Client: B.S.
Date of Birth: 4/13/1933
Age: 85
Date of assessment: 10/10/18
Clinician: [redacted]
Referral Source: [redacted]

History

B.S. is an 85-year old female from [redacted] who has 2 adult children and 3 grandchildren. B.S. enjoys doing puzzles, bird-watching and reading the bible with free time. B.S. managed 6 restaurants until her late husband went into ministry for 35 years. B.S. was referred to speech and language services by [redacted] due to a history of cognitive-communication deficits. B.S. presents with an anxiety disorder and Parkinson's Disease, resulting in occasional tremors of both hands. Muscle weakness and arthritis of the right hand makes it difficult to engage in fine motor movements. Medication for Parkinson's is given by the nursing staff and tremors transpire when medication is not taken on time. Prior to residing at [redacted], B.S. received bilateral shoulder surgery resulting in limited range of motion; the right shoulder is still in pain. Antibiotic treatments are given for possible infections and intravenous fluids are given for pain. B.S. has a surgically implanted pain stimulator in the left hip. There is no family history of cognitive-communication deficits. B.S. is widowed and does not receive many visitors.

Evaluation/Assessment

Informal: The assessment was administered after breakfast in a quiet environment with minimal distractions. Vison and hearing did not pose any difficulties during the assessment. Dental and body hygiene were acceptable. Prior to administering the assessment, B.S. displayed emotional grief after receiving a phone call from a family member which may have impacted results. Despite being in a state of distress, B.S. was motivated for clinician to administer the assessment. B.S. did not suggest any concerning cognitive-communication deficits.

Formal: The Ross Information Processing Assessment-2 (RIPA-2); an instrument designed to identify cognitive-communication deficits following a traumatic brain injury (TBI), was administered. B.S. displayed more delayed responses and denial in the spatial orientation subtest than the others. B.S. had difficulties with including irrelevant information before and after answering a question; verbal cues were given 14 times. The following subtests were administered with percentiles and standard scores:

Subtests	*Percentile*	*Standard Score*
Immediate Memory: repeat numbers, words and sentences of increasing length and complexity	75th	12
Recent Memory: recall of specific information relative to environment and daily activity	91st	14

Temporal Orientation (recent memory): time-based information	91st	14
Temporal Orientation (Remote Memory): remembering events specific to weeks and months	75th	12
Spatial Orientation: ability to maintain body orientation in relation to surrounding environment	25th	8
Orientation to Environment: awareness and perception of environment	63rd	11
Recall of General Information: recall information in relation to remote memory	50th	10
Problem Solving and Abstract Reasoning: Problem solving strategies for task completion	50th	10
Organization: recall category components within 1-minute	50th	10
Auditory Processing and Retention: Answering multi-unit yes/no questions	50th	10

Strengths were observed in the areas of, recent memory and temporal orientation (recent memory), scoring in the 91st percentile; indicating a mild cognitive-linguistic deficit within that subtest. Deficits were observed in the subtest of spatial orientation. B.S. received a standard score of 8; scoring in the 25th percentile, this score and percentile rank indicate a mild cognitive-linguistic deficit.

Summary

Based on evaluation findings, spatial orientation is mildly impaired. B.S. had difficulties with cardinal directions. No difficulties were noticed in identifying self within time and space in relation to the spatial orientation subtest. Improvements in recall of general information, problem solving and abstract reasoning, organization and auditory processing and retention are necessary. B.S. is capable of doing simple activities and learning new information.

Recommendations

Prognosis for improving cognitive-communication deficits is positive. Based on results, speech-language therapy is recommended to include spatial orientation, recall of general information, problem solving and abstract reasoning, organization and auditory processing and retention. Frequency of therapy will occur 3 times a week for skills mentioned previously for 30-45 minutes. Therapy will focus on providing compensatory strategies to help facilitate organizing, problem solving and cardinal directions.