

<b>Outcome Measure</b>	<b>Boston Naming Test (BNT), 2<sup>nd</sup> Ed., Short Form (TBI Bank Protocol)</b>
<b>Sensitivity to Change</b>	Yes
<b>Population</b>	Adult
<b>Domain</b>	Language and Communication
<b>Type of Measure</b>	Objective test
<b>Study Suitability</b>	Intervention - Rehabilitation
<b>ICF-Code/s</b>	b1
<b>Description</b>	<p>The BNT, Second Edition, Short Form (Kaplan, Goodglass, &amp; Weintraub, 2001) is a picture test that assesses noun naming.</p> <p>The BNT, Second Edition, Short Form takes approximately 15 mins to administer and contains 15 items. Each item consists of the person being shown a picture and is asked to name the picture. Phonemic and/or semantic cues may be required to assist the person to name the picture.</p>
<b>Properties</b>	<p>See Kaplan, Goodglass, and Weintraub (2001) and TBI Bank website: <a href="http://www.talkbank.org/tbibank/">http://www.talkbank.org/tbibank/</a>.</p> <p>The BNT likely the most commonly administered confrontational naming test (Petersen, 2008).</p>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Widely used</li> <li>• In TBI populations, the BNT is highly correlated and significantly associated with other common neuropsychological tests and test batteries, tests of semantic fluency, and tests of phonemic fluency, visual confrontation naming tests and significantly associated with the Naming Test of the NAB.</li> <li>• Well known across different disciplines</li> <li>• Good psychometrics</li> <li>• Good for exploring underlying cause of word finding difficulties i.e. language vs cognition</li> <li>• Simple to administer - clear instructions provided in manual</li> <li>• Good accessibility – clinically also available in most units</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• American norms only – no Australian normative data;</li> <li>• Limited TBI specific norms.</li> <li>• Unknown sensitivity to mild-moderate TBI populations</li> <li>• Full version can be time consuming</li> <li>• Items often not suitable for younger TBI clients e.g. yoke</li> <li>• Only assesses at single word level, therefore doesn't always offer enough information at a discourse level.</li> <li>• Isn't always sensitive to mild word finding that affects fluency</li> <li>• Relationship between BDA and Boston naming not necessarily clear.</li> </ul> <p>Lyn Tukstra: Other potential disadvantages of the BNT are that it's</p>

	<p>sensitive to education effects, results might be confounded by vision problems associated with TBI (e.g., in binocular vision, depth perception or visuospatial integration), and norms are old (Pearson did not re-norm it when they re-issued the BDAE with the BNT as a single package).</p>
<p><b>Additional Information</b></p>	<p>The reduced version of the BNT was found to be equivalent to the complete BNT, and to have criterion validity with respect to other measures of dementia in a study designed to validate a reduced version (15 items) of the Boston Naming Test (BNT) (Calero et al., 2002). It was also determined that a reduced version is a useful instrument for assessing patients who require shorter testing methods because of severe cognitive deterioration or have a lower level of education.</p> <p>In studies specifically examining patients with acquired brain injury, the full version of the BNT is considered highly correlated with tests of semantic fluency, phonemic fluency, neuropsychological tests and test batteries, visual confrontation naming tests, and significantly associated with the Naming Test of the Neuropsychological Assessment Battery (NAB) (Zgaljardic et al., 2013).</p> <p>Highly significant correlations were found between and within various measurements of body functioning (especially neuropsychological impairments) including BNT, activity, and participation in a large study of outcomes 5 years post-stroke (Feigin et al., 2010).</p> <p>Despite its popularity, the BNT has been criticized because of the relatively high functioning population on which it has been normed (Petersen, 2008).</p> <p>Two short forms of the Boston Naming Test (BNT) were developed by a team of researchers in 2004 using item response theory (IRT), demonstrating that an adaptive 30/15 item version equaled the performance of the full 30 item test (Graves et al., 2004).</p> <p>Cost associated with purchase of test and forms</p>
<p><b>Reviewers</b></p>	<p>Leanne Togher</p>

## References

- Zgaljardic, D., Oden, K., Dickson, S., Plenger, P., Lambert, M., & Miller, R. (2013). Naming Test of the Neuropsychological Assessment Battery: Reliability and Validity in a Sample of Patients with Acquired Brain Injury. *Arch Clin Neuropsychol* (2013) 28 (8): 859-865.
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- Feigin, V.L., Barker-Collo, S., Parag, V., Senior, H., Lawes, C.M.M., Ratnasabapathy, Y., Glen, E. (2010). Auckland Stroke Outcomes Study Part 1: Gender, stroke types, ethnicity, and functional outcomes 5 years poststroke. *Neurology* 75 (18): 1597-1607.
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