

Corbett Targeted Coin Test (CTCT)

- Assess palm to finger tip In-Hand Manipulation (IHM)
- Assess Fine Motor Manipulation (FMM) with wrist Dart Thrower's Motion (DTM)
- Qualitative and quantitative reporting of accuracy and speed of IHM
- Observe recovery of shift, rotation and translation of IHM
- Relates to meaningful manipulatives such as coins, buttons, earrings, bingo chips, snack foods
- Consistent, convenient and easily cleanable

12-3400 Corbett Targeted Coin Test



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ABSTRACT

BACKGROUND:

- Created in 2017 by Julie Corbett, OTR.
- Includes a box with 16 multidirectional slots and 20 pennies. Requires in-hand manipulation, fine motor dexterity, palm to fingertip translation, and differential tendon glides.
- · It has more complex visual-motor and proprioceptive demands than most dexterity tests.

PRIMARY OBJECTIVE:

Establish norms for the CTCT

PARTICIPANTS

Included a convenience sample of 114 individuals, aged 18-86 years, who met eligibility criteria

RESULTS

Norms for the CTCT add to the body of knowledge for assessment tools in the rehabilitation of palm-to-finger translation and proprioceptive target placement. Occupational therapists can reflect on their current practice and utilize the CTCT norms to analyze dexterity.

METHODS

- · Data was collected from four sites in Michigan
- The CTCT 'instructions for use' manual was followed. Demographic information of age, occupation, gender,
- handedness, and handspan were recorded.

READY POSITION

- · Client seated at a table of approximately 30" hi
- CTCT box is approximately 1" from a closed fist
- · Participants other hand rested in their lap. Dominant hands were tested first.
- TRIALS Introductory script is read to the participant. Instructions are presented.
- The task is demonstrated by the administrato
- A trial is given
- Timed trial begins and 3 scores are recorded.

SCORES

- · Speed: time required to complete test in second
- Accuracy: The amount of coins dropped
- · Quality of Performance: summation of both sp accuracy
- Oualitative observations were also document
 - Precautions were taken, as recommended by in order to decrease the risk of the spread o

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The Corbett Targeted Coin Test

114 participants

50 males

64 females

18-86 years

more

Observations:

the slots.

dropped

dropped

Occupations:

STUDENTS (N=13) Age range: 18-27 years R hand Mean QoP: 35.85

RETIREES (N=19)

Females

Males

TAKEAWAYS

Average Speed: 26.5 secs Average Coins dropped: 1.825 coins Average QOP: 35.518

56 participants completed bilateral shoulder abduction to drop coins into

Average R hand speed: 24.9 secs

Average R hand Speed: 28.30 secs Average R Hand Accuracy: 1.7 coins

L hand Mean QoP: 43.41

Age range: 55-82 years

R hand Mean QoP: 36.45 L hand Mean QoP: 44.69

Average R hand Accuracy: 1.83 coins

Dominant Hand Stats:

RESULTS

The Pearson Coefficient test was used to determine whether significant correlations were present.

No significant correlations were found upon data analysis. However, we did find some trends to be indicative for future research. Gender

- · Across all age groups, females performed better than males
- (R hand: 34.05 secs /36.8 secs: L hand: 39.59 secs/41.66 secs).

Age

- Speed and accuracy were the best for middle-aged participants (40-49 years) • Performance scores were slower with more drops for older participants (females: 60-69: males:70+)
- Dominance
- · Dominant hands performed better than non-dominant hands
- 35 518 secs /40 2328 secs

Table 1

Handspan Dominant hands performed better than non-dominant hands

Normative

DATA

- (35.518 secs /40.2328 secs)

