by Ammon Derrick GITARI

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Lecturer: Carol CREVACORE Caps are not required

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Student Number: 10509492

Date of Submission: 16th March 2020

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This should be centred and should be in line

Page numbers are required in the top right hand corner

As per the instruction to students in the discussion board post no instruction or conclusion was required. Please indent at the start of each paragraph

Barthel Index

Introduction

to assess

Barthel ADL Index is one of the commonly used ordinal scales for rating an individuals ability to perform activities of daily life (ADL). This tool is mostly preferred for patients with musculoskeletal and neuromuscular conditions as well as the post stroke ones.

The tool involves scoring ten variables that describe ADL's and Mobility with higher scores indicating higher levels of independence. Time taken as well as physical assistance required by a patient are used to determine the value assigned to each item (Hormozi et al., 2019). To better understand the use of the Barthel ADL index, we shall

₹9

Discussion

This is not a complete

The Barthel ADL index relationship in Barthel Barthel

2019). The index takes in data as a record of the activities that the patient can perform to determine their independence levels. The activities are divided into ten key areas that include feeding, transfers from bed to seat and back, continence, grooming and

■ 12

mobility among others.

analyze its application required

**5** 13

????

The use of the Barthel index is easy. The indexing is compact and as such is not as time-consuming as other indexes such as the Katz index (Silveira et al., 2018). To add wc

on, there is a metric analysis system allowed by the Barthel index which makes it Reference appropriate for statistical use Finally, the index focuses on the core aspects that can be considered adequate for comfortable daily living. Reference Various features set the Barthel Index aside from other measures. To begin with, the index can be used through telephone as well as face-to-face interviews Presad et al., 2018). More so, a person who is familiar with the patient such as a family member or spouse can be used to successfully score a patient on the scale. This makes it highly convenient The patient can also evaluate themselves using the technique. There exists some discrepancies in the validity of this toor in that it relies heavily on the perception of the observer. As such, the scoring criteria may change depending on the observer meaning the results may not be accurately repeated with the same set of Reference variables. However, the difference cited in various patients is seen to vary slightly across different observers. As such, the index can be rated as being average on the validity section. The Barthel Index is used to measure daily activity levels. The focus of the index is in the geriatric population. A deeper focus of its use is in patients of neuromuscular and musculoskeletal conditions under rehabilitation as well as the elderly and post stroke Repetition patients. The index can determine the length of stay and the level of nursing care that Reference is needed for the target population.

**\$** 15

■ 18

■ 20

#### Conclusion

In conclusion, the Barthel ADL index is a useful tool for assessing the independence of patients. However, the tool is highly limited in its assessment as some contextual

factors and differences in patients are not considered. Despite the limitation, the index is an appropriate tool for engaging patients and their support systems in the delivery of quality healthcare. Moreover, healthcare providers can adequately engage the tool for the delivery of specialized care for patients leading to improved patient outcomes.

Thank you for your submission. Your written work is not suitable and I would recommend you seek the support from the learning advisors to help with word choice and sentence structure. You were asked to analyse the literature so you could compare and contrast your chosen tool with other but unfortunately you have show little evidence of this. See week 2 PP for clarification. Remember to reference your work by using intext references. If you are unsure about this again please seek support for the learning advisors.

Reference should start on a new page and the title should be in bold

#### References

Bouwastra, H., Smit, B. E., Wattel, M. E., Wouden, C. J., Hertogh, M. P. M. C., Terluin, The second and subsequent lines should be

indented B., Terwee, B. C. (2019). Measurement Properties of the Barthel Index in Geriatric

Rehabilitation. Journal of the American Medical Directors Association 20 (4): 420-425

Please apply the above feedback to the remainder of your reference. I would suggest you seek support from a learning advisor to help with this process.

