

# Digital assessment in geriatrics

## Comparison between 20-cents-test and 20-balls-test

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### 1. Introduction (20-cents-test - analog ----> 20-ball-test - digital)

Fine motor skills are important everyone's daily activities. Examples are pick small parts, open knobs, press keys on telephone or keyboards, open/close zippers and writing, use scissors or fixing lances.

The 20-cents-test (1) is a common assessment tool to determine fine motor skills. Task: 20 coins arranged in a circle/ellipse have to be transferred into a small box and the time from start to finish is determined. Typically healthy patient need ca. 22 sec. Patients with impaired fine motor skills need much more time.

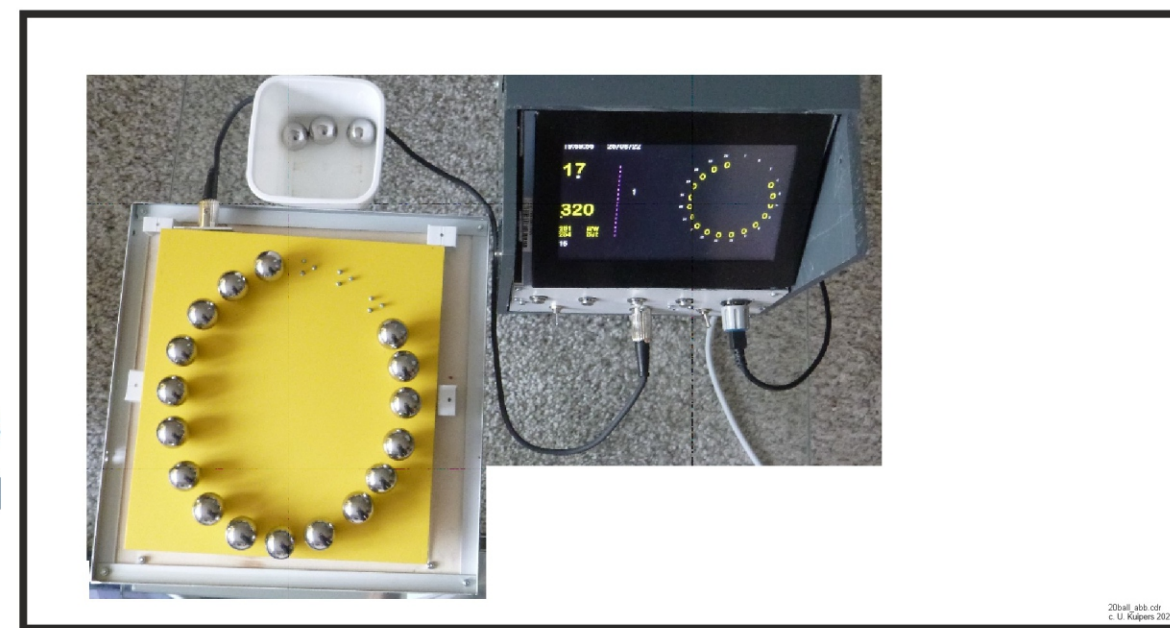


Fig. 1: 20 ball test equipment

### 2. Methods

#### 2.1 Specification book

- Precondition 20-balls-test (2)
- Rules for assessment on hospital ward
- portable (yes, 8 kg weight)
  - quick set-up time (within few minutes)
  - medical device fulfils rules of medical products law (no, in house manufacture)
  - CE mark (not necessary)
  - safety
    - electrically safe (medical power supply)
    - thermal secure, no hot parts (yes)
    - cleanable (yes)
    - no sharp parts (yes)
    - electromagnetic proofed (EMV) (no, in preparation)
  - quick start (yes, within 10 sec)
  - quick results (yes, immediately after stop)
  - high accuracy (yes, time better than 50 ms)
  - high resolution for each ball (yes, time stamp for each ball)
  - operation simple to learn (yes)
  - requires no laboratory rooms (yes)
  - privacy of data (yes)
  - design simple, easy, functional (yes)
- Comment: (in brackets checked for 20-balls-test)