Quality of Performance of All Subjects on the CTCT (in seconds)

igł	1			Males				Females				
re	esting on the table	Age Group	Hand	Mean	Min	Мат	N	Mean	Min	Max	N	
	Inclusion Criteria • Over 18-years old		R	34.94	17.89	56	15	34.51	18	61.9	29	-
r	Non-institutionalized Community dwelling	30-39	L R	40.74 38.26	22.89 22.08	67.37 70.61	12	37.93 29.07	17.02 14.83	70.47 54.84	9	
	 Able to complete active fist closure Able to perform finger to palm 	40-49	L R	40.23	20.09	79.21 67.48	12	39.16 31.45	13.81 27.56	56.04 38.41	,	
	translation of twenty coins No history of hand dysfunction 	10-15	L	35.86	19.08	48.66	8	34.91	20.25	57.63	4	
	Able to follow directions	50-59	R L	35.38 43.5	23.81 25.84	43.07 63.25	6	34.87 40.75	23.91 30.48	44.68 60.01	10	
nds		60-69	R	43.8	35.03	49.08	4	37.92	23.72	48.2	7	7
peed and			L R	47.82 40.14	33.58 29.8	54.75 60.62	ç	48.15 35.36	31.65 23.08	82.69 50.84	ç	
~ 4			L	49.97	31.01	79.42		39.41	23.08	50.67	2	
			R L	36.8 41.66	17.89 19.08	70.61 79.42	50	34.05 39.59	14.83 13.81	61.9 82.69	64	
COVID-19											_	1

DISCUSSION &

implications

- · This study supported previous trends in found regarding hand function
- In previous studies conducted on the 9 Hole Peg Test and Purdue Pegboard Test, female adults were found to have slightly better dexterity than males across all ages.
- Females had a better average quality of performance score by 2.75 when compared to males in our study.
- In previous studies, it has been found that an individual's dexterity rapidly increases up until age eighteen and then steadily declines throughout adulthood.
- In our study, there was a very small positive correlation between age and OOP (r=.137) (older participants were slower)

Hand Span

- There was a small positive correlation (R= .141) between R hand-span and Quality of Performance; which could be a confounding factor for the relationship between gender and CTCT performance, since men typically have larger hands than women.
- Dominance has an impact.

size

- In a previous study conducted by Julie Corbett (2018), there was only a 1second difference in average hand speeds based on dominance.
- In our study, dominant hands were 3-seconds faster (on average) than nondominant hands

LIMITATIONS

Small sample COVID-19 Pandemic

Michigan Participants only

CONCLUSION

- The data collected in this study may help to enhance the validity of the CTCT
- Provides norms from a larger sample size.
- Allows a comparison of results of an individual with a hand injury or condition to those without.
- Enables therapists to set goals and measure client progress in upper extremity rehabilitation

REFERENCES-ACKNOWLEDGEMENTS

A full list of references can be obtained by emailing: rhodesvi@mail.gvsu.edu

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This research protocol was approved by the Human Research Review Committee of Grand Valley State University , Protocol # 20-292-H.

A special thanks to Dr. Beasley as well as Dr. Anderson for statistical analysis support.

Table 1

Quality of Performance of All Subjects on the CTCT (in seconds)

			Males			Females				
Age Group										
(yr.)	Hand	Mean	Min	Max	Ν	Mean	Min	Max	Ν	
18-29	R	34.94	17.89	56	15	34.51	18	61.9	29	
	L	40.74	22.89	67.37	15	37.93	17.02	70.47		
30-39	R	38.26	22.08	70.61	12	29.07	14.83	54.84	0	
	L	40.23	20.09	79.21	12	39.16	13.81	56.04	7	
40-49	R	33.6	20.6	67.48	0	31.45	27.56	38.41	4	
	L	35.86	19.08	48.66	0	34.91	20.25	57.63		
50-59	R	35.38	23.81	43.07	6	34.87	23.91	44.68	10	
	L	43.5	25.84	63.25	0	40.75	30.48	60.01		
60-69	R	43.8	35.03	49.08	4	37.92	23.72	48.2	7	
	L	47.82	33.58	54.75	7	48.15	31.65	82.69		
70+	R	40.14	29.8	60.62	5	35.36	23.08	50.84	5	
	L	49.97	31.01	79.42	5	39.41	23.08	50.67		
A11	R	36.8	17.89	70.61	50	34.05	14.83	61.9	64	
Subjects	L	41.66	19.08	79.42	50	39.59	13.81	82.69	7	