

SAMPLE: ADULT COGNITIVE  
(Space down seven spaces)

August 15, 1999  
SPEECH AND LANGUAGE EVALUATION

|          |   |            |               |
|----------|---|------------|---------------|
| NAME:    | Mr. X                                     | D.O.B:     | 2/2/70        |
| ADDRESS: | 555 University Lane<br>Chunchula, AL36521 | AGE:       | 29            |
| PHONE:   | XXX-XXXX                                  | D.O.E.:    | 8/6 & 8/13/99 |
|          |   | REFERRAL:  | USAMC         |
|          |   | PATIENT #: | XXXX000       |

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STATEMENT OF THE PROBLEM

Mr. X, age 29, was seen at this Center for a complete evaluation of his communication skills and continuation of therapy services. The case history was obtained from previous medical records during his hospitalization at USAMC, and supplemented with information by the patient's mother (X) and sister-in-law (X).

HISTORY INFORMATION

Mr. X suffered a closed head injury as a result of a one car motor vehicle accident on 6-23-99. The patient was hospitalized at the University of South Alabama Medical Center (USAMC) with a medical diagnosis of "multiple trauma". Mr. X was discharged to his mother's home with family support services on approximately 8-3-99. Aside from his head injury, no other significant illnesses or previous injuries were reported.

According to information provided by his family, Mr. X achieved a 9th grade education and was employed as an operator of heavy equipment prior to his injury. It was also reported that the patient has a history of significant reading and writing difficulties. In addition, Mr. X's sister-in-law indicated that she had been responsible for paying his monthly bills prior to his injury. Mr. X lived independently prior to his accident and was raising his four year old daughter, X. His marital status was described as "estranged".

When asked to note any changes in Mr. X's current and pre-injury status, X described him As "totally different" with regard to his personality. Prior to his accident, Mr. X was "real outgoing", but was now much more quiet. He was also described as less patient. At the present, Mr. X was reportedly suffering from blurred and double vision. X indicated that Mr. X had returned to his own home on 8/10/99, but continual supervision has been maintained by his family. According to his sister-in-law, Mr. X was not on any medications at the time of this evaluation.

The patient's communication skills were initially evaluated on 7-29-99 during his hospitalization. At that time, he showed primarily cognitive-communicative deficits, and his behavioral pattern of responding was most characteristic of Level IV (Confused-Agitated) on the Rancho Los Amigos Levels of Cognitive Functioning. His speech production was also impaired as mild distortions were perceived, he spoke with excessive loudness, and his speech was monotonous with regard to his volume and pitch. At that time, Mr. X's basic language skills (auditory

comprehension and verbal expression) were considered functionally intact and relative strengths. Outpatient follow-up was recommended following his discharge from USAMC.

## EVALUATION RESULTS

MOTOR SPEECH (Articulation/Voice/Fluency): Mr. X's verbal output was intelligible, although subtle distortions within his speech were perceived. Prosodic aspects of the patient's speech had shown significant improvement since the time of his initial evaluation; however, mild monotony of pitch and loudness persisted.

LANGUAGE: As reported, Mr. X's basic expressive and receptive language skills were assessed and identified as relative strengths during his hospitalization. Based on informal testing, Mr. X was able to verbalize sentences and name common objects without major word-finding difficulty. Receptively, he responded appropriately to simple yes/no questions and followed one and two part directions. Of note, Mr. X scored within the "average" range on the language portion of The Neurobehavioral Cognitive Status Examination (NCSE), which screened his current performance on basic verbal/auditory comprehension tasks.

The patient's pre-injury status and current visual deficits (i.e., blurred/double vision) appeared to be factors reducing his performance on reading and writing activities. Although improved, Mr. X continued to show difficulty in recognizing written words and comprehending simple one or two part written directions. On scanning activities (i.e., cancellation tasks), a decrease in accuracy was evident as the complexity increased, and Mr. X showed some neglect of material on his left side. With regard to writing, the patient was able to generate his name, but showed spelling errors with other common words (e.g., "ceck" for sick) and visual-spatial errors were evident as well. As noted, his pre-injury reading/writing skills appeared to influence his performance.

COGNITION: The Neurobehavioral Cognitive Status Examination (NCSE) was administered to formally evaluate Mr. X's cognitive abilities. His ratings reflect an average range of performance or degrees of impairment.

