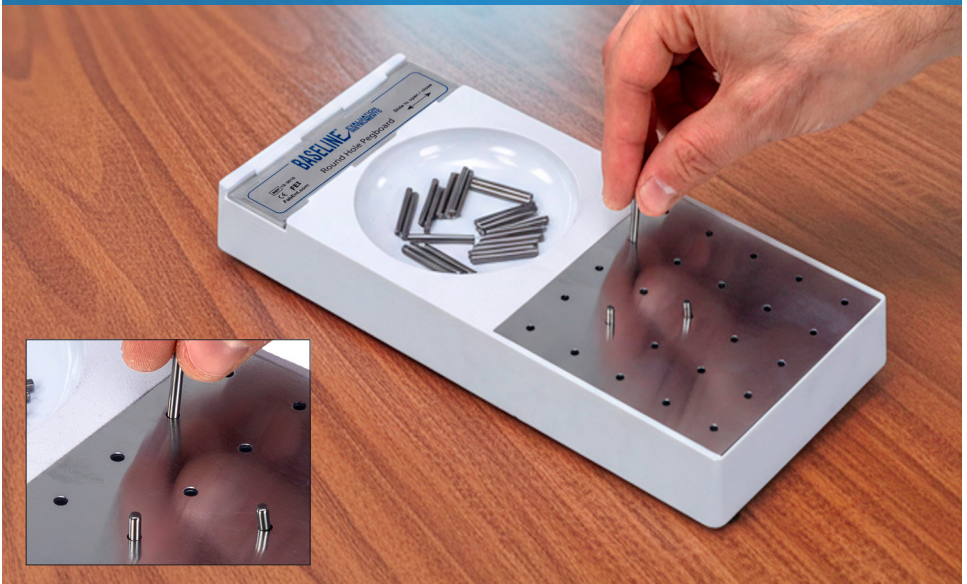


Round Hole Pegboard

instructions for use

- Measures hand dexterity and fine motor control through timed peg placement
- Features 25 round holes for quick and accurate peg insertion
- Use to assess visual-motor coordination and hand speed
- Ideal for occupational therapy, rehabilitation, and motor skills assessment
- Pegboard conveniently stores pegs when not in use
- Includes pegboard, 25 round pegs, and manual



Product Overview

The Baseline® Round Hole Pegboard Test is a standardized assessment tool designed to evaluate fine motor skills, manual dexterity, and hand-eye coordination. This instrument features a board with 25 circular holes arranged in a 5x5 grid, accompanied by metal pegs that subjects insert into the holes during timed trials.

This assessment measures unilateral motor performance and requires visual-motor integration. Performance typically improves across successive trials as subjects become familiar with the task demands. The test is widely used in occupational therapy, physical therapy, and rehabilitation settings to assess manipulative dexterity.

Intended Use

This device is intended for use by qualified healthcare professionals, including occupational therapists and physical therapists, to evaluate fine motor coordination and manual dexterity in clinical, educational, and research settings. The test results may be used to:

- Assess baseline motor function
- Monitor progress during rehabilitation
- Evaluate treatment effectiveness
- Compare performance against normative data

Test Administration Protocol

Setup and Positioning

Position the pegboard at the edge of a table, aligned with the subject's midline. The pegboard should be positioned so the peg tray is placed directly above the pegboard. Ensure adequate lighting and a comfortable seating position for the subject.

pegboard cavity stores pegs when not in use



Verbal Instructions to Subject

The examiner should provide clear instructions to the subject as follows:

“This is a pegboard with metal pegs. Your task is to place these pegs into the holes as quickly as possible.”

Demonstrate by picking up one peg and placing it in a hole, then continue:

“All the pegs are identical. You will place them into the holes starting from this position, filling each row completely before moving to the next row.”

After demonstrating with the top row, remove the pegs and return them to the tray. Then provide the final instruction:

“When I say ‘begin,’ start placing the pegs as quickly as you can using only your [dominant/non-dominant] hand. Fill the top row completely from left to right, then continue with each subsequent row in the same manner. Do not skip any holes. Are you ready? Begin.”

Testing Sequence

Administer the test separately for each hand. For right-hand trials, subjects place pegs from left to right. For left-hand trials, subjects place pegs from right to left. Always test the dominant hand first, followed by the non-dominant hand.

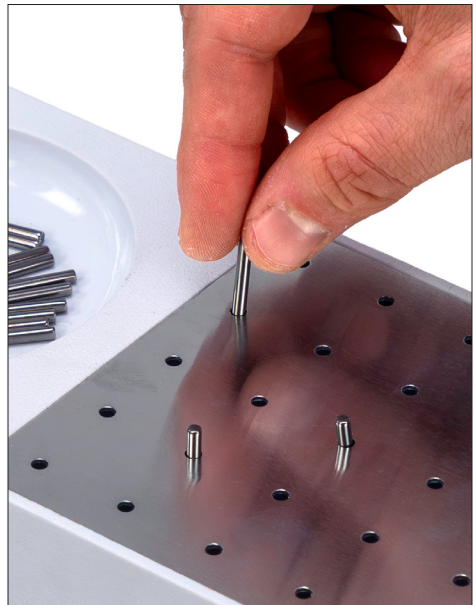
Administration Guidelines

Proper administration requires attention to the following key points:

- Encourage the subject to work as quickly as possible while maintaining accuracy
- Pegs must be placed in exact sequential order without skipping holes
- Only one peg should be picked up at a time
- Only the designated hand may be used during each trial
- The non-working hand should rest in the subject's lap or be held by the examiner if necessary
- Point out the first hole of each new row as needed, particularly during non-dominant hand trials
- Immediately correct the subject if multiple pegs are picked up simultaneously
- The board may be stabilized by the examiner if needed for subjects with severe motor impairment
- If a peg is dropped during the trial, do not retrieve it; instead, remove one correctly placed peg and continue
- Document any factors that may affect performance, such as pain, bandages, tremor, or other physical limitations

Scoring Procedures

Record the time in seconds required to place all 25 pegs. This completion time serves as the primary performance measure. Document the hand tested (dominant or non-dominant) and any relevant observations about the subject's performance quality or strategies used.



Clinical Interpretation

Test results should be interpreted within the context of the subject's overall clinical presentation. Scores may be compared against normative data, used to track progress over time, or employed as part of a comprehensive functional assessment.

When establishing validity in employment or therapeutic selection contexts, scores should be correlated with relevant performance criteria. For pre-employment screening, test validity should be established locally by evaluating newly hired employees and correlating their test scores with supervisor ratings or employment duration. This validation approach ensures that test scores remain confidential and are not accessible to supervisors or others who may influence worker evaluations or job retention.

An alternative validation method involves administering the test to current employees and correlating scores with performance ratings or subsequent work outcomes. The pegboard test demonstrates strongest correlation with positions requiring speed, finger dexterity, and manual coordination, particularly in assembly work and machine operation roles.



Reference

Anastasi, A. (1982). Psychological Testing (5th ed.). Macmillan.

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