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This session will introduce two occupational therapy assessments for older people, which have been developed by the presenter and colleagues.

The **Activity Card Sort – United Kingdom** version (ACS-UK; Laver-Fawcett and Mallinson, 2013; Laver-Fawcett et al, 2016) is a self-report outcome measure designed to identify changes in older adults’ participation in instrumental, leisure and social activities. Each ACS-UK test item comprises a photographed activity card with an activity description underneath. The ACS-UK covers four domains: instrumental activities; low demand leisure activities; high demand leisure activities; and social – cultural activities. It has three formats (institutional, recovering and community living formats) which use the same 93 activity cards but involve sorting these into different participation categories. This choice of versions enables the ACS-UK to be applied across hospital, community and long-term care settings. Scores are calculated for current activity, previous activity and retained activity levels. The ACS-UK can inform a client-centred intervention plan based on the participant’s activity preferences and participation levels.

The **Structured Observational Test of Function** (SOTOF; Laver & Powell, 1995; Laver-Fawcett and Marrison, 2016) is an assessment which evaluates the impact of neurological deficits (e.g., resulting from cerebrovascular accidents, dementia, head injury and Parkinson’s disease) on older people’s ability to perform personal activities of daily living (ADL). SOTOF offers a structure to observe and evaluate performance of four activities of daily living (eating, washing, drinking and dressing) and generates information related to underlying perceptual, cognitive, sensory and motor performance components. The SOTOF provides a profile of the person’s skills and deficits. It can be used to signpost the need for further assessment and help inform goal setting and intervention planning. Each ADL task is broken down into test items. If the person is unable to successfully complete an item then the therapist is guided to use a dynamic assessment process to assess the underlying cause of dysfunction and analyse the person’s abilities and how these can change owing to structured mediation (i.e. prompts, cues, modification, demonstration, assistance). A SOTOF six-level scored mediation protocol is provided to guide the therapist. At the end of the assessment the therapist rates the person’s level of ability in each ADL task on a 6 level rating scale and identifies the person’s skills and abilities on a neuropsychological checklist.