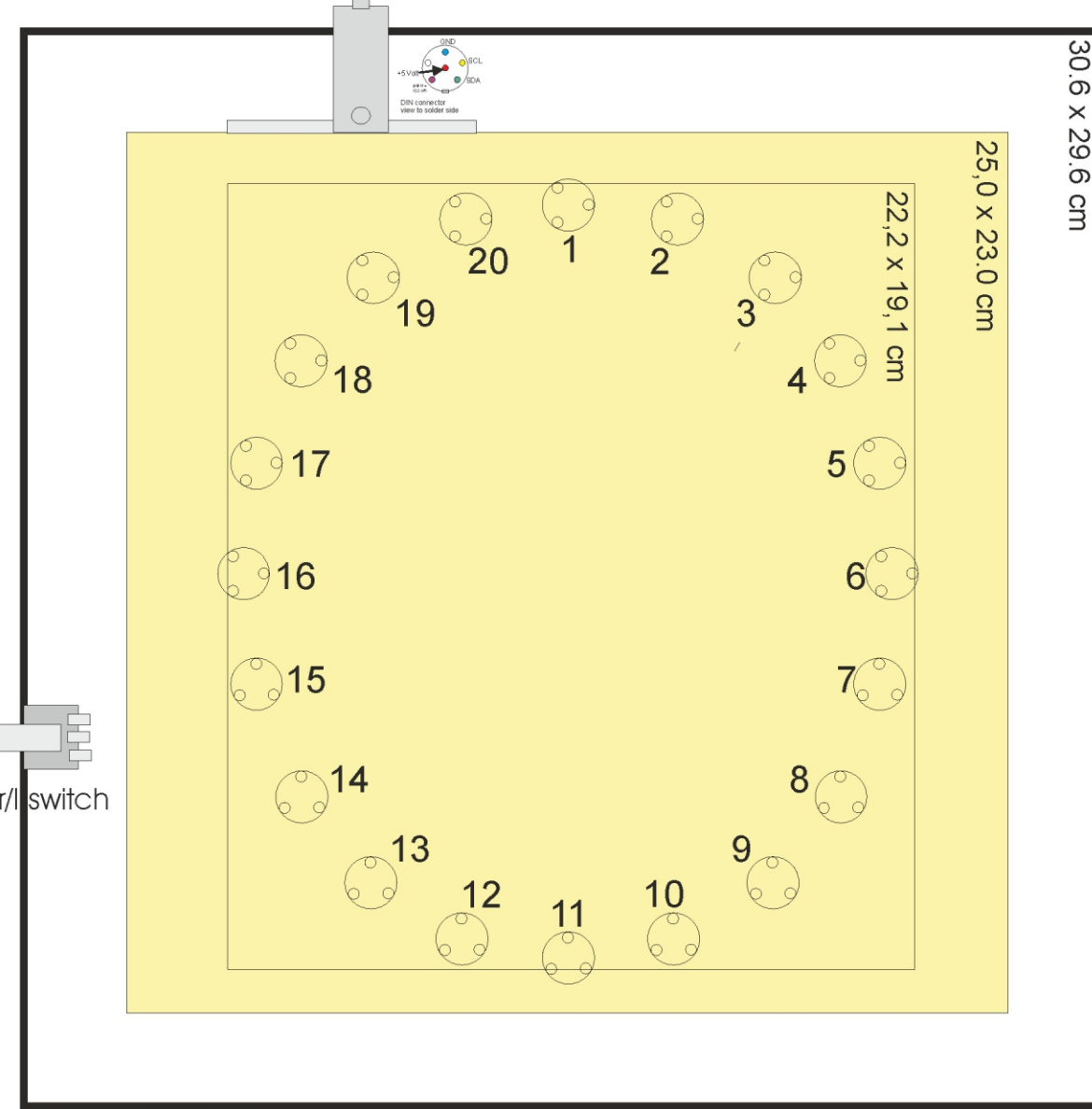


Fig. 2: 20 ball panel

#### 2.2 Hardware

- Development environment
- Easypic6 evaluation board  
(Mikroelektronika (<https://www.mikroe.co/fdm/>))
- 20 ball panel (custom)
- 20 ball housing with modules (custom)
- timer xtal driven + timer read (custom)
  - real time clock (custom)
  - memory FRAM 4 x (custom)
  - TFT Display (display visions, electronic assembly)
  - delay\_board (custom)
  - front panel: 4 buttons, 1 rotary sw. (custom)
- medical power supply 5 V, 2 A
- Friwo FOX6-XM-USB/Leicke ULL USB-10-W
  - interface I2C-to-USB (<https://de.elv.com/elv-usb-i2c-interface>)