Hormozi, S., Alizadeh-Khoei, M., Sharifi, F., Taati, F., Aminalroaya, R., Fadaee, S., Angooti-Oshnari, L., Saghebi, H. (2019). Iranian Version of Barthel Index: Validity and Italics for the Reliability in Outpatients' Elderly. International deurnal of Preventive Medicine; 10:130 Ref: Vol( issue) revewi doi format DOJ: 4103/ijpvm.IJPVM\_579\_18

spacing review presed, K., Kumar, A., Misra, S., Yadav, K. A., Johri, S., Sarkar, S. R., Gorthi, P. S., needed

Hassan, M. K., Prabhakar, S., Misra, K. U., Kumar, P. (2018). Reliability and validity of telephonic Barthel Index: an experience from a multi-centric randomized control study. Reliability and validity of telephonic Barthel Index: an experience from a multi-centric randomized control study. Acta Neurologica Belgica, 118: 53-59

Silveira, Y. T. L., Maria Da Silva, J., Soler, P. M. J., Sun, L. Y. C., Tanaka, C., Fu, C. (2018). Assessing functional status after an intensive care unit stay: the Barthel Index and the Katz Index. International Journal for Quality in Health Care, 30 (4): 265-270, **REF REVIEW** 

https://doi.org/10.1093/intqhc/mzx203

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#### **GRADEMARK REPORT**

FINAL GRADE

3/15

**GENERAL COMMENTS** 

## Instructor

Thank you for your submission. Please see the comments intext as well as the marking rubric and the grades listed below when considering you're feedback. The suggestions within are meant to guide you as you move forward with your studies. It you have any queries please contact your unit coordinator Carol Crevacore.

Feedback to others - 1.5/3 Your comments are approrpaite however you needed to critically incorporate the literature rather than just describe it. In some instances no literature is included at all.

Understanding ideas - 2/5

Research - 1.5/5

ELP - 0.25/1

Referencing - 0.25/1

**TOTAL - 5.5** 

PAGE 1

Text Comment. Caps are not required

Text Comment. This should be centred and should be in line

Text Comment. Page numbers are required in the top right hand corner

**Text Comment.** As per the instruction to students in the discussion board post no instruction or conclusion was required. Please indent at the start of each paragraph

Strikethrough.

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Text Comment. to assess

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QM Reference

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QM Reference

## Text Comment. The



Poor sentence structure - this is my suggestion - The time taken by a patient to complete a task and the assistance required are all given values.

**Text Comment.** This not required

Strikethrough.

Strikethrough.

**Text Comment.** This is not a complete sentence.

Comment 12

This is not a discussion as you are still explaining the tool.

Comment 13

Says who? You need to reference your work.

**Text Comment.** ????

QM WC

Word choice error:

Sometimes choosing the correct word to express exactly what you have to say is very difficult to do. Word choice errors can be the result of not paying attention to the word or trying too hard to come up with a fancier word when a simple one is appropriate. A thesaurus can be a handy tool when you're trying to find a word that's similar to, but more accurate than, the one you're looking up. However, it can often introduce more problems if you use a word thinking it has exactly the same meaning.

Comment 14

This could have been 1 sentence

PAGE 3

Comment 15

You need to consider your sentence structure and get assistance from a learning advisor

QM Reference

	Comment 16
	What do you mean here? WHy is this important!
	Comment 17
	SO?????
QM	Reference
QM	JOIN
	These two sentences can be joined into one with meaning and depth
	Comment 18
	Again sentence structure and word choice needs improving
	Strikethrough.
QM	Reference
	Comment 20
	State which tool it is better then. You were asked to compare and contrast your tool against others.
QM	Reference
	Text Comment. says who?
	Text Comment. do exist
	Comment 21
	which tool
	Strikethrough.
QM	Reference
QM	Reference
	Comment 23

Not sure what you mean here

QM Repetition

QM Reference

Strikethrough.

PAGE 4

QM Repetition

**Text Comment.** Thank you for your submission. Your written work is not suitable and I would recommend you seek the support from the learning advisors to help with word choice and sentence structure. You were asked to analyse the literature so you could compare and contrast your chosen tool with other but unfortunately you have show little evidence of this. See week 2 PP for clarification. Remember to reference your work by using intext references. If you are unsure about this again please seek support for the learning advisors.

Text Comment. Reference should start on a new page and the title should be in bold

Text Comment. The second and subsequent lines should be indented

QM italicise

Text Comment. doi ?

**Text Comment.** Please apply the above feedback to the remainder of your reference. I would suggest you seek support from a learning advisor to help with this process.

PAGE 5

Text Comment. not capitalised unless a proper noun or following a:

Text Comment. Italics for the name

QM Ref: Vol( issue)

The volume number needs to be in italics. The issue number needs to be in brackets.

Text Comment. revewi doi format please

Text Comment. spacing review needed

**Text Comment.** A

Strikethrough.

**Text Comment. ⊤** 

Text Comment. italics



## **REF REVIEW**

Please refer to the reference manual for formatting rules