The Assessment of Motor and Process Skills (AMPS) is an innovative observational assessment that is used to measure the quality of a person’s performance of domestic (instrumental) or basic (personal) activities of daily living (ADL). The quality of the person’s ADL performance is assessed by rating the effort, efficiency, safety, and independence of 16 ADL motor and 20 ADL process skill items. The ADL motor and ADL process skill are analogous to the goal-directed actions defined under the Activities and Participation domains of the International Classification of Functioning, Disability and Health (World Health Organization [WHO], 2001), and are thus the small units of performance that when carried out, one by one, result in the overall task being completed.

More specifically, within the context of performing chosen, familiar, and life-relevant ADL tasks:
• **ADL motor skills** are test items used to rate the level of skill observed when one moves oneself or task objects.
• **ADL process skills** are test items used to rate the level of skill observed when one (a) selects, interacts with, and uses tools and materials, (b) carries out individual actions and steps, and (c) modifies performance when problems are encountered.

For example, as people prepare jam sandwiches, some of the actions they must carry out include: (a) **walk** to the cupboard, (b) find and select the correct bread (**search/locate, choose**), (c) **reach** for, grasp (**grip**), and **lift** the bag of bread, (d) **transport** the bread to their workspace, (f) effectively hold and open the bread by removing the twist tie (**handle, manipulate, coordinate**), (g) **initiate** the next step of putting jam on the bread, (h) spread the jam with an appropriate amount of force so that the bread does not tear or crush (**calibrate**), (j) **use** a knife (not a spoon) to cut the sandwich, and (k) clean up the workspace (**restore**).

The AMPS is a test of skill in occupational performance. It is important to note that the AMPS is not designed to be used to evaluate for the presence of neuromuscular, biomechanical, cognitive, or psychosocial impairments (e.g., strength, range of motion, memory), nor is it designed to be used to evaluate underlying capacities (e.g., ability to grip, ability to remember, ability to plan a course of action). Unlike impairments and underlying capacities, the ADL motor and ADL process skills of the AMPS are goal-directed actions enacted in the context of occupational performance. This means that the AMPS is used to assess activities and participation, not body function or contextual factors (WHO, 2001).

The results of the AMPS can be used to answer four questions.
1. **Why does this person experience difficulty?** The answer is derived from the AMPS profile of that person’s ADL motor and ADL process raw scores; which skills/actions are effective and which are not.
2. **What level of task challenge can this person manage?** The answer to this question is derived from the ADL motor and ADL process ability measures; how much ADL ability this person has.
3. **Is this person a candidate for restorative interventions based on the use of restorative occupation or compensatory interventions based on the use of adaptive occupation?** The answer to this question is also derived from the person’s ADL motor and ADL process ability measures; persons with lower ADL ability may be less responsive to restorative occupation, but possibly able to benefit from adaptive occupation.
4. *Has this person’s ADL performance improved as a result of our interventions?* The answer to this question is also derived from the ADL motor and ADL process ability measures that provide an objective basis for measuring change. Changes in client ADL ability measures are used in research and quality assurance programs to provide us with an objective method to demonstrate to our clients, colleagues, health care administrators, and health care payers that occupational therapy services are cost-effective and improve the functional status of our clients. Even when effective interventions based on designing adaptive occupation are implemented, client ADL ability measures increase because environmental constraints are eliminated. Improved ADL ability can occur in the absence of any change in the status of a person’s neuromuscular, biomechanical, cognitive, or psychosocial impairments or his or her underlying capacity limitations.

We are very excited about the AMPS. Its development now spans 2 decades, and has been supported by the American Occupational Therapy Foundation and Association and the National Institutes on Aging. AMPS courses have been offered in 18 countries around the world. The AMPS represents a revolutionary and very innovative approach to the problem of how occupational therapists conceptualize and assess function. It is different from any assessment you have encountered in the past, and we are sure that you will share our enthusiasm that a valid, reliable, and sensitive assessment of occupational performance is now available.

**AMPS WORKSHOPS AND RATER CALIBRATION**

In the process of developing the AMPS, it has become apparent that valid and reliable administration and interpretation requires that interested individuals (a) participate in a training workshop, and (b) become calibrated as a reliable rater. The 5-day training workshops provide critical information related to the theoretical basis of the AMPS as well as experiential learning of administering and scoring AMPS evaluations.

Within the 5-day AMPS workshop, participants also obtain valuable, hands-on information regarding occupation-based assessment and intervention. In fact, after taking an AMPS workshop, course participants have often commented that they have “finally found their niche”, their unique occupation-based role, within the rehabilitation team. With the new skills and insights they developed during the course, their confidence is enhanced, and they are more capable and proactive advocates for occupational therapy and the use of occupation as both a means and an end when providing occupational therapy services.

Finally, rater calibration requires that potential raters view and score videotaped AMPS observations during the course and then complete 10 live observations after the course. Rater calibration allows us to determine each rater’s severity and whether or not he/she is scoring the AMPS in a reliable manner.

**BENEFITS AND LIMITATIONS OF THE AMPS**

The **AMPS is unique in several ways, including the following:**

1. The ADL tasks that the client performs for the assessment are chosen by the client, and are meaningful and relevant to his or her daily life and living situation. It is believed that ADL task performance is maximized when an individual has the opportunity to choose and enter into an activity that matches the individual's volitional traits.

2. The AMPS provides occupational therapists with a powerful and sensitive tool that can assist with treatment planning and documenting change.
3. The AMPS is an ideal assessment for managed care environments and other settings where occupational therapists need to demonstrate the efficacy of their interventions in a cost-effective and client-centered manner.

4. The assessment requires no special equipment and can be administered in any relevant setting within a 30 to 40 minute period.

5. The measurement model used to develop the AMPS allows a therapist to determine the ADL ability of the client, while taking into account the relative challenge of each of the ADL tasks the client performed. As a result, clients who performed different ADL tasks can be directly compared.

4. The measurement model used to analyze the client’s scores also allows us to generate ADL ability measures that are adjusted to account for the severity of the rater who rated the client’s performance. As a result, client ability measures are not biased by the particular rater who observed the performance.

5. The AMPS has been designed so that it can be administered to children over the developmental age of 3 years, adolescents, adults, and older persons for whom there is concern about ADL task performance. The diagnosis of the person or the reason for the functional limitations does not matter.

6. The AMPS has been standardized internationally and cross-culturally on 46,886 subjects.

The AMPS has the following limitations:

1. Participation in a 5-day training and calibration workshop, with follow-up testing of 10 clients, is required to develop skill in the administration and interpretation of the AMPS, and to complete the rater calibration process.

2. The AMPS is not suitable for evaluation of children under the developmental age of 3 years, or persons who have no need or who are unwilling to participate in simple daily life tasks.

3. If the AMPS is to be used for documenting treatment efficacy, quality assurance, or research, it must be computer-scored. This is necessary to compute overall ADL motor ability and ADL process ability measures that have been adjusted to account for (a) the challenge of the tasks the person performed, and (b) the leniency of the rater who scored the client’s performance. The computer-scoring software is included with the AMPS training and calibration workshop materials.

4. The AMPS computer-scoring software is provided only to persons who participate in AMPS training and calibration workshops.

Therapists interested in pursuing AMPS training should feel free to contact the AMPS Project International for more information and to find out about upcoming training sessions. AMPS Project International (USA) by telephone: +1 603 778 2965, FAX: +1 603 778 0095, or e-mail: info@AMPSintl.com