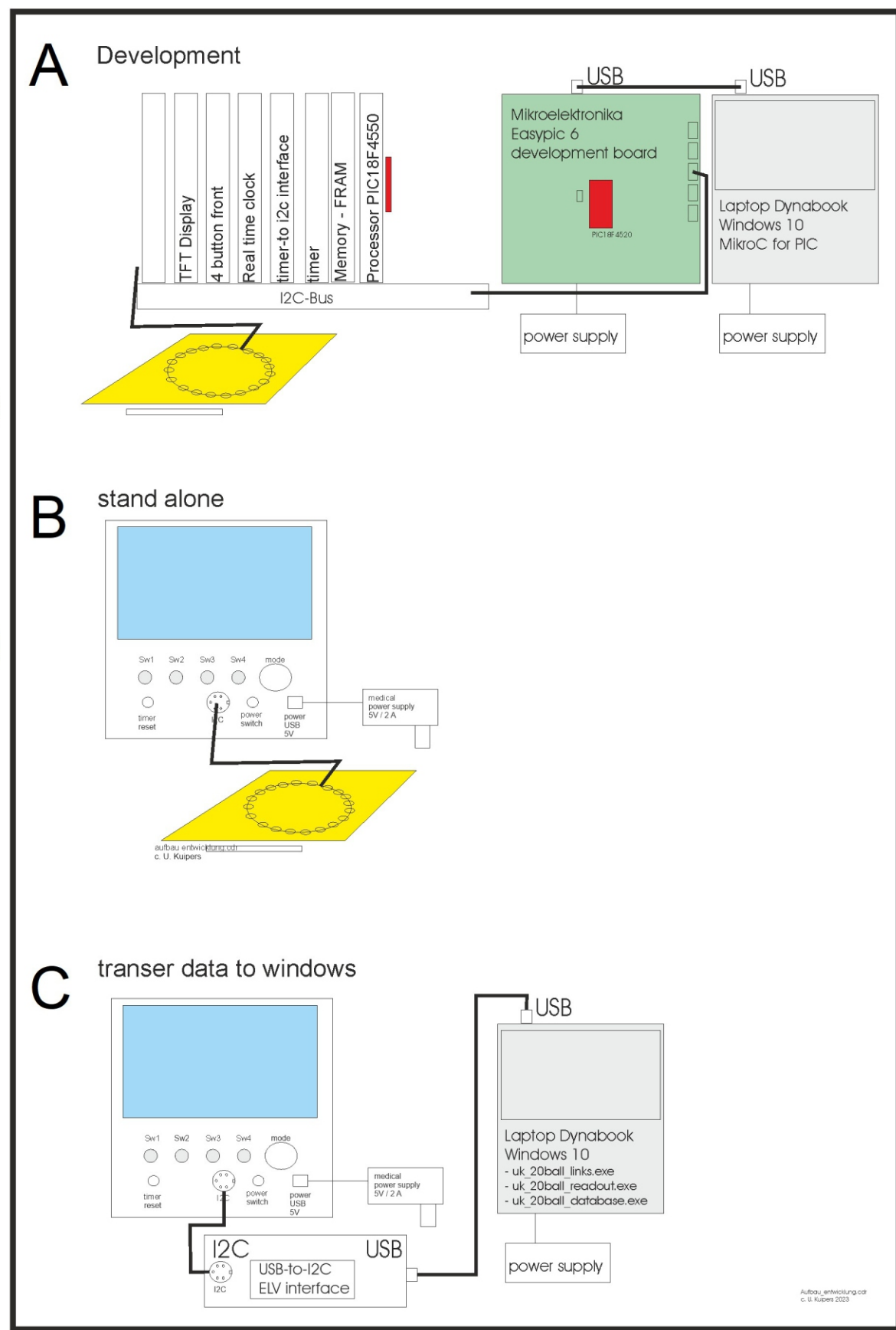


Fig. 3: Hardware configurations

#### 2.3 Software

- Development environment for 20-balls-test
- C-Compiler MikroC pro for Pic (Mikroelektronika)
  - Coreldraw SE.exe (<https://www.coreldraw.com/de/>)
  - development of circuit boards
  - Estlcam.exe - CNC-Software ([http://www.estlcam.de/e25\\_hilfe.php](http://www.estlcam.de/e25_hilfe.php))
  - Mach3.exe\* - CNC-Software (Artsoft)
  - Eagle.exe - Layout-Editor (<https://www.autodesk.de/products/eagle/overview>)
- Borland Delphi Embarcadero Vers. 10.1 Berlin
- UK\_20ball\_links2: shell to (custom)
  - 20\_ball\_readout.exe: (custom), transfer data to Microsoft programs
  - 20\_ball\_database.exe: (custom)
  - UK\_Schaltplan: layout editor (custom)
  - UK\_Elektronikteile: database electronic parts (custom)

Software is running on Microsoft Win 7 - 11, except Mach3.exe only with Microsoft Windows XP

#### 2.4 Documents

- 20-balls-test Untersuchungsbogen Ergänzung.cdr
- 20-cents-test
- information sheet, informed consent
- medical device act
- declaration of security
- declaration of privacy of data
- in house manufacture
- circuit board schematics

### 4. Results: Fine motor skills with peripheral or central lesions

The picking up time of coins and balls does not differ. The placing of balls takes more time than their pick-up. Women are faster than men. The dominant hand is faster than the other hand. The greatest time loss is observed in patients with central disruptions. Cognition, vigilance, action planning and eye-hand function are relevant.