### Performance Rating

|                        |               |
|------------------------|---------------|
| Level of Consciousness | Average       |
| Orientation            | Mild/Moderate |
| Attention              | Average       |
| Language               |               |
| Comprehension          | Average       |
| Repetition             | Average       |
| Naming                 | Average       |
| Constructions          | Severe        |
| Memory                 | Mild/Moderate |
| Calculations           | Moderate      |
| Reasoning              |               |
| Similarities           | Severe        |
| Judgement              | Average       |

As reported, Mr. X's performance on the Language Subtests of the NCSE were within an average range for assessment areas (i.e., comprehension, repetition, and naming). Mr. X exhibited mild breakdowns in regard to his orientation to place (e.g., "Where are you right now?") and time (e.g., "What time is it?"). Mr. X experienced significant difficulty within his constructional ability, which reflected a visual memory breakdown. With this subtest, he was presented with a pictured design for ten seconds and then asked to construct the design from memory using the appropriate pieces of a puzzle. Of note, Mr. X's visual perceptual difficulties (i.e., double vision) may have influenced his performance during this activity. Breakdown also occurred in Mr. X's ability to recall specified information after an imposed delay. His memory was aided when provided choices or prompted (e.g., given the appropriate category of information). In the area of calculations, Mr. X was inconsistent in accurately completing simple math problems within specified time intervals (e.g., How much is 15 plus 7?). Although Mr. X was successful in verbalizing solutions to simple problem-solving situations, he experienced significant difficulty in the area of noting similarities between objects (e.g., "Tell me how a bicycle and a train are alike?"), as he had difficulty abstracting the main point (i.e., transportation). This same pattern was evident on word fluency measures (e.g., naming all words beginning with "t"), which reflected decreases in divergent thinking.

Subtests from the Ross Information Processing Assessment (RIPA), were administered to assess Mr. X's memory and processing skills. Severity ratings are in comparison to other individuals with closed head injury or a right brain insult.

| <u>Subtest</u>                          | <u>Raw Score</u> | <u>Severity Rating</u> |
|---|------------------|------------------------|
| Immediate Memory                        | 23               | Severe                 |
| Recent Memory                           | 22               | Moderate/Severe        |
| Temporal Orientation<br>(Recent Memory) | 15               | Severe                 |
| Temporal Orientation<br>(Remote Memory) | 20               | Profound               |
| Recall of General<br>Information        | 12               | Profound               |
| Auditory Processing<br>and Retention    | 22               | Profound               |

Mr. X demonstrated global difficulties in all areas assessed. Many of his answers reflected delays and showed partial correctness. For example, he was able to identify fall, summer, and winter as seasons of the year, but Mr. X did not recall spring. Responses also reflected disorientation and difficulty in answering more abstract, linguistically complex questions (e.g., Is your neck above your chin?).

**ORAL EXAMINATION:** An examination of Mr. X's oral mechanism was performed to determine structural and functional adequacy for speech production. Facial appearance reflected symmetry; however his facial affect appeared diminished. Jaw and lip mobility and strength were judged adequate. Mr. X was able to complete various oral exercises, but agility and precision decreased after multiple repetitions. Diadochokinetic rates were below normal limits.

He was also unable to completely occlude his teeth, which Mr. X felt was a result of his car accident.

HEARING: A bilateral pure tone air conduction screening was conducted. Mr. X passed at 25dB HL for 500, 1000, and 2000 Hz for the left ear and passed at 30dB HL for 2000 Hz in the right ear. The hearing screening was failed at 4000 and 6000 Hz for both ears. Mr. X was observed to have some difficulty in distinguishing the presented stimulus tones and often had delayed responses.

MOTOR: Mr. X ambulated with assistance due to his decreased coordination and balance which resulted from his sustained injuries. Mr. X's left arm was in a cast but did not interfere with his gestural responding (e.g., pointing) or manipulation of objects.

#### BEHAVIORAL OBSERVATIONS

Mr. X was alert and cooperative during the evaluation session and attempted to complete all presented tasks.

#### IMPRESSIONS/PROGNOSIS

Overall, Mr. X has demonstrated significant progress since the time of his initial evaluation at USAMC. At present, he continues to demonstrate moderate cognitive-communicative deficits. Based on his progress to date, time post onset, and family support, excellent progress is anticipated.

#### RECOMMENDATIONS

A continuation of formal treatment was recommended, with emphasis on Mr. X's cognitive skills (e.g., concentration, memory, reasoning). It was also recommended that a complete audiological evaluation be completed to determine present hearing status. Therapy will be maintained during the Summer semester break and based on his progress, continued in the Fall semester.

Melanie Jones, B.S.  
Graduate Student Clinician

James Baldwin, MS, CCC-SLP  
Speech-Language Pathologist

cc: Mr/Mrs X  
USAMC