**Instruction and Template for MPAI-4 Rehabilitation Planning Guide (RPG)**

These instructions and template may be downloaded and copied without fee or requesting permission. For greater detail regarding application of this RPG and case examples, please refer to:

[Malec JF. Research Letter: Rehabilitation Planning using Rasch Analysis of the Mayo-Portland Adaptability Inventory (MPAI-4). Journal of Head Trauma Rehabilitation. ePub on line head of print. February 2025. DOI: 10.1097/HTR.0000000000001042](https://journals.lww.com/headtraumarehab/abstract/9900/research_letter__rehabilitation_planning_using.245.aspx)

After rating the participant on the MPAI-4 and determining the T-scores using the tables for the 2015 National OutcomeInfo sample from Appendix V in the 3rd edition of the MPAI-4 Manual,[[1]](#footnote-1) begin by completing the demographics and filling in the T-scores for the Total MPAI-4 and the indices in the RPG template on the next page. Then draw a line across the table at the level of the Total T-score for the participant. Next, draw another line 10 T-score points lower. As a final step, circle all items with a score of 4; draw a rectangle around those scored 3; and underline those scored 2. Use the original raw scores, not the converted scores. (Different colored markers might also be used to highlight levels of limitations.) These will be the targets for rehabilitation.

**Basics of Treatment Plan Development with the RPG**

1. Examine the T-scores. T-scores that are more than 2 or 3 points higher than the others usually indicate areas where more intensive rehabilitation will be needed.
2. Examine the item scores, proceeding from the top down. Marked limitations above the top Total T-score line are also likely to interfere with progress in areas below them.
3. Limitations above the top Total T-score that are more than mild are likely to provide major obstacles to rehabilitation; addressing them will be critical.
4. Consider also addressing some milder items (scores of 2) initially. These are often areas where more rapid progress can be made, enhancing participant motivation and engagement.
5. Items with scores of 3 and 4 are usually areas that will need to be addressed over the longer term.
6. Limitations above the lower of the two lines are usually areas for most intensive intervention. This does not mean that limitations below the lower line cannot be addressed in some way, but rehabilitation is often most effective if the limitations above the lowest line are prioritized. It is often necessary to address these limitations in order to pave the way for addressing limitations below the lower line.
7. The Participation items that comprise the Autonomy subscale describe 4 critical areas for independent living. Although self-care may be addressed early in the rehabilitation continuum, other Autonomy items are typically addressed in the final phase of rehabilitation and often require focused interventions.
8. Always remember: clinical judgement is critical for further developing a treatment plan.

**MPAI-4 Rehabilitation Planning Guide for TBI**

ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Evaluation date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **T-score**  **Total =** | **Ability Index**  **T-score =** | | | **Adjustment Index**  **T-score =** | | **Participation Index**  **T-score =** | |
| **Physical** | **Cognitive** | **Other items** | **Emotional** | **Other items** | **Inter-**  **personal** | **Autonomy** |
| **>70**  ↑  More  Di sability  L ess  ↓  68  66  64  62  **60**  58  56  54  52  **50**  48  46  44  42  **40**  38  36  34  32  **<30** | HAND CARE    MOB  FATG | INFO  NVER  AWAR  MEM ATTN  NOVP | AUD  DIZZ  VIS SPCH  SPAT  VERB | IRR  DEP  ANX | INSI  SENS  REL  PAIN | INIT  SOC  REC  EMP | CARE  MONY  RES  TRAN |

|  |
| --- |
| Legend |
| ATTN=Attention; ANX=Anxiety; AUD=Audition; AWAR=Impaired self-awareness; CARE=Self-care; DEP=Depression; DIZZ=Dizziness; EMP=Paid/unpaid Employment; FATG=Fatigue; HAND=Use of hands; INFO=Fund of information; INIT=Initiation; INSI=Inappropriate social interaction; IRR=Irritability/aggression; MEM=Memory; MOB=Mobility; MONY=Managing money and finances; NOVP=Novel problem-solving; NVER= Nonverbal Communication; PAIN=Pain/headache; REC=Leisure and recreational activities; REL=Family/significant relationships; RES=Residence; SENS=Sensitivity to mild symptoms; SOC=Social contact; SPAT=Spatial abilities; SPCH=Speech; TRAN=Transportation; VERB=Verbal communication; VIS=Vision |
| Circles = raw score 4 (severe problem; interferes with activities more than 75% of the time  Rectangles = raw score 3 (moderate problem; interferes with activities 25-75% of the time  Underlined = raw score 2 (mild problem; interferes with activities 5-24% of the time |

1. *Manual for the Mayo-Portland Adaptability Inventory (MPAI-4) for Adults, Children and Adolescents* by James F. Malec, Ph.D., ABPP-Cn,Rp can be obtained through Amazon.com. [↑](#footnote-ref-1)