Tab. 1: Diagnoses - control / peripheral / central

group: controll	group: peripheral	group: central nervous system
internal medicine - arterial hypertension 3, atrial fibrillation 1, chronic bronchitis 1, COPD 1, diabetes mellitus 1, heart failure 2, hyperlipidemia 2, hypothyreosis, nicotin consumption 1, obesity 3, reflex disease  neurology - myelon edema 1, restless legs 1, spinal canal stenosis 1, spinal cord syndrome  (trauma) surgery / orthopedia - arthrosis 1, chronic low back pain 1, fracture: tibia 2, pelvic ring, heel spur, spine disease, geriatric syndrome - fall 1	internal medicine - coronary heart disease KHK 7, atrial fibrillation 2, aortic anerysma 1, arterial hypertension 3, hyperlipidaemia 3  neurology - polyneuropathia 2, foot drop 1, restless legs 1, dizziness 1, hypacusis 1, macula degeneration 1, depression 1,  (trauma) surgery / bone diseases - fractures: tibia 3, vertebral 3, acetabulum 3, pelvic 1, rheumatoid arthritis 1, arthrosis 1  geriatric syndromes - falls and gait disorders 2	internal medicine - arterial hypertension 4, anemia 1, atrial fibrillation 2, choledocholithiasis 1, gout 1, infenction 1, kidney cyst, left bundle branch block 1, renal insufficiency 1, vitamin d deficiency  neurology - stroke 7, delirium 2, attention deficit 1, aphasia 1, visual impairment 1, apraxia 1, hemiparesis 1, tetraparesis 1  (trauma) surgery/orthopedia - fracture clavacula 1, os pubis 1, spinal canal stenosis  geriatric syndrome - falls 1

