” or “open the pill bottle”).</td>
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<tr>
<td>Gestural Guidance</td>
<td>Requires gestural prompting that mimics the necessary action or guides the participant (point to the correct measuring cup). No physical assistance is provided.</td>
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<tr>
<td>Direct Verbal Assistance</td>
<td>Requires a one-step command that cues individual to take action (“stir the oatmeal”).</td>
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<tr>
<td>Physical Assistance</td>
<td>Requires physical assistance, but tester does not do it for individual, who is still attending to &amp; participating in the task (loosen cap on medicine bottle, hold the pot while the individual stirs)</td>
</tr>
<tr>
<td>Do for the Patient</td>
<td>Requires tester to complete step for the individual</td>
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**ADMINISTERING THE EFPT**

The EFPT accommodates all levels of functioning; therefore all test items should be administered regardless of the person’s preferences or experiences towards the task (with the exception of the checkbook). The EFPT requires strict adherence to testing protocols.

Prepare to administer the EFPT using the Pre-Test Checklist in the manual. Use the script and complete the Pre-Test Questions. Before each task, the individual is asked about familiarity with the task and whether they complete it on their own or with assistance. During testing, do not initiate conversation or give positive or negative feedback. Complete the cuing chart and behavior assessment for each task. Record the time needed to complete each task.

**SCORING**

Three scores are provided:

- **Executive function component score**: ranges from 0 to 5 for each component, with a total of all four tasks ranging from 0 to 20
- **Task score**: ranges from 0 to 25 for each task
- **Total performance score**: ranges from 0 to 100 points, with 25 possible points for each of the 4 tasks

Higher scores reflect the need for more cues, demonstrate more difficulties with executive functions, and indicate more severe deficits. Thus, the higher the score, the higher the amount of assistance required.

Those with motor impairments are scored based on the cue level they need and are not penalized if they ask for help because the impairment necessitates physical assistance.