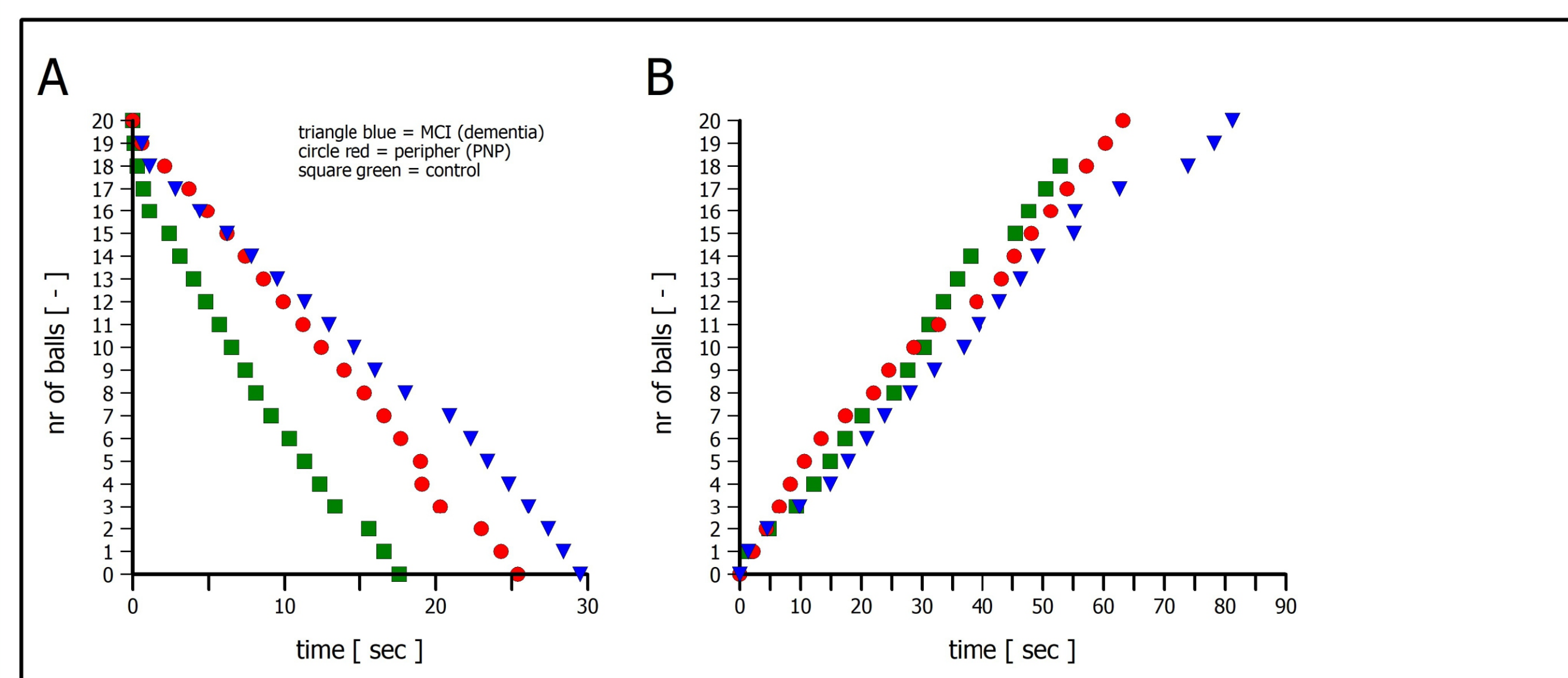


Fig. 4: 20 ball examples control vs peripher vs central impairment

- A: remove 20 balls  
B: put 20 balls  
green squares: control, read dots: peripher, blue triangles: central

Tab. 2: Comparison of Assessments

Dimension	Assessment	right side				left side			
		all	control	peripher	central	all	control	peripher	central
ADL	Barnet Index [ - ]	62,90 10	65,00 4	70,00 2	68,75 8	62,90 10	65,00 4	70,00 2	68,75 8
	Barnet Index [ - ]	62,90 10	65,00 4	70,00 2	68,75 8	62,90 10	65,00 4	70,00 2	68,75 8
Mobility	DEMRI [ - ]	36,00 2	35,00 1	33,00 1	34,50 2	36,00 2	35,00 1	33,00 1	34,50 2
	DEMRI [ - ]	36,00 2	35,00 1	33,00 1	34,50 2	36,00 2	35,00 1	33,00 1	34,50 2
	Timed up and go [ sec ]	20,00 10	18,00 1	22,00 2	19,75 7	20,00 10	18,00 1	22,00 2	19,75 7
	Timed up and go [ sec ]	20,00 10	18,00 1	22,00 2	19,75 7	20,00 10	18,00 1	22,00 2	19,75 7
Cognition	Mini mental test [ - ]	27,30 10	27,25 4	27,00 4	27,00 2	27,30 10	27,25 4	27,00 4	27,00 2
	DEMRI [ - ]	36,00 2	35,00 1	33,00 1	34,50 2	36,00 2	35,00 1	33,00 1	34,50 2
Fine motor skills	20-cents-test [ sec ]	3,67 6	3,50 4	3,50 4	3,67 3	3,67 6	3,50 4	3,50 4	3,67 3
	20-balls-test put [ sec ]	2,40 10	2,50 4	2,50 4	2,40 2	2,40 10	2,50 4	2,50 4	2,40 2
Mood	Geriatric depression scale [ - ]	3,00 10	3,50 4	3,25 4	3,50 2	3,00 10	3,50 4	3,25 4	3,50 2
	Geriatric depression scale [ - ]	3,00 10	3,50 4	3,25 4	3,50 2	3,00 10	3,50 4	3,25 4	3,50 2
Age	age [ years ]	81,00 10	82,50 4	82,50 4	81,50 2	81,00 10	82,50 4	82,50 4	81,50 2
	age [ years ]	81,00 10	82,50 4	82,50 4	81,50 2	81,00 10	82,50 4	82,50 4	81,50 2

### 5. Conclusion

It is possible to develop digital devices for geriatric assessments.

In this case we developed an assessment for fine motor skills.

Many obstacles must be survived

There must be considered technical realisation precision, reproducibility and medical devices act and aspects of security and CE-mark. Furthermore the feasibility on a ward and acceptance by the operating staff must be checked.

### 6. Literature

- (1) Krupp et al. (2015): Timed up and go test for fingers in the form of the 20 cents test. Psychometric criteria of a simple performance test of fine motor skills. Zeitschrift für Gerontologie und Geriatrie 48 121-127
- (2) Kuipers U (2022): Strategy to develop electronic devices for geriatric assessment - from idea to realization. Poster DGG Jahrestagung, Frankfurt
- (3) Kuipers U (2022): 20-balls-test: a new electronic device to explore fine motor skills. Poster DGG Jahrestagung, Frankfurt
- (3) Kuipers U (2022): 20-balls-test: Assessment of fine motor skills. Development of an electronic device - evaluation. Poster DGG Jahrestagung, Frankfurt

Man kann digitale Assessments entwickeln, was hier am 20 Kugelttest (engl. 20-balls-test) gezeigt wird.

Berücksichtigt werden müssen die technische Realisation mit Genauigkeit, Reproduzierbarkeit, das Medizinproduktegesetz mit Aspekten der Sicherheit und Klärung zur CE-Kennzeichnung.

Zu berücksichtigen sind auch die Durchführbarkeit auf der Station mit Akzeptanz durch das bedienende Personal. Die Feinmotorikleistung ist besser bei Frauen, in der dominanten Hand, vermindert bei Läsionen der Hand und seiner Muskeln, der ansteuernden Nerven (periphere Gruppe) und bei ZNS-Läsionen (z.B. nach Schlaganfall) oder bei kognitiven Defiziten (Demenzen).

Durch die digitale Realisation erhält man genauere und umfangreichere Information über die Performance der Feinmotorik.

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